HEALTH SITUATION

Life expectancy at birth remains low at 51 years. Infant and under-5 mortality improved from 134 and 224 in the 1999 to 86 and 135 per 1000 live births respectively in 2006 (MICS 1999, 2006). However, Somalia is off track in reaching MDG targets. Maternal mortality ratio is also one of the highest in the world with 1044 per 100 000 live births (MICS 2006). The health status of Somalia has been aggravated by the prolonged and ongoing conflict and displacement, mainly in the South and Central zones. Health infrastructure is damaged, health workforce dilapidated and below the minimum required standards, resulting in poor access to PHC services (0.3/10 000 people). Around 1.46 million people are internally displaced. Communicable diseases account for approximately 54% of deaths in children under 5 with main causes of morbidity and mortality being acute respiratory infections including pneumonia, malaria, diarrhea and neonatal sepsis. Tetanus and tuberculosis also are major causes of death. Over the years, outbreaks of measles, malaria, dysentery, kalazar and polio occurred and are still posing major threats to public health. Neglected tropical diseases such as Schistosomiasis, Leishmianiasis and intestinal parasites also remain a burden. Although there is limited data available, noncommunicable diseases such as mental illnesses, use of Khat, stress and physical injuries resulting from gun shots or shrapnel remain a largely unaddressed public health problem. Levels of acute malnutrition among children under 5 remain critical at 15.8% among IDPs, and 15% in other parts of South Central.

HEALTH POLICIES AND SYSTEMS

The Somali Health Authorities (SHAs) in 2012 produced their first Health Sector Strategic Plans (HSSP) 2013 to 2016 that clearly articulate the vision of the Somali Health Sector as “having a healthy and productive population contributing to the development of the nation”, built around the six health systems building blocks to address the immense challenges in regard to service provision, lack of supply system and qualified health work force. The Annual Work Plan (AWP) 2013 was subject to a Joint Assessment (JAR) d and AWP for 2014 are being implemented. The roll-out and implementation of the Essential Package of Health Services represents the flagship programme of the Somali Health Sector to reduce high levels of child and maternal mortality and is being implemented in 12 regions. A new cadre of 200 Lady Health Workers has been deployed to their villages closing the gap between communities and health facilities and their numbers will be increased.

Security gains especially in South Central Somalia and increased peace and stability across the country are giving the space for opportunities to engage in strategies towards economic development and the building of solid governmental structures and processes. Ongoing reforms of the public financial management system include the health sector and work is ongoing to strengthen capacities for contracting and procurement of goods and services.

Preparations are ongoing for developing a legal framework and National Health Act/ Law and a respective assessment has been carried out. Plans have also been developed to establish national drug regulatory authority and standards for drug registration & quality assurance system.

SHAs are committed to Universal Health Coverage and work has started for a developing a financing health strategy to address high levels of out-of-pocket expenditure and small revenue generation for health.

COOPERATION FOR HEALTH

The Federal Government of Somalia signed the “New Deal for Somalia” Compact at the Brussels conference in September 2013 that defines priorities for the next three years, including six “Peace and Stability Goals (PSG)” of which PSG 5 addresses revenue and services and is relevant to the health sector. The Compact builds on the South-to-South sister programme, Puntland’s second “Five Years” and the “SomaliLand National Development Plan”. A Somalia UM Multi Partner Trust Fund (UNMTF) has recently been endorsed by the Federal Government of Somalia. The UN is preparing an Integrated Strategic Framework (ISF) laying out a platform of engagement of UN agencies in support to implementing the Somalia Compact. A Joint Health and Nutrition Programme is a five-year multi-donor health sector development programme to contribute reducing maternal and child morbidity and mortality, implemented by three UN agencies. The Health Sector Committee (HSC), led by the Ministry, assembles the three zonal Somali Health Authorities and key stakeholders and is the key coordinating mechanism function. It also undertakes an oversight function of GFATM and GAVI grants and prepares recommendations for policy and strategy making to the Health Advisory Board (HAB), chaired by the Ministers of Health. The Health Systems analysis Team (HSAT) provides analytical information to support the decision making and strategic planning process. Zonal health coordination functions provide an information sharing and coordination platform for health sector stakeholders in Somalia’s three zones. Health Authorities have also translation of the Commission of Information and Accountability into a common strategic work plan and identification of eight priority areas.
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: | • VACCINE-PREVENTABLE DISEASES: expanding outlets of routine immunization through extension of RED approach; produce EPI zonal micro plans; support the establishment of proper vaccine management in all zones; support EPI Units in all three zones; provide logistics support to MOH to conduct supportive supervision and reagents, materials and supplies for measles laboratory.  
| | • TUBERCULOSIS: building capacity of TB staff in diagnosis/management, MDR-TB and HIV related tuberculosis; support to developing national strategic TB control plans/ targets and developing/revising TB guidelines, standard operating procedures, recording and reporting format; carry out drug management including drug quantification, storage, distribution, usage, reporting, effective monitoring and evaluation; support operational research and data management; ensure coordination of TB partners including local authorities; support to TB data is collection, analysis, dissemination and use.  
| | • MALARIA: support to case management and early case detection followed by prompt and effective treatment; Malaria prevention using integrated vector management approach; Epidemic Preparedness and Response; Information, Education and Communication and areas of Health Systems Strengthening.  
| | • HIV/AIDS: priorities include enhancing HIV care and treatment services, including TB/HIV coverage; generating additional HIV surveillance data; supporting HIV prevention activities, including quality assured blood screening for transfusion.  |
| STRATEGIC PRIORITY 2: | • NONCOMMUNICABLE DISEASES: creating awareness about NCD burden; initiate and promote dialogue about cost-effective community and PHC based interventions for prevent and deal with NCDs; inform about WHO’s strategic approach globally and share lessons learnt from other countries in the regions; ensure the participation of SHAs in international and regional meetings and increasing access to interventions to prevent and manage NCDs and their risk factors.  
| | • MENTAL HEALTH: support to improving the quality of and access to mental health services in Somalia, the implementation of international recognized standards in the area related to Mental Health and improve living conditions of mental health patients.  |
| STRATEGIC PRIORITY 3: | • REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH: improving access, availability and quality of maternal, neonatal and child health services; improving access, availability and quality obstetric care in all zones; improving and increasing access to quality and integrated child health services through the Child Health Days package; address harmful practices including FGM and early pregnancy; promoting healthy families through birth spacing.  
| | • GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING: Adapt technical guidelines, i.e., the health-in-all policies approach, to the country-level context; apply methodologies and tools (i.e. indicators) to implement, monitor and report on the mainstreaming of gender, equity and human rights into Secretariat programmes; convene country-level dialogues and provide technical guidance to countries on integrating and monitoring gender, equity and human rights in national health-related policies, legislation and plans.  |
| STRATEGIC PRIORITY 4: | • NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS: Strengthening core Ministry functions in policy formulation, strategic planning, health financing, regulation and coordination; building capacity of the HA to develop, implement and monitor legislative, regulatory, and financial frameworks based on the generation and use of evidence, norms and standards; Promoting/facilitating a policy dialogue to formulate a strategy for Universal Health Coverage.  
| | • INTEGRATED PEOPLE-CENTERED HEALTH SERVICES: support to implementing integrated primary health care services systems and ensure continuum of care through functioning hospitals, community-based infrastructure and effective facility capacities; developing a skilled, well managed, motivated and equitably distributed workforce to provide the Essential Package of Service (EPS); Principles for patient safety are established in selected hospitals and in PHC facilities and therapeutic guidelines and protocols are applied across PHC and hospitals services.  
| | • ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES AND STRENGTHENING REGULATORY CAPACITY: support to formulating of comprehensive national policies on access, quality and use of essential medicines/technologies; developing, implementing and advocating for norms, standards and guidelines for the quality, safety, efficacy and cost-effective use of medical products and technologies;  
| | • HEALTH SYSTEMS INFORMATION AND EVIDENCE: building up functions required to identify, process, analyze and document health information relevant for strategic planning and performance assessment; support creation of a civil registration and vital statistics system; establishment of a national research system.  |
| STRATEGIC PRIORITY 5: | • ALERT AND RESPONSE CAPACITIES: strengthening surveillance network; health cluster role; increase of 55 sites;  
| | • EPIDEMIC- AND PANDEMICS-PRONE DISEASES: establish a functioning IHR at DoH/MoH; sentinel surveillance and referral network for Severe Acute Respiratory Tract Infection (SARI) in all zones; an emergency/ disaster response cell within the DoH/MoH; National Public Health laboratory in Mogadishu with two sub-national centers in Somaliland and Puntland.  
| | • EMERGENCY RISK AND CRISIS MANAGEMENT: to provide immediate health response and access to quality health care services for people affected by humanitarian crises and their host communities, to prepare for, respond to and control outbreaks of communicable diseases, and support to health authorities with capacity building, information management & coordination.  
| | • OUTBREAK AND CRISIS RESPONSE: develop national outbreak & crisis response strategy; adoption of emergency response framework; develop tools/protocols outbreak and crisis; support to installing crisis management systems.  |