World Health Organization

10 December 2009

Humanitarian health action in Somalia – a call for urgent support

At a glance

Total population: **8.70 million**

Number of people in need of humanitarian assistance: **3.64 million**

Infant mortality: **88/1000 live births**

Child mortality: **142/1000 live births**

Maternal mortality: **1044 to 1400/100 000 live births**

Global acute malnutrition: **19%**

Severe acute malnutrition: **5%**

Routine child immunization coverage: **30%**

Number of basic emergency obstetric care (EmOC) facilities per 500 000 population: **0.8** (international standard of 5)

Antenatal care coverage: **26%**

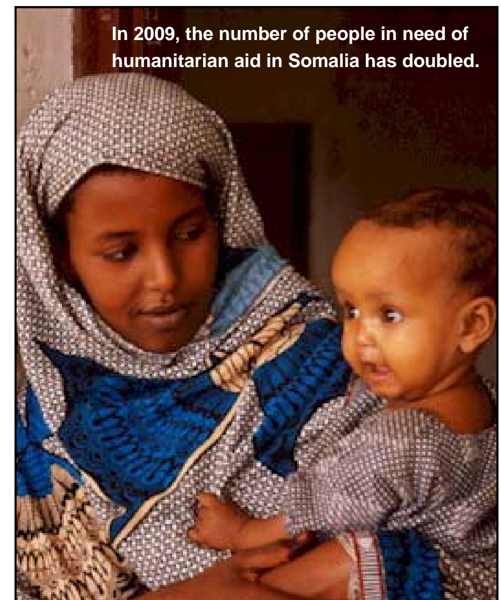
Worsening humanitarian situation

The humanitarian situation in Somalia has sunk to its lowest levels in 18 years.

Over the last twelve months, more than 1.5 million people have fled renewed heavy fighting in Mogadishu and other parts of South Central Somalia. Over 3.6 million people are now in desperate need of humanitarian assistance. The escalating violence, new population displacements, shrinking humanitarian space and limited health services present acute risks to the health of these internally displaced people (IDPs). The increasing gaps in essential and life-saving health coverage and the lack of safe water and sanitation are leading to increased outbreaks of communicable diseases, growing rates of severe acute malnutrition, and dramatically low immunization rates.

Somalia's child and maternal health indicators are among the worst in the world, with an infant mortality rate of 88/1000 live births and an under-five mortality rate of 142/1000. Maternal mortality is extremely high at around 1400/100 000 live births. Women have a one in ten lifetime risk of dying during pregnancy or childbirth. One in five children under the age of five is acutely malnourished.

Health services are hampered by a crumbling infrastructure, poorly-trained health care workers and an acute shortage of staff and facilities. Only 5% of children are fully immunized, only 7% of people receive effective treatment for diarrhoeal diseases, and only 26% of women receive antenatal care. The population relies almost exclusively on non-governmental organizations for its basic health care. The recent suicide attack that targeted newly-graduated medical students underscores the challenges facing Somalia's health workforce.


In 2009, the number of people in need of humanitarian aid in Somalia has doubled.

Tragedy at Banadir University

On 3 December 2009, a suicide bombing at a graduation ceremony for medical students at Mogadishu's Banadir University killed 15 people, including the Minister of Health. Teaching staff and medical graduates were among the dead. Another 50 people were wounded, 13 of whom sustained serious injuries.

The loss of newly graduated medical students is a serious blow in a country that has an acute scarcity of health workers (roughly 250 doctors for a total population of 8 million). The loss of experienced medical teaching staff is a further blow to efforts to rebuild Somalia and develop a badly-needed health workforce.

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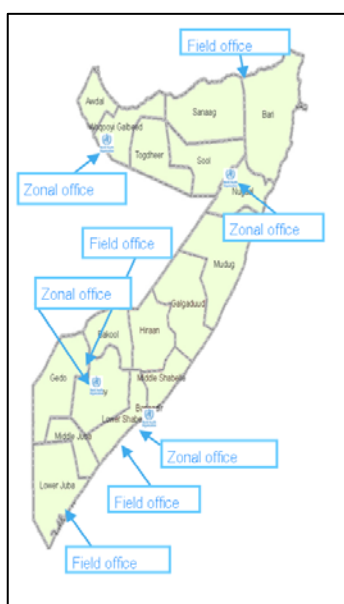
WHO's presence in Somalia

Despite the sustained conflict, WHO has been able to maintain its presence in Somalia, including in

- Merka
- Jamaame
- Wajid
- Hargeisa
- Garowe

WHO's liaison office in Nairobi, Kenya, coordinates all programme activities.



WHO's humanitarian response in 2008-2009

With the overall objective of reducing avoidable death and disability in the context of Somalia's current crisis, WHO implemented the following activities in 2008-2009.

- Expansion of health services to cover vulnerable populations, including IDPs. The Organization worked with local authorities, deployed staff, and provided on-the-job training for national health care staff. It monitored health needs, supervised health services, assessed gaps and rehabilitated health facilities. Activities included:
  - ◊ extending essential health services to IDP communities in the Afgooye Corridor through implementing partners.
  - ◊ training over 170 health care providers in safe delivery and other aspects of emergency obstetric care.
  - ◊ launching Child Health Day (CHD) vaccination campaigns. Over 90% of children were vaccinated against DTP3 in 2009.
  - ◊ donating essential medicines, supplies and equipment to health cluster partners delivering health services.
- Early detection and timely response to outbreaks of communicable diseases. Activities included:
  - ◊ improving the early warning alert and response system in Puntland and South Central Somalia.
  - ◊ responding to more than 60 outbreaks of various diseases including acute watery diarrhoea (AWD), measles, bloody diarrhoea, pertussis and rabies.
  - ◊ conducting laboratory confirmation tests and training health staff in the detection and case management of critical communicable diseases.
  - ◊ in coordination with UNICEF, prepositioning essential supplies across the country, particularly in areas prone to flooding.
- Emergency preparedness, coordination and information sharing. Activities included:
  - ◊ leading the Consolidated Appeal Process.
  - ◊ developing a flood preparedness plan with the Water, Sanitation and Hygiene (WASH) Cluster.
  - ◊ ensuring regular sharing of information among partners through health cluster bulletins.

In 2009, WHO extended health services to vulnerable communities in South Central Somalia.

Over 1.55 million people are currently displaced across Somalia, increasing the risk of preventable death and disability.

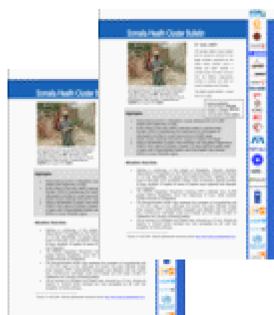
WHO coordinates health partners' inputs to the overall health response through regular information-sharing within the Health Cluster.

WHO's humanitarian response in 2010

The dramatic deterioration in security and the gaping funding deficit for humanitarian programmes have brought matters to a critical point. Health interventions must be substantially scaled up, but this will only be possible if sufficient funds are made available.

In 2010, WHO's response to the current humanitarian crisis will focus on meeting the health needs of IDPs, conflict-affected and other vulnerable communities through:

1. strengthening health cluster coordination and emergency preparedness;
2. improving and sustaining access to quality primary health care (PHC) and secondary health care services;
3. monitoring and responding to communicable disease outbreaks.



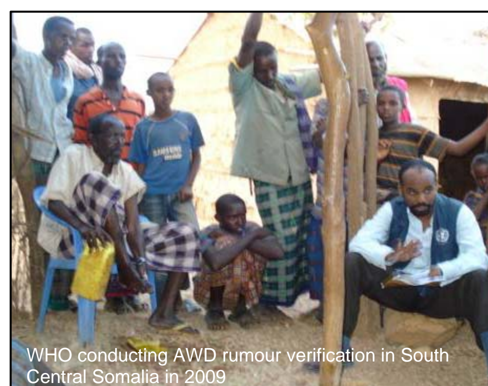
WHO produces a regular Health Cluster Bulletin of all health partners' activities, which improves coordination and minimizes duplication.

Strengthening health cluster coordination and emergency preparedness

WHO leads the health cluster in Somalia. Since 2006, health cluster partners have worked together to identify gaps in health programmes, improve joint planning, raise funds, implement health projects and monitor and report on activities. The health cluster enhances the quality of humanitarian action by strengthening leadership, accountability and local capacity. In 2010, WHO will strengthen the work of the health cluster by:

- improving coordination within the health cluster and with other clusters.
- decentralizing health cluster coordination to the regional level in all three zones of Somalia.
- conducting regular health and health service assessments and developing regional health profiles.
- strengthening local partners' capacity in health emergency mitigation and preparedness as well as response planning and implementation, including for specific health risks such as flooding.
- monitoring and evaluating the overall health situation, together with partners.

WHO works with partners on inter-agency assessments and other joint initiatives to ensure a coordinated response to the humanitarian situation in Somalia.



WHO conducting AWD rumour verification in South Central Somalia in 2009

Improving and sustaining access to quality primary and secondary health care services

In 2010, WHO will work with health cluster partners to extend essential health services to IDPs and other vulnerable communities.

In close collaboration with local health authorities and partner agencies, WHO will focus on supporting direct humanitarian assistance in health and early recovery activities. WHO will provide a package of basic emergency health services to extend coverage at community level, including PHC and hospital care. These health services will include outpatient consultation, maternal and child care, mental health services, and the management of communicable and noncommunicable diseases.

As part of a longer-term strategy to extend and sustain health services, WHO will initiate activities to revitalize the disrupted health system and put it on the path to early recovery. In 2010, planned activities include:

- extending and supporting PHC services for IDPs, vulnerable groups and host communities.
- ensuring free access to the package of emergency health services for vulnerable populations.
- supporting reproductive health and mental health services for IDPs and host communities.
- ensuring adequate supplies of essential medicines, medical supplies and equipment.
- strengthening secondary care services in hospitals and referral health centres, including obstetric care and surgical/trauma management.
- initiating physical and functional rehabilitation of health facilities in priority locations.

Monitoring and responding to communicable disease outbreaks

Mass population movements, resettlement in temporary locations, economic and environmental degradation, impoverishment, water scarcity, poor sanitation and waste management, malnutrition and limited access to health care all heighten the risk of communicable disease outbreaks, including water- and vector-borne diseases.

With the collapse of public health infrastructures, the country has seen a rise in vector-borne diseases (e.g. malaria) and vaccine-preventable diseases (e.g. measles). Acute watery diarrhoea is endemic is most parts of the country and outbreaks of viral haemorrhagic fevers are becoming increasingly common. An outbreak of Rift Valley Fever in late 2007 killed 50 people (case fatality rate: 48%).

With a coordinated and timely response, health cluster partners can reduce the burden of communicable diseases among the vulnerable population. Environmental health interventions (monitoring water quality, managing waste, implementing seasonal vector-control activities) are essential to mitigate the risk of water and vector-borne diseases. In 2010, WHO will address the public health risk of communicable diseases through the following interventions:

- establishing a disease reporting and response system including data collection, analysis and dissemination.
- conducting epidemic preparedness activities.
- promptly verifying rumours and investigating and responding to disease outbreaks.
- undertaking health education and hygiene promotion campaigns in close collaboration with WASH cluster agencies.
- strengthening the expanded programme of immunization and child survival interventions.
- monitoring drinking water quality and strengthening waste management in health facilities; implementing seasonal vector-control activities.

Budget of humanitarian response projects

Projects	WHO's requirements for 2010 (US$)
Coordination	
• Health Cluster coordination and emergency preparedness in Somalia (Jointly with Save the Children UK and Merlin)	1,134,200
Health services	
• Provision of life-saving quality primary health services to reduce death and disability among vulnerable and host communities through de-centralised facility based services and outreach (Jointly with UNICEF)	2,836,520
• Mass provision of a package of evidence-based low cost highly effective life saving public health interventions to reduce death and disability among women and children under 5 (Jointly with UNICEF)	6,166,140
• Reducing maternal and neonatal deaths and disabilities through provision of quality emergency obstetric care (EmOC) and essential reproductive health (RH) services focusing on conflict-affected population (Jointly with UNFPA)	953,370
• Extension of emergency health care and life-saving services, including emergency surgical procedures in Somalia, including to conflict-affected communities	994,565
• Ensuring the availability and safety of blood for use in emergency life-saving services in conflict-affected areas of South Central Somalia	886,318
Disease surveillance and outbreak response	
• Outbreak control and response of communicable diseases in emergency health settings including IDP camps and settlements in Somalia	3,636,930
Total WHO requirements for 2010 in Somalia	**16,588,313**
Total Health Cluster requirements for 2010 in Somalia	**46,444,971**