SHAPING THE HEALTH AGENDA IN SOMALIA

Working to achieve health for all, by all
World Health Organization (WHO) Somalia

The vision of the World Health Organization (WHO) country office in Somalia is to improve the health of everyone in the country by directing and coordinating its work through collaboration, cooperation and partnerships.

Having a shared commitment for better health for everyone in the country, the country office mobilizes resources, engages with partners, academic and research institutions, private sector and other multilateral United Nations agencies. We drive our health agenda in order to achieve Sustainable Development Goal 3 through a stronger, effective and more efficient office and results-oriented programme.
In line with the larger WHO transformative agenda to meet the triple billion goal of WHO’s *Thirteenth General Programme of Work 2019–2023* (GPW 13), the functions of the country office are guided by five principles:

- aligning and integrating functions for greater cohesion and synergy
- keeping staff at the centre to empower and motivate them
- measuring the impact of work in order to optimize interventions and inform evidence-based decision-making
- improving visibility to showcase the effectiveness of our work, and
- ensuring accountability at every level.

The WHO Representative for Somalia has oversight functions of five functional areas:

- external relations, partnerships and resource mobilization
- health cluster coordination
- security management
- information and knowledge management.
To achieve WHO’s guiding principle of the attainment by all peoples of the highest possible level of health, our principal activities and functions are designed around six major areas:

- Accelerating progress towards universal health coverage
- Addressing health emergencies
- Promoting healthier populations
- Making every child count in immunization programmes
- Tracking diseases and implementing disease control measures
- Creating an enabling and respectful work environment.
WHO is providing technical support and policy advice to national and state health authorities to capacitate health system strengthening to advance progress towards universal health care. There is also a strong focus on building a bridge between humanitarian and development settings to facilitate resilience-building and support recovery of Somalia’s health system. Within the context of the 2030 Agenda for Sustainable Development technical support is provided to national health authorities to develop health policies, strategies and plans to meet national development targets.
WHO will continue to work closely with health authorities in Somalia to guide progress towards universal health care and provide technical support to:

- implement WHO’s Framework for action on advancing universal health coverage in the Eastern Mediterranean Region and advance universal health coverage to ensure that no one is left behind
- introduce an Essential Package of Health Services based on guidelines for disease control priorities (DCP3) at the primary health care level
- conduct policy analysis to strengthen health system governance and regulatory frameworks in light of UHC implementation
- improve access to and availability of safe and quality essential medicines, vaccines, diagnostics and devices for essential health care
- establish a national health account and track health expenditure data
- strengthen the national health information system with a focus on civil registration, maternal death registration and surveillance and facility records
- establish a health workforce observatory.
WHO Health Emergencies Programme: Protecting the vulnerable

Building on the new transformative agenda of the GPW 13, the Health Emergencies Programme supports building health system resilience for emergency preparedness, response, recovery and disaster risk reduction, in line with the objectives of the 2019 humanitarian response plan for Somalia.

The programme is also supporting equitable and safe access to emergency and essential lifesaving health services for vulnerable populations; monitor, detect and timely respond to epidemic threats through establishment of an early warning disease surveillance system called the EWARN (Early Warning, Alert and Response Network), an automated real-time disease surveillance system for disease detection across the country; organize mass immunization campaign to prevent outbreaks of cholera, measles and other epidemic threats; conduct field investigation for disease detection; set up a
system for emergency risk assessment, laboratory detection and rapid response to epidemic threats. The programme also supports the country for emergency risk reduction, including for implementation of core public health capacities required under the International Health Regulations (IHR 2005).

WHO’s work in emergencies will be guided by activities to ensure the implementation of the emergency response and recovery plan, including the multisectoral national action plan for health security, and the provision of technical support to national health authorities to:

- develop a multisectoral national action plan for health security for implementation of IHR (2005) core capacities
- establish an integrated disease surveillance system for monitoring and detection of health and other epidemic threats in real time
- roll out the cholera control strategy to eliminate cholera as part of WHO’s global strategy *Ending cholera: a global roadmap to 2030*¹
- support the establishment of a National Public Health Institute.

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¹ Ending cholera: a global roadmap to 2030 that aims to reduce global cholera deaths by 90% and eliminate the disease in at least 20 countries by 2030 (https://www.who.int/cholera/publications/global-roadmap/en/, accessed 3 September 2019).
Promoting health and well-being: Better health for everyone

The WHO country office provides technical, policy and advisory support for maternal and reproductive health care services, including midwifery services and basic family planning services in the primary health care system. It also promotes accelerated action on child survival, preventing noncommunicable diseases, integrating mental health services into primary health care, addressing antimicrobial resistance and environmental and other social determinants of health.
Future work will be guided by working closely with national health authorities to implement the integrated strategy for reproductive, maternal, child and adolescent health (2019-2023) and to:

- roll out the integrated strategy for reproductive, maternal, child and adolescent health and ensure sustainable funding for implementation of activities
- support implementation of the national midwifery strategy
- implement the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases
- address mental health and substance abuse disorders
- develop a national action plan to combat antimicrobial resistance
- promote collective, multisectoral and integrated efforts into the prevention and treatment of malnutrition.
Immunization and polio eradication programme: Protecting every child for a healthy life

WHO country office provides robust technical support and policy advice to national health authorities to improve and sustain high routine immunization coverage for vaccine-preventable childhood diseases. It also supports national and state level Expanded Programme on Immunizations (EPI) managers in the coordination, leadership and management of accelerated EPI services delivery, microplanning and surveillance for control of vaccine-preventable diseases, including improving data quality for decision-making.

Support was provided to deliver the traditional six antigens in the EPI, and with support of GAVI, the Vaccine Alliance, provided support to introduce pentavalent (DTP-HepB-Hib) vaccines in 2013 and inactivated polio vaccine (IPV) vaccine in 2015.
The polio eradication programme is continuing its work to keep the country polio free. In view of the concurrent outbreaks of circulating vaccine-derived poliovirus type 2 and 3, the programme is conducting small- to large-scale mass campaigns, in addition to introducing environmental surveillance and conducting surveillance for acute flaccid paralysis.

Future work will be guided by implementing the polio transition plan by integrating the knowledge, infrastructure, assets and functions of the polio programme to improve routine immunization. The country office intends to work closely with national health authorities and other partners to:

- Integrate immunization services with other outreach health services like nutrition, maternal and child health and newborn care services
- Update EPI policy and country multiyear plans to facilitate introduction of new vaccines like measles-containing-vaccine second-dose, rotavirus vaccine, measles/rubella, IPV, pneumococcal and human papilloma virus vaccines
- Provide policy support for the urban immunization programme
- Improve data quality for immunization services
- Develop and implement a strategy for integrated surveillance of measles, polio and other vaccines-preventable diseases
- Roll out a polio transition plan.
Communicable disease prevention and control: Keeping the country safe

Considering the high burden of communicable diseases, such as tuberculosis, malaria, HIV/AIDS and other neglected tropical diseases, WHO’s work for prevention and control communicable disease supports national health authorities to improve case detection, conduct active case-finding, improve access to diagnostics and treatment, estimate the burden of disease, assess and measure the effectiveness and impact of public health interventions, as well as monitor risk through collection, collating and analysis of surveillance data. The support will be provided through development and implementation of a strategic plan for surveillance and control, treatment guidelines, the provision of medicines and other necessary supplies for case management and training for capacity-building. While the vertical programme for communicable disease prevention and control continues to have a positive
impact, there will be a strategic shift to integrate all vertical programmes under a broader strategic multi-year plan for effective control. This will allow the programme to set its strategic goals to control, eliminate and eradicate diseases within a definitive timeline and measure the impact of its work.

Key interventions for future activities include the provision of technical support to the Government to:

- shift from a vertical approach to integrating communicable disease control activities within routine health services
- build and capacitate central and other state level public health laboratories
- support elimination and where technically feasible, implement eradication programmes for diseases that are no longer a threat to public health
- establish an integrated disease surveillance system for data monitoring and decision-making
- improve case detection and case-findings at community level and improve appropriate clinical management within the broader health agenda.
Business operation: Inspiring trust and value

The business operations team provides administrative and financial services and other enabling functions and resources to make WHO’s technical operations in the country successful and effective. Their functions cover internal budget controls, staff security and well-being, managing assets, institutional archiving of records, management of finance, human resources, logistics and other administrative functions for programme budget monitoring.
The team will continue to pursue excellence in creating an enabling and respectful work environment and also align its functions with the objectives of GPW 13, particularly in the areas of:

- aligning administrative, operations business and financial functions to support the ongoing transformative agenda of the WHO country office
- monitoring risks and applying mitigation measures
- ensuring compliance with organizational rules and business standards
- providing enhanced operations, supplies and logistics support to the technical programmes
- empowering and enabling staff to perform their functions within delegation of authority.
## Our operation

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<tr>
<th>1</th>
<th>main office</th>
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<tbody>
<tr>
<td>3</td>
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<tr>
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<tr>
<td>5</td>
<td>staff presence in other location</td>
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<table>
<thead>
<tr>
<th>169 staff</th>
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<tbody>
<tr>
<td>• female - 19%</td>
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<td>• male - 81%</td>
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### USD 85 million annual budget

- staff cost - 20%
- activity cost - 80%

### USD 4.1 million

Operational cost (security and common services)