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Somalia



Delivering results of a promise

Annual report 2021

The work of WHO in Somalia

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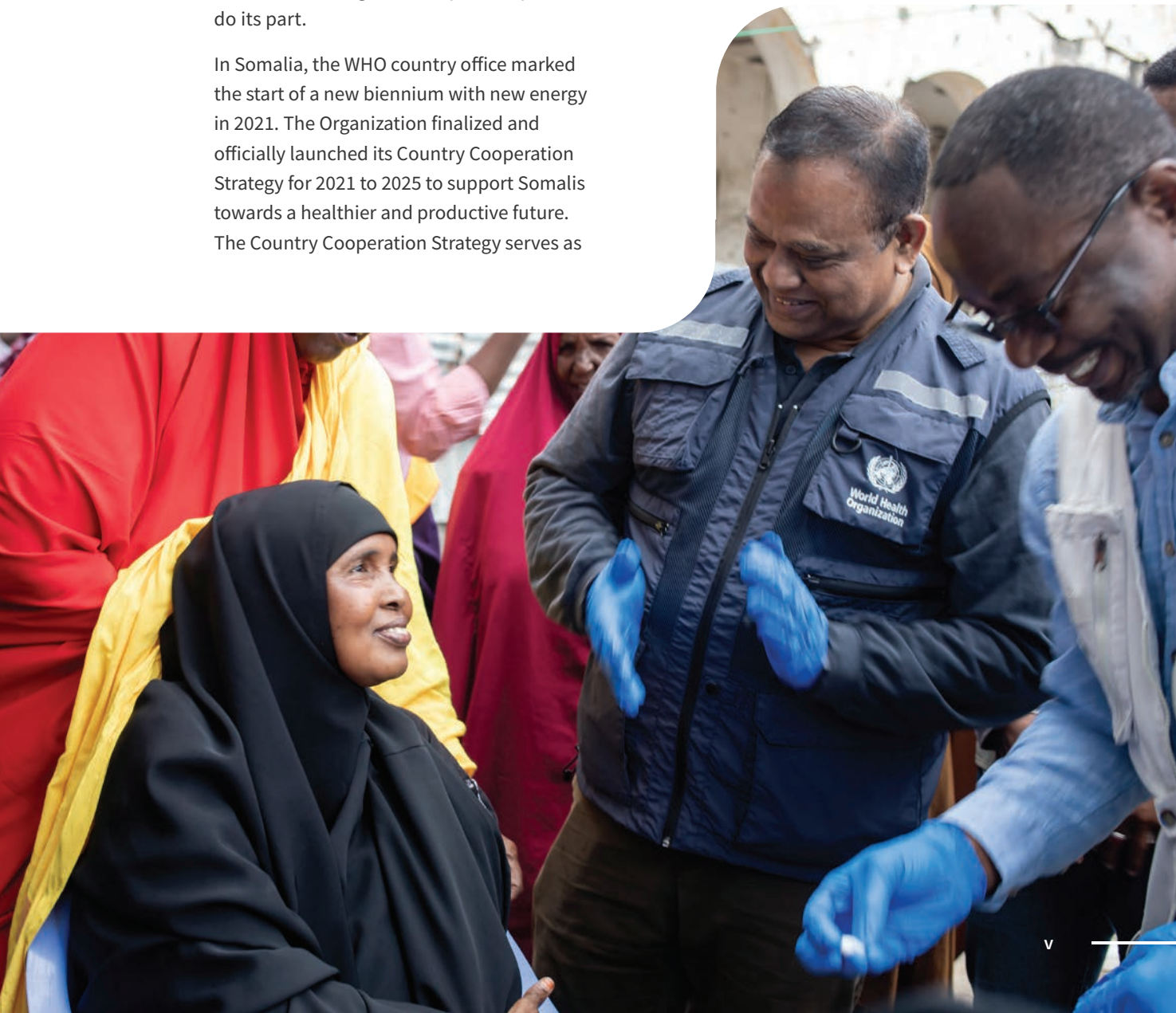
Foreword

Every rewarding journey starts with a dream or a plan. Globally, the World Health Organization (WHO) is equipped with a plan to ensure that by the end of 2023, 1 billion more people benefit from universal health coverage (UHC), 1 billion more people are better protected from health emergencies and 1 billion more people are enjoying better health and well-being. To meet these ambitious goals, every country needs to do its part.

In Somalia, the WHO country office marked the start of a new biennium with new energy in 2021. The Organization finalized and officially launched its Country Cooperation Strategy for 2021 to 2025 to support Somalis towards a healthier and productive future. The Country Cooperation Strategy serves as

a tool for WHO to implement its Thirteenth General Programme of Work, 2019–2023, fulfil the country’s national health goals and make progress towards the United Nations Sustainable Development Goals.

2021 was a year when WHO continued to take on challenges, while laying a



strong foundation for health to transform the fragile health system in Somalia to improve people's lives, using each of the four priorities outlined in the Country Cooperation Strategy. The strategic priorities are: advancing UHC through primary health care; enhancing health security by effectively addressing emergencies; promoting healthier populations; and strengthening health governance.

A year into mounting a strong response to the coronavirus disease 2019 (COVID-19) epidemic in the country, WHO supported the Federal Government of Somalia to rebuild every component of Somalia's health systems in tandem with partners.

A key milestone was the arrival of the first consignment of 300 000 COVID-19 vaccines on 15 March 2021. After weeks of working to meet global vaccine preparedness benchmarks, Somalia took pride in being one of the first few countries in Africa to receive COVID-19 vaccines. Immediately, with support from WHO and other partners, the Federal Government of Somalia vaccinated frontline workers, older people and people with chronic health conditions. From March to December 2021, Somalia delivered vaccines to 1 613 014 people in Somalia, with support from WHO and partners.

In acknowledgement of the life-saving services provided by frontline workers, Somalia procured and delivered face masks, gloves and personal protective equipment to health care workers and other people across the country. This equipment also helped health personnel

to resume regular essential health services for Somalis, as there had been a sharp decline in service delivery at the start of the COVID-19 pandemic, because of lockdowns and fear of infection in health facilities.

In 2021, Somalia continued to reinforce its diagnostic services. From having no laboratory capacity to test for COVID-19 early in 2020, WHO supported the federal and state governments to set up testing capacity across the country. This was accomplished by introducing molecular reverse transcriptase polymerase chain reaction testing in three main regional cities and COVID-19 antigen-based rapid diagnostic tests across the country.

As part of WHO's strategic and evidence-based plan to prevent the spread of COVID-19, the Organization supported Somalia to use evidence and innovation to fight diseases. WHO delivered pulse oximeters, provided oxygen concentrators and set up pressure swing adsorption oxygen generation plants in hospitals in the country. WHO also joined forces with partners to establish an innovative solar-powered medical oxygen plant in Dhushamareb, Galmudug. WHO headquarters, the WHO Regional Office for the Eastern Mediterranean and the WHO country office all worked together with Grand Challenges Canada and the University of Alberta, other experts and supporting partners to turn this idea into a reality.

Another notable achievement for Somalia was the establishment of sensitive disease surveillance systems in the country, including

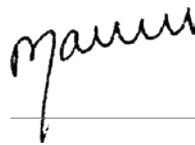
the Integrated Disease Surveillance and Response System, which will help the Somali Government identify and control disease outbreaks before they become large-scale emergencies. The introduction of the Field Epidemiology Training Program in 2021, supported by the US Centers for Disease Control and Prevention, and the use of the Early Warning Response and Alert Network by community health workers will significantly enhance Somalia's disease detection and prevention measures.

In line with its goal to advance UHC and promote health equity, WHO supported Somalia in fighting communicable diseases, such as malaria, tuberculosis and HIV/AIDS, and noncommunicable diseases. In 2021, the country continued to use the principles of the revised Essential Package of Health Services (EPHS) 2020 to work towards providing every Somali with access to at least the minimum standards of good health.

Somalia also used innovation for polio eradication efforts in 2021. With support from WHO and partners, the country launched a pilot project to use a direct disbursement mechanism for payments to frontline workers and other beneficiaries. In addition, the country introduced the use of needle-free injection through fractional inactivated polio vaccines. These vaccines are useful for tackling the strain of poliovirus currently circulating in the country.

Building on all the bold steps WHO Somalia has taken from 2019 to 2021, the country office will continue to deepen its partnerships and

adhere to WHO's mission – to promote health, keep the world safe and serve the vulnerable. On this note, it is with great pride, as Head of Mission and the Country Representative for WHO Somalia, that I extend my gratitude to the federal and state ministries of health in Somalia, donors, United Nations agencies, nongovernmental organizations, communities and other stakeholders, and all the health care workers and especially my fellow WHO colleagues in the country office who strive to make Somalia a healthier and more productive country.



Dr Mamunur Rahman Malik
 WHO Representative and Head of Mission
 Somalia

Acronyms and 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
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization



Strategic priority 1

Advancing universal health coverage



The Health Sector Strategic Plan 2022–2026 (HSSP III) was developed. This plan was a pre-condition for assessment of the country’s eligibility to access the extended credit facility of the International Monetary Fund.



3.26 million children received life-saving vaccines against six antigens. Among these, 71 408 were zero-dose children who were identified through accelerated campaigns, outreach vaccination services and house-to-house visits by the community health workers.



43 920 people living in hypoendemic villages for malaria were protected by two campaigns of indoor residual spraying in anticipation of a malaria outbreak.



17 504 tuberculosis (TB) cases were detected in 2021, a higher detection rate than the previous year. A total of 16 361 788 tablets and capsules of first- and second-line anti-TB drugs were distributed to centres resulting in improved access to treatment and care.



3 888 people living with HIV/AIDS continued to receive antiretroviral treatment (ART). The proportion of patients on ART receiving the more effective dolutegravir-based ART regimens almost doubled, from 39.7% to 76.0%.

Ensuring health for all through universal health coverage

Strengthening coordination and collaboration to improve service delivery

In a continued effort to improve the foundation of primary health care (PHC) services in Somalia to achieve universal health coverage (UHC), the WHO country office supported the Federal Government of Somalia in the development and distribution of the updated Essential Package of Health Services (EPHS 2020). The EPHS is a strategic framework for improving health services delivery, its coverage and quality of care. The EPHS 2020 is the main guidance document of the Federal Government of Somalia for designing its health services delivery model in a way that will address the country's disease burden through the use of evidence-



based interventions, appropriate technology and innovation. The EPHS 2020 will also guide the country to tackle health inequity and build its health system to deliver effective health services.

WHO worked with the Federal Ministry of Health and Human Services on the development of the Somalia Health Sector Strategic Plan 2022–2026 (HSSP III). The HSSP III offers government policy-makers and decision-makers a shared vision for health system development. The federal member states of Somalia have developed their own strategic and operational plans based on the HSSP III. The development of HSSP III was a condition for the country to be eligible for the extended credit facility of the International Monetary Fund.

WHO continued to strengthen its partnership and coordination role with the ministries of health of all Somali member states. WHO supported three high-level coordination meetings between the Federal Ministry of Health and Human Services and state



Advance universal health coverage by accelerating primary health care-led recovery with a view to supporting the goals of integrated health services has been the main driver for WHO's work in Somalia for strategic priority 1



ministries of health to improve internal coordination, strengthen two-way communication and collaboration between the federal and member states and jointly identify priority programmes for the health sector in the country. These meetings were

also platforms to explore new and innovative ways to scale up essential health and nutrition services in the country, address gaps in human resources for health, and improve governance, public financing and leadership of the health sector.

In focus: optimizing the use of biomedical equipment for better health services delivery

Any health system needs the right biomedical equipment and skilled human resources to use such equipment. In turn, these resources help in the diagnosis of diseases and the delivery of appropriate health services. Biomedical equipment includes fully automated nucleic acid and protein purification equipment, tabletop centrifuges, and X-ray and electrocardiography machines.

In November and December 2021, WHO assessed biomedical equipment in health facilities in Somalia. The review revealed gaps in: technical inventory lists; management systems to identify the needs and priorities of public hospitals; and effective distribution plans for existing equipment.

To tackle these challenges, WHO developed a data-gathering tool and created a database of medical equipment and available technical human resources. The Organization supported the Federal Ministry of Health and Human Services in training hospital managers on how to interpret the survey and use the data-collection tool. To ensure health facilities can use and maintain biomedical equipment, WHO deployed a biomedical engineer in 2021 to support the facilities and to train four national biomedical equipment engineers who are deployed at the state level.

Reaching every last child

The COVID-19 pandemic disrupted routine immunization in Somalia and making it difficult to reach children and allowing childhood diseases to continue (Box 1).

WHO worked with the federal and state ministries of health and partners to develop a comprehensive multiyear plan 2021–2025 for improving childhood immunization in

the country. As part of this plan, Expanded Programme on Immunization microplans were developed for specific districts, progress review meetings were held regularly and mid-level management workshops were held in all states. WHO also assessed the number of children younger than 5 years in Garowe, Kismayo, Galkayo, Dhushamareb and Baidoa to ensure every child received life-saving vaccines.

Box 1. Measles elimination goals pushed back

The disruption to routine immunization caused by the COVID-19 pandemic pushed back the goal of measles elimination in Somalia. In 2021, the four measles laboratories in the country processed 1273 suspected samples collected from all regions; of these, 76.6% were positive for measles. Of the measles-negative samples, 17 were positive for rubella. Children younger than 5 years are the most affected in all provinces and account for 81% of all confirmed measles cases. Of the confirmed cases, 89% had not been vaccinated and 9% had unknown vaccination status.

In focus: closing gaps in vaccine equity using accelerated campaigns

In November 2021, the WHO country office warned that the COVID-19 pandemic had caused severe disruption to routine immunization and other health programmes in Somalia.

In 2021, 105 694 children were known to have missed out on vaccines, up from 66 957 in 2020. In an effort to prevent a relapse in childhood immunization in Somalia, WHO and UNICEF worked with the federal and state governments to conduct accelerated vaccination campaigns, which vaccinated 75 073 children younger than 2 years against measles and women of childbearing age against tetanus. This was achieved by using fixed and accelerated outreach services and deploying 153 teams of community health workers to make house-to-house visits in search of children who had missed out on immunization. Within marginalized communities, vaccination coverage of more than 90% was achieved, and thousands of zero-dose children were reached.

Achieving the zero malaria goal

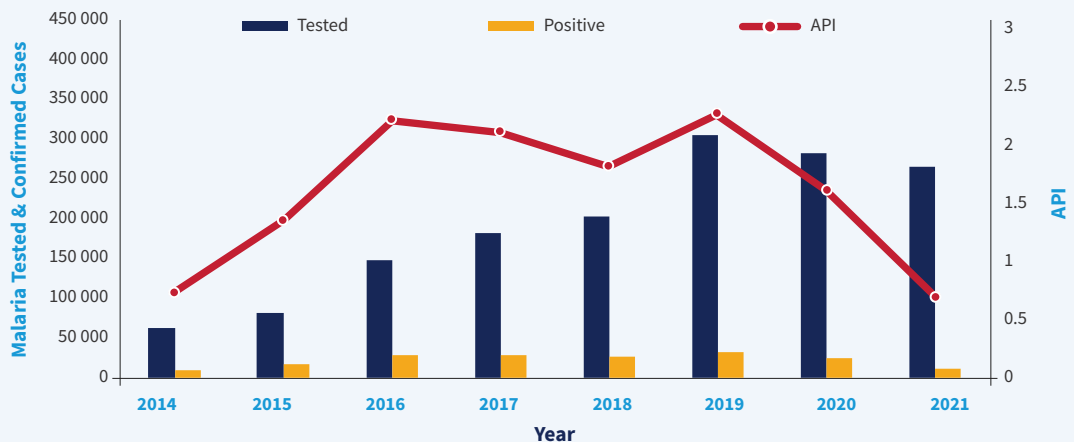
In 2021, Somalia confirmed 12 967 malaria cases and two related deaths, which was a significant reduction compared with the 40 470 and 29 439 cases reported in 2019 and 2020, respectively. This reduction is attributed to the malaria control programme run by the Somali health authorities, with the support of WHO, the United Nations Children’s Fund (UNICEF) and the Global Fund. This collaboration has contributed to a 70% reduction in the prevalence of malaria, from 2.77 cases per 1000 population in 2019 to 0.84 per 1000 population in 2021 (Fig. 1).

To scale up control activities in 2021 to meet the 2030 targets of the WHO global malaria strategy, WHO, supported the national

malaria control programme to conduct two campaigns of indoor residual spraying. The campaigns targeted 7320 households to protect 43 920 people from malaria. Steps were also taken to eliminate malaria in six pilot districts (Box 2).

WHO also provided technical support and partial funding to three studies to manage insecticide resistance and provide information on the sensitivity of malaria vectors to insecticides used in Somalia. The findings of these studies will help select the most effective insecticides to use in the country. In addition, WHO and the Government modified 200 *berkits* (wells) and assessed the effect of this intervention on the malaria burden to guide malaria activities in Bossaso.

Fig. 1. Monthly malaria cases in Somalia, 2014–2021



API: annual parasite incidence

API = number confirmed new cases of malaria per 1000 population.

Notes: Testing done by rapid diagnostic tests and microscopy.

Box 2. Malaria elimination

To reduce the burden of malaria further in Somalia, the Somali health authorities took steps to eliminate malaria in six pilot districts with the aim of stopping indigenous transmission of the disease. The six districts were in Somaliland and Puntland. Planning for other regions would have been a challenge, mainly because of insecurity. Led by the Somali Government and supported by the Global Fund, WHO and UNICEF, this project was rolled out in May 2021 and is ongoing.

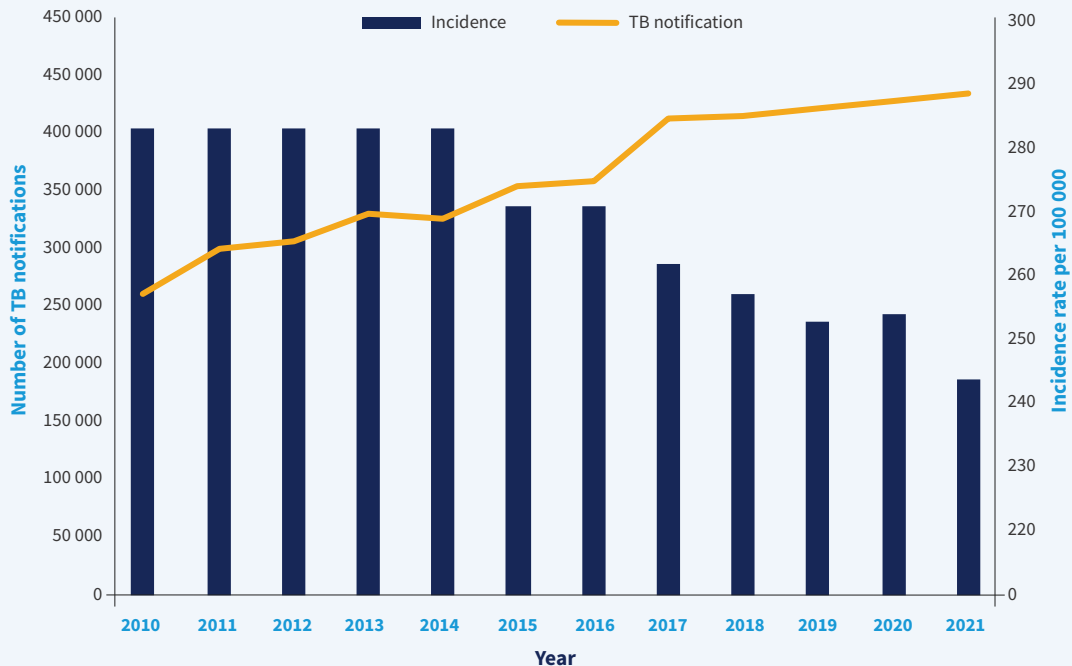


Reducing the burden of tuberculosis

Tuberculosis (TB) is a main cause of death and disability in Somalia. WHO has supported the federal and state ministries of health to use rapid molecular diagnosis as the main tool for TB diagnosis. In 2021, half of all presumptive TB cases in Somalia had access to GeneXpert testing, while 61% of all sputum smear-positive cases were diagnosed using GeneXpert tests. WHO’s strengthened support for TB control activities resulted in a 2% increase in detection of TB cases, from 17 155 cases in 2020 to 17 504 in 2021 (Fig. 2). The number of patients with multidrug- and rifampicin-resistant TB (MDR/RR-TB) enrolled on treatment also

increased from 253 in 2020 to 299 in 2021 (an 18.2% increase). In 2021, 88.9% of the TB cases in Somalia were tested for HIV co-infection. Of these, only 0.9% were co-infected. The health ministry, WHO HIV team and UNICEF provided about 64% of the TB patients with co-infection with antiretroviral treatment (ART) to treat their HIV infection. Despite this progress, concerns remain about the TB notification rate in the country which is only at 43%. WHO distributed 16 361 788 tablets and capsules of first- and second-line anti-TB drugs to treatment centres across the country, allowing more patients access to TB treatment and care.

Fig. 2. Trends of TB incidence and TB notification in Somalia, 2010–2021



Supporting people living with HIV

A modelling analysis, known as the Spectrum and Estimation and Projection Package, reported that the incidence of human immunodeficiency virus (HIV) in Somalia in 2021 remained at 0.01 per 1000 population for the fourth consecutive year. During the year, 780 people tested HIV-positive, with 481 people confirmed to be using ART. The number of persons living with HIV/AIDS reported alive and on ART increased from 3697 in 2020 (42.5%) to 3888 (44.7%) in 2021. The percentage of patients on ART receiving the more effective dolutegravir-based ART regimens almost doubled, from 39.7% to 76.0%. The percentage of patients with laboratory evidence of satisfactorily

reduced quantity of HIV in their blood increased from 80.7% in 2020 to 87.0% in 2021. As regards TB, 88.9% of TB patients were tested for HIV, just short of the target of 90%, and 77.9% of patient with TB and HIV coinfections were started on ART, against a target of 73.9%. Almost two thirds (65.7%) of patients enrolled in HIV care and treatment were started on isoniazid preventive therapy within 6 months.

WHO supported the federal and state governments in undertaking an analysis of the quality of HIV testing. Overall, 344 health facility staff (173 males and 171 females) were assessed. Staff performed well and 97.4% of samples were returned with the correct HIV status.



Tackling neglected tropical diseases

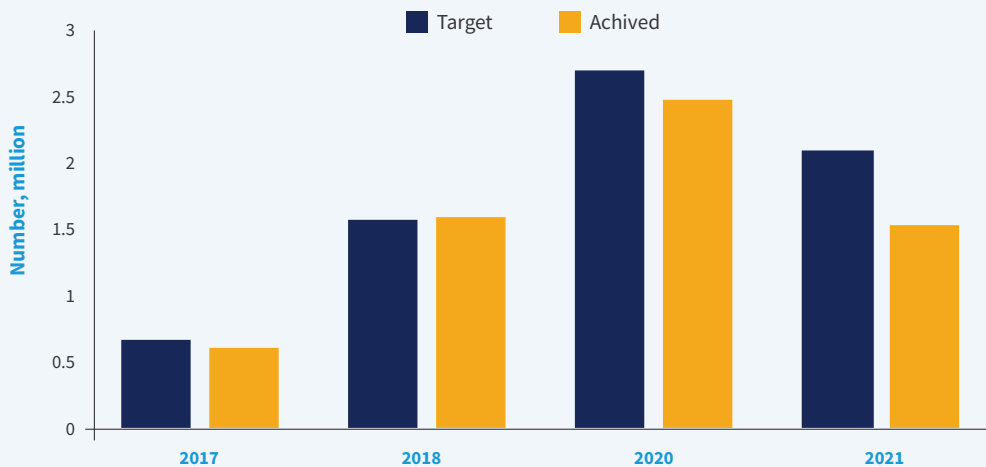
Schistosomiasis, soil-transmitted helminth infections, leprosy and visceral leishmaniasis are some of the most common neglected tropical diseases in Somalia. About 5 to 6 million people in the country live in areas that are highly endemic for these diseases.

As Somalia reported more than 1000 new cases of leprosy in 2019, the WHO Global Leprosy programme classified it as a global priority country. Detection of new leprosy patients has improved, increasing from 107 in 2015 to 2638 in 2021, despite a global drop in cases detected in 2020 because of

COVID-19. WHO has supported the federal and state governments in their effort to improve case detection for leprosy.

WHO supported the Federal Ministry of Health and Human Services to implement mass drug administration against schistosomiasis and soil-transmitted helminth infections with the aim of eliminating worm infections as a public health problem in the country. Praziquantel and metronidazole were administered to about 2.6 million school-aged children and more than 300 000 adults in four regions, 91.2% of a targeted 3.18 million people (Fig. 3).

Fig. 3. Mass drug administration to treat schistosomiasis and soil-transmitted helminth infections in Somalia, 2017–2021



Increasing access to good maternal and child health services

WHO convened the first annual national planning meeting on reproductive, maternal, newborn, child and adolescent health. A work plan for 2021 was developed that will maximize the support of all agencies working for improved access to good-quality maternal and child health care in the country. In addition, a review of the national midwifery curriculum for Somalia was undertaken by the Federal Ministry of Health and Human Services, with support of the United Nations Population Fund (UNFPA) and WHO. The curriculum will ensure that all academic institutions for nursing and midwifery teach standard concepts in midwifery that align with international standards.

To support the provision of holistic and good-quality health services for children, the Integrated Management of Newborn and Childhood Illnesses (IMNCI) guidelines were reviewed and adapted to Somaliland.

A plan of action for implementation of IMNCI activities for the next 2 years was also developed. WHO donated 10 kits of MamaNatalie equipment for neonatal care training to the Federal Ministry of Health and Human Services to improve the skills of health care workers in the provision of neonatal care. This support will also help improve the quality of services in health centres and regional and national hospitals, thereby reducing newborn mortality in Somalia.

Somalia has one the highest rates of female genital mutilation worldwide according to UNFPA. WHO supported a review of content on female genital mutilation in the national midwifery curriculum, which highlighted the need to cover female genital mutilation throughout midwifery training by incorporating learning sessions and more local examples. WHO assisted the Federal Ministry of Health and Human Services to draft a clause on female genital mutilation in the code of ethics for health care providers.

In focus: utilizing the COVID-19 response to increase access to medical oxygen

In mid-2020, when the first wave of the COVID 19 pandemic hit Somalia, the fragility of the health system to manage patients with severe symptoms was exposed. Lives were needlessly lost because of a lack of medical oxygen and supplies. The WHO country office in Somalia assessed the availability of oxygen sources and planned for a surge in demand as COVID 19 cases spiked. The survey showed alarming gaps: only 26% of the surveyed health facilities had at least one oxygen source, 4% had oxygen concentrators and 22% had access to oxygen cylinders. To bridge the gaps, WHO developed a strategy to scale up access to and availability of medical oxygen in Somalia.

In the first phase WHO equipped all 1200 primary care centres with oxygen concentrators and distributed pulse oximeters to more than 3000 community health workers. As only 25% of health facilities had access to uninterrupted electricity, WHO set up solar-powered oxygen concentrators in remote health centres across the country. This intervention was one of the most innovative and cost-effective solutions for providing secure access to oxygen.

In the 11 months of installation of the solar-powered oxygen systems, 476 people presenting with low oxygen levels received medical oxygen; 62% were children younger than 5 years. Of the 476 people, 95% were discharged without complications. Although these solar-powered systems were set up to support COVID-19 patients, children with neonatal asphyxia, pneumonia and other acute respiratory diseases soon represented most of patients.

The introduction of solar-powered medical oxygen systems in Somalia demonstrates the power of innovation in fragile settings. Grand Challenges Canada and the University of Alberta funded the project, while WHO set up the systems. WHO is working with the multipartner collaboration – Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) – to match the demand for and supply of oxygen in Somalia. UNICEF, UNDP, the World Bank and the WHO Special Programme for Research and Training in Tropical Diseases is supporting research to gather evidence on the feasibility, utilization and cost-effectiveness of the system and the survival of patients in a fragile context such as Somalia.

The WHO country office aims to help scale up solar-powered oxygen systems and pressure swing adsorption plants to further increase access to medical oxygen in the country. Replicating these systems can save many more lives and help Somalia move closer to attaining WHO's triple billion targets and the health-related SDGs. In 2018, pneumonia killed an estimated 15 165 children younger than 5 in Somalia – about two children every hour. Global evidence indicates that up to 35% of childhood deaths from pneumonia are preventable with the use of medical oxygen. Therefore, through partnerships with innovators, funders, SDG3 GAP agencies and the private sector, the WHO country office aims to enhance access to medical oxygen and extend the public health impact of the initiative. As of December 2021, WHO had installed two containerized pressure swing adsorption oxygen plants in two central locations. By utilizing an innovation triggered by a needed response to COVID-19, WHO aims to reduce inequities in access to oxygen and thereby save lives in one of the most disadvantaged countries in the world.





Strategic priority 2

Enhancing health security



The capacity of the national focal point for IHR (2005) (the National Institute of Health) was strengthened.



As part of new national health security architecture, integrated disease surveillance and response was established, a frontline field epidemiology training programme was introduced, an influenza surveillance system was set up, public health emergency operation centres were instituted and the capacity of public health laboratories was enhanced.



7 544 214 children younger than 5 years received the oral polio vaccine.



1 613 014 doses of COVID-19 vaccines were administered across Somalia with 5.9% of the population being fully vaccinated by the end of December 2021.



At the end of March 2021, Somalia's outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) was declared at an end.

Rebuilding the health security structure to protect the vulnerable

Coordinating the functions of IHR (2005)

In 2018, Somalia's health emergency preparedness index (a measure of International Health Regulations (IHR) 2005 core capacity) was 31 out of 100, indicating large gaps in the core capacities required to prevent, detect and respond to public health threats.

The National Institute of Health in Somalia is the national focal point for the IHR in the country. WHO supported the institute to finalize the National Action Plan for Health Security which aims to ensure that the country builds, maintains and sustains the core surveillance and response capacities required under the IHR. WHO also provided the institute with technical and financial support to develop and implement a 3-year costed plan (2021–2023) to carry out the IHR core functions in the country.

“
Enhance health security by promoting emergency preparedness, surveillance and response using an all-hazard and one-health approach have been the corner stone of WHO's work in Somalia for strategic priority 2”



Improving disease surveillance for national health security

Learning from the experience of COVID-19, Somalia adopted an integrated disease surveillance and response strategy as the overall framework for strengthening disease surveillance in the country. WHO, with the support of UNICEF, International Organization for Migration, United States Centers for Disease Control and Prevention and Public Health Institute Sweden, helped design the strategy and structure of the system. Since then, the country has finalized the technical guideline including standard operating procedures and a reporting tool for the implementation of the strategy with technical and financial support from WHO. This strategy will help safeguard national health security through improved surveillance, detection and response to emerging and re-emerging infectious diseases. WHO, with funding from Canada, is implementing the strategy as part of health system building in Somalia. WHO and

partners also implemented epidemiology training programme to equip frontline health workers with the skills to conduct surveillance and response activities (Box 3).

Somalia also updated its risk profile, initially developed in 2018, which now includes

epidemic diseases, climatic shocks and extreme weather events such as floods, drought and armed conflict.

Box 3. Epidemiology training to build disease detectives

To address Somalia's limited capacity to detect and respond to health emergencies, WHO, Public Health Agency of Sweden, the Intergovernmental Authority on Development, US Centers for Disease Control and Prevention, Africa Field Epidemiology Network and other partners supported the National Institute of Health in establishing the Frontline Field Epidemiology Training Program (FETP-Frontline) in August 2021. FETP-Frontline is a 3-month on-the-job training that covers the main skills needed to conduct surveillance and response activities effectively at the local level, with a focus on improving disease detection, reporting and response. Such surveillance will in turn improve public health security in the country. Two cohorts of FETP-Frontline have been trained, which included 10 women.

Improving planning and coordination for public health emergencies

WHO supported the National Institute of Health to establish seven public health emergency operation centres: one national and six state-level. Through a WHO workshop in 2021, the leadership of the National Institute of Health gained an understanding of these operations centres and their value. With the skills acquired, the leadership at national and state levels selected qualified teams to work in these operation centres and empowered them to provide policy direction during outbreak responses. Basic IT equipment for these operations centres

was installed in four centres in Galmudug, Jubaland, Puntland and Somaliland. WHO also supported the development of a manual on the emergency operations centres, standard operating procedures and a costed operational plan.

Instituting influenza surveillance and preparing for the next pandemic

The WHO country office supported the Government to establish a functioning surveillance system for seasonal influenza and other non-influenza respiratory viruses. The current surveillance platforms for COVID-19 and the three laboratories set up to

conduct real-time polymerase chain reaction testing were used to test for seasonal influenza. WHO supported the Federal Ministry of Health and Human Services to establish a sentinel-based surveillance system for influenza in three states. As a result, for the first time, Somalia identified the types of seasonal influenza viruses circulating in the country. WHO's work to help the Government strengthen influenza surveillance is supported by the US Centers for Disease Control and Prevention. WHO's work will be crucial to building the country's health system capacity to detect and respond to an influenza epidemic and other viruses with epidemic and pandemic potential.

Establishing a community-based rapid response structure for epidemic alerts and investigation

As part of a project supported by the Central Emergency Response Fund to rapidly respond to health events in drought-affected districts in Somalia, WHO worked with the national and state health authorities to deploy rapid response teams and community health workers to provide urgent, essential health care to vulnerable communities. Through this support, WHO directly reached and protected about 123 181 vulnerable Somali people, 61 573 of whom were females. In total, 324 community health workers were deployed who visited every household in drought-affected districts to report alerts to the rapid response teams for field investigation. These community health workers reported a total 2527 epidemic alerts, including for suspected measles,

cholera, malaria and respiratory tract infections. These interventions prevented major outbreaks in drought-affected areas.

Ending polio

WHO continued to deliver a robust response to the prolonged outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2), first detected in the country in October 2017.

At the end of March 2021, Somalia's outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) was declared at an end. This success was achieved through a long-term partnership between WHO, partners and the Government, and the tireless work of the country's polio workforce. Intensified mass vaccination campaigns in the most remote settlements for children with zero doses (i.e. who had never been vaccinated against polio) also contributed to this result, as did extensive disease surveillance measures, active case searches and investigation of every paralysis case in children younger than 15 years throughout the country.

In collaboration with the federal and state ministries of health and partners, WHO conducted two rounds of small-scale campaigns in February and March 2021, delivering monovalent oral polio vaccine type 2 in Somaliland. Each round targeted more than 850 000 children. Three sets of supplementary immunization activity days were also held from May to August in newly accessible districts – Galad, East and West Jilib, East and West Jamame, and Jamame Triangle. Each round vaccinated more than 900 000 children. Through national

immunization days conducted across the country in June and July, 3 144 214 children younger than 5 years were vaccinated. From 12–17 September, WHO also supported a vaccination campaign using fractional inactivated polio vaccine (Box 4), which reached 80 916 children younger than 5 years in Berbera, Dolo, Abdulaziz and Dhusamareb.

The WHO country office started integrating the polio programme’s assets and resources with other public health programmes while

reducing funding from the Global Polio Eradication Initiative. The office developed a transition plan, in consultation with the national health authorities, on integrating polio assets and resources with other public health functions. The plan focuses on maintaining the essential polio functions and at the same time expanding and strengthening them for national health security, routine immunization, prevention of public health emergencies and support of UHC.

Box 4. Introduction of fractional inactivated polio vaccines

In September 2021, WHO introduced fractional-dose inactivated polio vaccines (fIPV) in five high-risk districts, reaching 80 916 children younger than 5 years. This pilot project was another innovative milestone for the country, as using a fraction of the full IPV dose offers an immunity similar to the full dose in children previously immunized with oral polio vaccine. The use of fIPV is important when responding to an outbreak such as the one in Somalia. Two successful fIPV campaigns were conducted in these districts in Somalia. To ensure effective implementation, the skills of health workers were developed. The administrative coverage report indicated that 252 722 eligible children received the fIPV dose in the two campaigns, a 96% coverage rate.



In focus: introducing financial innovations in Somalia

As a pioneer in using innovations to increase its efficiency and impact, the WHO country office continued to roll out the direct disbursement mechanism to pay service providers working towards polio eradication in the country. WHO began with a pilot project in 2020 with capacity-building and introduction of direct disbursement mechanism in Hargeisa. To start, 1650 service providers registered within the electronic banking system in use (Dahabshiil Pvt. Ltd), after which they were able to receive their payments through mobile money, collection from a branch of Dahabshiil Pvt. Ltd, or remittance.

WHO worked with e-Dahab, a money transfer system that allows users to transfer money to another person or business through a mobile telephone sim card and Dahabshiil Pvt. Ltd services. By the end of 2021, the polio eradication programme had used direct disbursement mechanisms for six campaigns, 30% of the total campaign budget for Somaliland. This project:

- increased the safety of staff by reducing the risks of carrying too much cash for payment;
- led to savings of about US\$ 750 000 per biennium for the WHO country office because of reduced commission costs;
- allowed polio eradication personnel to save between 20% and 40% of the time they had earlier spent on facilitating or delivering cash payments and use this time for technical work instead;
- enabled the financial and administrative teams working in the polio eradication programme to reach frontline health workers who lived and worked in inaccessible and hard-to-reach areas;
- demonstrated that the use of formal registration was possible in a fragile setting such as Somalia;
- strengthened partnerships as WHO worked with federal and state ministries to implement direct disbursement mechanisms.

Mounting a timely response to COVID-19

WHO continued to support the Government in its response to COVID-19 through the 2021 strategic preparedness and response plan for COVID-19 which focuses on maintaining the public health system. WHO provided extensive support to roll out the COVID-19 vaccines, improve access to medical oxygen and reduce disruptions to essential health services caused by the pandemic.

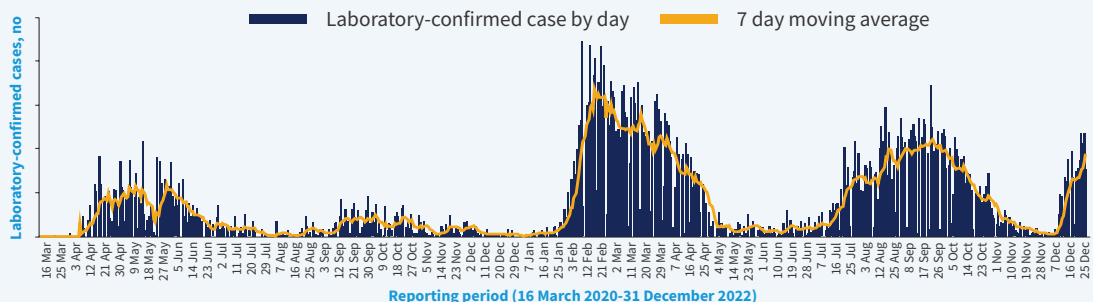
Somalia received the first batch of COVID-19 vaccines from the COVAX Facility on 15 March 2021. The arrival of the COVID-19 vaccines brought hope of protecting high-risk populations and ending the epidemic in the country. With support from WHO and other partners, the Federal Government of Somalia used various strategies, including fixed site and mobile outreach teams, to deliver vaccines to the people. At the same time, WHO worked with the Government to develop health workers' skills to: register people for vaccination; record data; manage waste from vaccinations; and monitor vaccine safety and adverse events following immunization.

At first, COVID-19 vaccine uptake was slow. The first batch was allocated for health care workers and other frontline workers, and older people. From 15 March to 31 December 2021, 1 613 014 COVID-19 doses were administered across the country. In May 2021, Somalia started administering the second dose of the COVID-19 vaccine. Even then, vaccination was still slow in some states, particularly South West, Galmudug and Jubaland, because of communication and logistical challenges, and difficult terrain. By the end of 2021, 869 620 people had been fully vaccinated against COVID-19 and 743 394 had been partially vaccinated.

WHO Somalia welcomed a technical mission from the WHO Regional Office for the Eastern Mediterranean to review the effectiveness of its response operations. The findings led to a deeper understanding of how WHO should support the health system in recovery.

WHO used the response to COVID-19 to work for a long-term impact on the country's health system. Steered by evidence, research and stakeholder advice, WHO has steadfastly supported Somalia to increase its capacity to care for the health of its people and create a stronger health system.

Fig. 4. COVID-19 cases reported in Somalia with 7-day moving average, 16 March 2020–31 December 2021



In focus: reducing inequities in access to care through deploying community health workers

Somalia confirmed its first case of coronavirus disease 19 (COVID-19) on 16 March 2020 (Fig. 4). Within a month, 80 people had been confirmed by laboratory tests to have COVID-19, some of whom had no history of travel. With an already weak health system – Somalia has less than 1 essential health care workers, including doctors, nurses and midwives, per 1000 people to serve a population of more than 15 million. This prompted the World Health Organization (WHO) Somalia office to innovate that can improve tracing, tracking and treating suspected cases of COVID-19 in the community.

During the COVID-19 pandemic, WHO deployed 3327 community health workers (CHWs) to 49 districts in the country to help stop the spread of the disease, which eventually increased to 51 districts. These CHWs, had over half of the members as women. The community health workers played a crucial role in establishing community-based surveillance, risk communication and community engagement at the village level. Their work improved COVID-19 detection, testing and tracking and reached thousands of people with important health messages on COVID-19. In addition, they served as a bridge to link community-based surveillance with health facilities in the locations they cover through referral links and case follow-up at the household level. By the end of December 2021, the CHWs detected 30% of all COVID-19 cases officially reported by the country.

Every day, these CHWs visited about 30–50 households in the districts that they cover to actively search for people with symptoms of COVID-19 using a checklist to assess symptoms. They moved from house to house using micro plans, which help them plan their routes and work day and ensure they don't miss any households in their areas. Community health workers were also deployed to high-risk areas, including rural villages far from health facilities, settlements for internally displaced people and nomadic areas.

The community health workers have played an essential and effective part in Somalia's response to COVID-19 by reaching communities on the ground with crucial information and services. There is a need to extend frontline responses to health challenges in every district and to ensure every Somali community has access to health services. Therefore, given the ability of community health workers to engage with people in their communities and provide basic health care and a bridge to primary care services, their role needs to be expanded. In addition to the COVID-19 response, the community health workers can have particular roles in primary health care and other essential public health functions. Being close to the community, they have proven to be effective in delivery of a range of preventive, promotive and curative health services and they can contribute to reducing inequities in access to care.



Strategic priority 3

Promoting healthier populations



Knowledge of emergency preparedness at the hospital level was enhanced.



89 Somali health care professionals were trained on infection prevention and control measures.



A national action plan to tackle antimicrobial resistance was developed.



A study was undertaken to determine whether improved mental health can contribute to social cohesion and peace.



Basic mental health services were provided for hard-to-reach populations which reached 25 094 people.

Improving health through multisectoral action

Enhancing emergency and trauma care systems to prevent disabilities

To improve injury management and reduce deaths in Somalia, the WHO country office organized capacity development for health institutions and health care professionals. The Organization conducted a rapid assessment of critical care services in 141 hospitals (79 of which were public hospitals) in all 18 regions using the WHO emergency critical care assessment tool. There were 97 operating theatres and 54 outpatient departments. Only 20 (28%) hospitals could provide emergency critical care, 46 (66%) had handwashing facilities, 26 (37%) had tap water and 14 (20%) had designated areas for emergency care.

After this assessment, WHO rolled out a basic emergency care course, in collaboration with the International Committee of the Red Cross and endorsed by the International



Federation for Emergency Medicine. The African Federation for Emergency Medicine facilitated the training course with WHO headquarters and regional staff. After the training, 16 health care professionals qualified as master trainers for the accredited basic emergency care course. They then conducted cascade capacity development in basic emergency care for 354 frontline health care workers. These efforts led to improved knowledge of emergency preparedness at the hospital level, knowledge and skills transfer between health professionals, including with the health authorities, and stronger foundations for dealing with emergencies at the hospital level.

About half of all civilian trauma cases in Somalia are caused by conflict and about a third of all casualties are children younger than 15 years according to a rapid WHO assessment. To prepare hospitals for mass casualties and trauma on a large scale, the newly established WHO Academy, together with the WHO regional and country offices



Promote healthier populations and well-being using multisectoral approaches to address social determinants of health and risk factors was the guiding principal of WHO's work in Somalia for strategic priority 3



and international experts, conducted a certified course on mass casualty management – the first of its kind for Africa. In all, 74 health care professionals from different regional hospitals were trained so that their facilities would be better equipped to respond to mass casualties.

Senior leadership in health authorities and hospital directors can influence health professionals and the quality of services being offered in health facilities. Therefore, WHO organized workshops in Mogadishu and Hargeisa to develop the skills of hospital leadership and management, which included 69 hospital directors from regional hospitals and representatives from nongovernmental partners. This experience led the hospital managers to form a network for peer-to-peer learning and skills transfer.

Introducing infection prevention and control standards

About three in every 20 hospitalized patients is infected while receiving care in low- and middle-income countries, and outbreaks tend to spread faster because of few infection prevention and control (IPC) programmes at the national and facility levels. Thus, preventing and controlling infections in health facilities is a priority and, in 2021, WHO trained 89 Somali health care professionals on IPC measures. The teams also developed a plan to assess IPC measures and practices in health care settings in Somalia. These interventions resulted in hospitals establishing IPC committees and sharing knowledge on IPC between hospitals.



Preventing antimicrobial resistance

The lack of a functioning national regulatory authority on medicines, coupled with unregulated private pharmaceutical suppliers and personnel and poor quality of medication, has exacerbated antimicrobial resistance in Somalia, although the full burden of antimicrobial resistance is still unknown.

In March 2021, Somalia finalized a national action plan to tackle antimicrobial resistance, with support from WHO. The plan, which is yet to be formally endorsed by the Federal Government, outlines four actions that would help control antimicrobial resistance, namely: raising awareness of antimicrobial resistance; increasing surveillance of cases of drug resistance; implementing IPC measures; and using antimicrobials appropriately. The national action plan also promotes the prevention of antimicrobial resistance at the human–animal interface and in food chains – the One Health approach.

Identifying the links between mental health and peacebuilding

WHO commissioned a study to determine links between mental health and peacebuilding (Box 5). The study included mostly young people from communities and patients receiving mental health services. The study will provide evidence on whether improved mental health can contribute to social cohesion and peace in settings affected by conflict.

WHO also supported the integration of mental health services into PHC in three districts, as envisioned in the 2020 Somalia EPHS. This followed capacity development based on the Mental Health Gap Action Programme (mhGAP). WHO facilitated coaching and mentorship and supportive supervision in partnership with state and federal ministries of health. In addition, WHO provided basic medical supplies for case management of people with mental health problems.

Box 5. Connection between mental health and peacebuilding

In 2021, WHO commissioned a study to identify links between mental health care and peacebuilding. The research is part of a pilot project to strengthen mental health and psychosocial support in Somalia and is funded by the Peace Building Fund. The study was conducted in three districts and included 700 participants: 213 from Baidoa, 259 from Kismayo and 228 from Dollow. The participants were mostly young people drawn from communities as well as patients receiving mental health services. The study combined quantitative and qualitative methods and aims to determine whether improved mental health can enhance social cohesion and peace in conflict settings.

Supporting vulnerable people

In 2021, WHO launched a collaborative project with the Federal Ministry of Health and Human Services and the Italian Agency for Development Cooperation. The project aimed to improve access to basic health services for vulnerable communities, mostly people living in camps for internally displaced people and nomadic populations living in hard-to-reach areas. The first phase of the project ended in April 2021 with encouraging results, despite COVID-19. The project supported a number of activities including: provision of basic mental health services for hard-to-reach populations without access to health services through outreach activities, which reached 25 094 people; and skills' development of 199

health care workers through training courses on mhGAP, IPC, Expanded Programme on Immunization, integrated management of acute malnutrition, early warning alert and response network surveillance system, community management of diarrhoeal diseases, basic obstetric emergencies, and neonatal care. The project also offered support to survivors of conflict, including referrals, particularly for trauma patients, and 266 patients were referred to hospital for trauma care. The Italian Cooperation provided additional support for referrals and trauma care for survivors of armed conflict. The project also supported procurement of assistive devices, such as wheel chairs and prosthetic limbs, for survivors.



In focus: mental health in Somalia during COVID-19: disrupted services, unmet needs and worsening illness

Essential mental health services in Somalia, as in many other lower- and middle-income countries, are poor; more than 75% of people in need of mental health services have no access to effective evidence-based mental health services. Data from WHO's national pulse surveys on continuity of essential health services during COVID-19 showed that essential health services in Somalia, including mental health services, have been severely affected by this global public health crisis

Data from WHO on the prevalence of major depressive disorders and anxiety disorders, globally, sub-Saharan Africa and Somalia, 2020 showed an increased prevalence of these disorders in Somalia, by about 17.8% and 16.2%, respectively. This means that before adjustment for the COVID-19 pandemic, the estimated prevalence of major depressive disorder in 2020 in Somalia was 2304.8 cases per 100 000 population. After adjustment for the COVID-19 pandemic, the estimated prevalence of major depressive disorder was 2713.4 cases per 100 000 population. Similarly, before adjustment, the estimated prevalence of anxiety disorders in Somalia in 2020 was 2819.8 cases per 100 000 population. After adjustment, the estimated prevalence of anxiety disorders was 3276.4 cases per 100 000 population. The combined effects of lockdowns, stay-at-home instructions, decreased public transport, school and business closures, loss of economic activities and decreased social interactions have led to the worsening of the mental health situation in Somalia as has happened in other countries.

Mental health matters In Somalia, the current humanitarian situation resulting from protracted conflicts drought, locust infestation and now the COVID-19 pandemic has not only worsened the mental health of people in the country, but the situation has also reached a point where irreversible damage to the cognitive development of young people might be anticipated, which would lead to long-term social consequences if not addressed urgently. The increased prevalence of depressive disorders and anxiety disorders induced by COVID-19, on the top of existing high burden of mental health illness in Somalia, will mean that additional people will need access to good-quality mental health services and supportive psychological care, which will put a strain on the already limited services available for mental health. Pre-existing mental health conditions of people suffering from such illness before the COVID-19 pandemic will be exacerbated, and meeting the added demand for mental health services may be extremely difficult in this already resource-constrained setting. Major depressive disorders and anxiety disorders will increase the risk of other diseases and suicide in Somalia, which already has one of the highest suicide mortality rates in the world (14.6 per 100 000 population).



Strategic priority 4

Strengthening health governance



A localized strategy was developed to ensure adherence to the Grand Bargain commitment.



Two important information management systems were rolled out/expanded: the Health Resources and Services Availability Monitoring System (HeRAM) and the 3/4/5 matrix tool.



A framework for inter-agency collaboration of SDG3 GAP agencies was put into operation to support health services recovery through primary health care and improved service delivery.



Innovative approaches were used to strengthen Somalia's health system, including a solar-powered oxygen delivery system and a new service delivery model to accelerate immunization coverage.



WHO and the Government of Sweden joined to support the National Institute of Health and health information systems in Somalia.



The Country Cooperation Strategy of WHO and Federal Government of Somalia (2021-2025) was launched

Transforming health governance for sustainable development

Strengthening partnerships and coordination for better health outcomes

WHO, as the lead of the Health Cluster in Somalia, coordinated the health and nutrition activities of 44 implementing partners for delivery of health care in Somalia. The Cluster raised almost half of the funds required for its work (US\$ 91.7 million) from the Somalia Humanitarian Fund. The Health Cluster worked closely with its implementing partners and other United Nations (UN) cluster leads to strengthen multisectoral action to deliver integrated health services and improve health outcomes for vulnerable populations caught in crisis for a protracted period (Box 6).



Box 6. Assessment of the needs of vulnerable communities

In 2021, the Health Cluster participated in the UN interagency team and visited 10 hard-to-reach districts to assess the health needs and monitor the quality of operational response by partners. These visits highlighted the need for increased coordination at state and district levels to avoid fragmentation between partners in the health and nutrition clusters and uncovered the requirement for additional capacity-building of partners to ensure quality of service delivery.



Strengthen health governance using the Global Action Plan for health and well-being to support joint and collective actions to achieve health-related SDG goals was the hallmark of WHO's work in Somalia for strategic priority 3



The Health Cluster also rolled out and expanded two important cluster information management systems: the Health Resources and Services Availability Monitoring System (HeRAM) and the 3/4/5 matrix tool. The HeRAM is an online platform that makes core information on essential health resources and services available to all decision-makers at country, regional and global levels. Currently it covers 50% of all active health partners in Somalia. The 3/4/5 matrix tool provides information on the operational presence needed for response monitoring.

Honouring the promises of the Grand Bargain

WHO developed a localized strategy to ensure adherence to the Grand Bargain commitment, an agreement between donors, aid agencies and humanitarian organizations “to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action”. To this end, WHO facilitated key informant interviews with a range of stakeholders. The strategy will lay the foundation of WHO’s future work in Somalia to identify, implement and strengthen partnerships with local health actors for decisions-making and implementation of a data-driven process to respond to emergencies in the country. The strategy will help make WHO’s work in Somalia on the humanitarian development and peace nexus more coherent, particularly in the area of health as a contributor to peace and social cohesion.

Strengthening partnerships with the government to align priorities

WHO held operational planning meetings with the ministries of health of Galmudug, Hirshabelle, Jubaland and Puntland, and the Federal Ministry of Health and Human Services. The objectives of these meetings were to turn strategic plans into actionable tasks. During these meetings, in accordance with the Country Cooperation Strategy 2021–2025, WHO’s support to federal member states in 2021 was reviewed and strategic priorities for the Organization’s ongoing cooperation in 2022 were identified.

WHO also worked to enhance coordination and collaboration between the federal and state ministries of health, which resulted in a better understanding of the health system challenges in the country, levels of responsibility, sharing of resources, and need for a collective and coherent position on aligning the health priorities.

Producing stronger cohesion with partners

WHO collaborated with the World Bank, UNICEF and UNFPA on a coordination mechanism in support of Somali health authorities to ensure better alignment, consistency and coherence of health programmes undertaken by the agencies and to avoid fragmentation of the work.

Supporting recovery of health services through PHC

The WHO country office was one of the few country offices that implemented the Sustainable Development Goal 3 Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) using catalytic resources to strengthen collaboration at the country level for achieving SDG3 targets (Box 7). As a result, a framework for inter-agency collaboration of SDG3 GAP agencies was put into operation to support recovery of health services through PHC and improved service delivery. A coordination mechanism was also established to ensure alignment of the work of the health-related UN agencies, funds and

programmes to support acceleration of SDG3 goals through PHC approaches.

Joint field visits of UN Heads of Agencies and the UN Resident and Humanitarian Coordinator were organized to the drought-affected areas to oversee, monitor and review the life-saving community-based initiatives implemented through a joint plan undertaken by WHO, UNICEF and UNFPA for delivery of integrated health and nutrition services. A high-level coordination body was established which includes the WHO (Chair), UNFPA and UNICEF representatives and the World Bank country director to support the Government in implementing the EPHS. A technical working group comprising

Box 7. Lessons from the SDG3 GAP to support health system recovery

Somalia's health sector is not necessarily always underfunded. Rather, lack of coordination, competition for funds and disjointed approaches have led to fragmentation of the health system and duplication of effort. Based on WHO Somalia country office's transformative role and demonstrated ability to show leadership in the health sector, WHO has forged strong relationships with SDG3 GAP partners (especially UNICEF, UNFPA, UN Women, Gavi, the Vaccine Alliance, the Global Fund, the Global Financing Facility and the World Bank) at senior and technical levels. These connections have allowed WHO to bring these partners together, along with the national and subnational health authorities, to support the PHC-led recovery of the health system. Collaboration between the SDG3 GAP partners has also prompted bilateral donors to consider financing health system recovery through PHC in Somalia using joint health and nutrition pooled funds. If this pooled funding mechanism materializes, it will be an important strategic shift in funding health programmes in Somalia, which will ensure that priority health needs in the country are equitably funded in a transparent, coordinated and evidence-informed way.

technical experts from WHO (secretariat), UNICEF, UNFPA and the World Bank was formed to support acceleration of PHC in the country using the PHC measurement initiative and UHC compact. WHO, together with other agencies, assessed health facilities with a view to developing a road map for bridging gaps in oxygen access and establishing a pooled funding mechanism to

scale up delivery of oxygen at the PHC level using solar power. The use of the catalytic resources also enabled the WHO country office to access Health System Connector and ACT accelerator funds and funds from the Italian Agency for Development Cooperation, European Union and the UN Central Emergency Response Funds to expand access to essential health services.

In focus: innovating to strengthen Somalia's health system

Solar power

Somalia has turned to solar power to rebuild its damaged health system. In January 2021, Somalia's Federal Ministry of Health and Human Services, supported by WHO, piloted a solar-powered oxygen delivery system in Hanano General Hospital in Galmudug. WHO worked in collaboration with 13 development, humanitarian and global health agencies under the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP). The collaboration aims to support countries in matching demand with supply through implementation-ready innovations to accelerate progress towards SDG3.

The outcomes have been remarkable. The solar-powered oxygen system has come to symbolize life for Somali children in a country where pneumonia accounts for at least one fifth (15 160) of deaths in children younger than 5 years. For example, Abdiaziz Omar Abdi, a 2-year-old child in severe distress, was admitted to Hanano hospital with oxygen levels of 60% – it should be at least 90%. Doctors immediately put him on oxygen with ampicillin and dexamethasone medications. After 3 days, his oxygen level was up to 90% and he was discharged alive and well. Abdiaziz would probably not have survived had he come in 3 months earlier when the oxygen system was not in place. Abdiaziz is one of hundreds who needed life-saving oxygen in Hanano hospital. The innovation has also significantly shortened hospital stay from 5 days to 1 day on average. Furthermore, the solar-powered system could function during frequent power cuts so the vaccine cold chain could be maintained. A consequence of this innovation is increased demand for health care in catchment communities and populations.

Solar-powered oxygen systems are more cost-effective than other oxygen technologies and require minimal maintenance. They are also easy to use with limited training for

health staff in rural areas. Such a climate-conscious approach and the positive health care effects indicate its potential to strengthen PHC in off-grid settings and where infrastructure is weak, which is where most child deaths occur.

Innovative service delivery approaches

Somalia is innovating in other ways. Faced with an increase in vaccine-preventable diseases because of disruptions caused by COVID-19, Somalia's federal and state health sectors worked with partners in 2021 to trial innovative service delivery models to accelerate immunization coverage to vulnerable children. The strategies included a combination of outreach, mobile and fixed-post immunization models. Within 2 months, an accelerated vaccination campaign had covered 54 districts in Somalia and Somaliland that had the lowest immunization coverage, the highest number of zero-dose children and had reported outbreaks of vaccine-preventable diseases. The campaign succeeded in vaccinating 75 217 children with zero-dose immunization, 104 000 children against measles, 82 000 against polio and 954 400 people against COVID-19. The lessons from this campaign are being used to inform a revision of Somalia's expanded immunization programme and strengthen PHC.

Scaling up innovations

These innovations are a few examples of Somalia's approach to transforming its health system, and early successes have prompted calls to expand such innovations. This, the SDG3 GAP partners are using an innovation scaling framework, developed by WHO, to catalyse the scaling up and sustainability of effective health innovations. For example, a roundtable discussion was held on bridging oxygen access gaps in Somalia to build a resilient health system. Following the recommendations of the dialogue, SDG3 GAP partners assessed the oxygen situation at the PHC level in Somalia and will develop a road map and pooled funding mechanism to increase oxygen access in PHC. The approach is already yielding results. For example, after the pilot in Hanano, solar-powered oxygen systems were installed in four more hospitals in Kismayo, Baidoa, Hudur and Dhusamareb, with funding from the Canadian and Italian governments. The WHO country office also started scaling up solar-powered installation to provide electricity to 100 PHC centres, solving chronic power problems in a climate-friendly way. Three pressure swing adsorption oxygen plants have been installed and a project to procure and distribute 200 portable oxygen concentrators across the country is underway. WHO's global health leadership and the good relation between SDG3 GAP partners and the Government of Somalia have been crucial to these efforts.

Access to innovations

SDG3 GAP partners recognize that innovation must address needs and be accessible to the people who have those needs. Therefore, SDG3 GAP partners are collaborating to deliver services more effectively and overcome barriers to equitable access to health services. Partners working in humanitarian, development and peacebuilding have agreed on a set of collective outcomes toward more coherent and collaborative planning and implementation of innovations. A notable outcome of this increased collaboration was the support provided to the Government of Somalia to revise the EPHS 2020. In addition, SDG3 GAP partners developed an implementation guideline and set up a coordination body for EPHS 2020 implementation. To provide further impetus, the World Bank is funding the *Damal Caafimaad* project (2021–2026), which aims to improve coverage of EPHS 2020 in select areas and strengthen the stewardship capacity of ministries of health to coordinate and implement mid- and long-term strategies on health system strengthening.

Looking ahead

The gains recorded in aligning and scaling up innovation in Somalia are promising signs of the country's progress towards achieving healthy lives and well-being for all. In addition, SDG3 GAP collaborations are vital to bringing innovations to the population that needs them, using the EPHS. As these approaches become established, such coordinated efforts increase optimism about Somalia's ability to improve the health and well-being of all Somalis.

Unlocking opportunities for health with the Government of Sweden

WHO and the Government of Sweden joined to support the activities of the National Institute of Health and health information systems in Somalia. An agreement was signed to enable the WHO Somalia office to recruit and retain two senior-level national staff. This support aims to help Somalia: build an autonomous national institute of health; improve digitalization of health data; and develop a national integrated disease surveillance and response system.

Launching Country Cooperation Strategy (2021–2025) of WHO and Somalia

On the eve of Universal Health Coverage Day, the World Health Organization (WHO) country office launched its five-year Country Cooperation Strategy (CCS), 2021–2025, for Somalia, which will guide its health programme over the next five years in line with national development priorities. The CCS was jointly signed by Dr Mamunur Rahman Malik, WHO Representative to Somalia and Head of Mission, HE 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 (DSRSG) and United Nations Resident and Humanitarian Coordinator for Somalia.

The Ambassadors of Italy and the United Kingdom, and other Heads of Mission and senior officials from the European Union Delegation and United States of America and were amongst the dignitaries who attended this milestone event. Senior representatives and heads of United Nations agencies in Somalia, including the Food and Agricultural Organization (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.

As one of the first few WHO country offices across the world to launch its CCS since the onset of the pandemic, WHO is demonstrating its commitment to supporting the health system of one of the most fragile and vulnerable countries in the world to recover from one of the worst national and global public health crises. The CCS for 2021–2025 aims to support and rebuild the health system of Somalia to be more resilient, inclusive and responsive, so that everyone, everywhere, in the country can access quality health care services without any financial hardships. The timing of launch of the CCS, its strong focus on rebuilding the health system and the boldness shown by the country office in launching the strategy during the pandemic have been hailed by all partners and donors as a landmark achievement by WHO.

Acknowledgements

WHO Somalia country office would like to express its sincere gratitude to the many donors listed below that have supported the work of WHO in Somalia. Their contributions have saved thousands of lives 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**

- **FIND, the global alliance for diagnostics**

- **Foreign, Commonwealth and Development Office**

- **Global Affairs Canada**

- **Government of Germany**

- **Government of Sweden**

- **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**



Every rewarding journey starts with a dream or a plan. The year 2021 was a year when WHO continued to take on challenges while laying a strong foundation for the health system in Somalia for sustainable recovery from the COVID-19 pandemic. The Country Cooperation Strategy (2021-2025) of WHO in Somalia, developed in 2021, will continue to guide the work of the Organization in Somalia to transform its fragile health system for advancing UHC through primary health care, enhance health security by effectively addressing health and other natural emergencies, promoting healthier populations and strengthening health governance.



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