SOMALIA
WHO Somalia: working with an expanded network of national and international partners to address COVID-19

Situation in Somalia to date

Somalia is one of the most fragile and vulnerable countries in Africa and has suffered protracted conflicts, longstanding war and political instability, all of which have weakened the health system in the country. Somalia has different, and sometimes complex political entities, bringing another layer of complexity and operating environment to the work of WHO in the country. WHO often acts as a bridge between the federal government and Somaliland for promoting health and well-being. Inaccessibility of some areas of the country, as well as compromised security compounds the challenges faced by WHO in terms of delivering health services in these underserved areas. Additionally, Somalia has gone through several complex humanitarian emergencies in the recent past, including drought, flood and famine, as well as several infectious disease outbreaks such as polio, cholera and measles. Given the fragile and weak health system in the country, Somalia has struggled to contain and effectively respond to the toll of the COVID-19 outbreak on its own.

Since the first laboratory confirmed case reported on 16 March, cases have been reported and confirmed in remote areas, confirming that the virus is circulating widely in the whole country. A lack of a proactive testing strategy at the beginning of the outbreak has led to widespread clusters of cases\(^1\). As of 8 June, Somalia has seen 2334 confirmed cases and 83 COVID-19-related deaths with the numbers of daily cases not yet declining.\(^2\)

WHO Somalia’s collaboration with the office of the Prime Minister

As a result of internal administrative issues, the Federal Ministry of Health—while responding to the pandemic—dismissed some of its key senior level staff who were actively involved in overall response operation\(^3,4\). Consequently, WHO office in Somalia lost its operational counterpart for discussion, support and strategy development. Given the situation, the Prime Minister’s office, as part of “whole-of-government” approach, began

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\(^2\) [https://covid19.who.int/region/emro/country/so](https://covid19.who.int/region/emro/country/so)

\(^3\) [https://nationaltelegraph.net/top-somali-health-officials-arrested-over-covid-19-money/](https://nationaltelegraph.net/top-somali-health-officials-arrested-over-covid-19-money/)

\(^4\) [https://allafrica.com/stories/202004060696.html](https://allafrica.com/stories/202004060696.html)
to lead the operational response to the COVID-19 outbreak and in doing so, is in direct dialogue with WHO for the response.

This reflects that as a trusted agency and leader, WHO has been able to step up and lead the response to COVID-19 in Somalia with counterparts at the highest political level. The WHO has been focusing on four key areas: 1) coordination with partners and with federal and state ministries for health; 2) risk communication, in collaboration with UNICEF; 3) surveillance, diagnostic and testing; and 4) case management. In addition, the humanitarian country team, United Nations Country Team (UNCT) and donors have requested WHO to present a situation analysis every alternate week to brief them on the evolving situation including strategies and needs for mounting an effective public health response to interrupt transmission of the virus.

During the last week of March, all Ministers of Health from states were invited to Mogadishu to discuss their plans with the federal government and WHO in order to create a consolidated plan. While this initiative faced challenges due to political differences all federal member states have continued to communicate their plans directly with WHO support.

**With partners, WHO helped ramp up the testing capacity in Somalia**

At the beginning of the outbreak, Somalia did not have testing capacity for PCR and sent samples to the Kenya Medical Research Institute in Nairobi; a laboratory supported by WHO, and the US Centres for Disease Control (CDC). WHO continued to ship samples for testing from different parts of country, with many tests coming back positive. Given the obvious transmission of the disease of the population, and to quickly isolate and treat cases, WHO ramped up testing capacities and swiftly made three testing laboratories functional - in Mogadishu, Garowe and Hargeisa. By 30 April, the three molecular testing facilities for COVID-19 were operational.

This is an outstanding achievement for WHO and partners and was made possible given the urgency of the COVID-19 pandemic. UN agencies and international partners, particularly the Italian Development Cooperation, the UN Humanitarian Air Services and the UN World Food Program, stepped in to provide funds for PCR equipment and other laboratory supplies as well as flights to ship the equipment. In addition, WHO brought in two virologists from Ethiopia through a UN special flight to boost the knowledge and capacity needed to run these laboratories. The Puntland Forensic Center, supported by the Swedish government and the UN Population Fund (UNFPA) came forward to offer manpower, supporting the testing for COVID-19. WHO plans to set up testing facilities in all the other states. Given the geographical vastness of the country, samples are currently being sent to the different testing locations by aerial transportation.

*World Health Organization teams at country, regional and global levels have helped verify and validate the information and data contained in this case study, at the time of the original publication (as of May 2020)*
WHO’s role in building capacity for contact tracing, testing, and treatment of COVID-19

WHO is the lead agency coordinating the COVID-19 preparedness and response efforts between the different partners and agencies. To this end, it has set up its own incident management support team (IMST) and has helped to set up an emergency operations center to improve coordination of response as part of the national action plan for health security.

Given the instrumental role of case surveillance in identifying and tracing patients, the WHO country office has been supporting over 3,500 community health workers who are visiting house-to-house, looking for cases and tracing for contacts. A weekly monitoring of the situation has shown that the initiative was very efficient with more than 30,000 households being visited by a community health worker every week. In addition, WHO has been intensifying its efforts for case management, training health care workers on case management and infection control measures and recently donated a number of critical hospital and medical supplies to Mogadishu’s main hospital for patient care. WHO is providing 15 additional isolation centers across the country by supplying personal protective equipment and medical supplies, and by training health care workers. Given the limited Ministry of Health resources, WHO is providing budget support for health workers salaries to ensure treatment is available for those who need it. Additionally, WHO is installing three oxygen plants (large, onsite, central sources of oxygen that is piped directly to terminal units within patient areas), one in Somaliland and two in Mogadishu, as most of the cases are in these two cities. Several other agencies like the United Nations International Office of Migration (IOM), the UN Population Fund (UNFPA) and USAID have also generously donated hospital supplies and personal protective equipment for health care workers.

Despite the achievements in strengthening laboratory and surveillance capacities, many challenges remain due to societal norms and cultural issues where self-isolation, social distancing and quarantine have not been effectively implemented. COVID-19 testing is passive and done only for those coming to health facilities with results taking around 10 days. While waiting for test results, people are moving freely in highly populated cities, increasing the active transmission of the virus. Stigma is also a key issue with many symptomatic or potentially infected people cases hiding in fear of a diagnosis. This is compounded by lack of risk communication and community engagement from the Government.

5 https://apps.who.int/iris/bitstream/handle/10665/329874/9789241516914-eng.pdf?ua=1
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As in most countries, COVID-19 is taking a toll on older adults over 60 years of age (who make up 1-2% of the population); representing a disproportionate number of cases (15%) compared to the rest of the population of Somalia. Patients usually arrive at the hospital once severe respiratory symptoms have developed, making it more complicated to provide effective treatment. Health care workers are also at high risk and account for approximately 15-20% of cases, bringing panic and issues of stigma even in health settings.

To support the Somalian government, WHO is also working on several epidemiological studies to understand the extent of the infection. This will support data-driven decisions for operational response and ongoing discussions with the government. Notably, while the WHO is advocating for stricter public health measures as the numbers of cases in increasing, the government would like to lift restrictions.

Using networks previously established for polio vaccination, WHO is ensuring access to inaccessible areas in the South of Somalia

WHO cannot directly travel to security-compromised areas in the country, and therefore has built trust on the local community, utilizing its established and widely accepted polio vaccination networks. In many areas, community health workers in the polio programme are able to reach the population; monitoring performance using a real time public domain software, entering the GPS location, then mobilizing COVID-19 Rapid Response Teams to follow-up and investigate suspected cases. WHO coordinates this work in each state, through focal points including a public health officer, a surveillance officer and polio surveillance officer.

In partnership with HQ, EMRO and UNICEF, WHO Somalia has built a strong communication campaign

The COVID-19 outbreak in Somalia has necessitated a strong risk communication and community engagement campaign to disseminate key messages and ensure that the population remains informed about the situation, the measures they must take and those put in place by the government.

WHO work in this regard began in Somalia in mid-February; with all key messages emanating from global and regional WHO guidance quickly translated and disseminated to the Ministry of Health. In addition, the WHO and UNICEF in Somalia have also developed locally relevant messages and used them in trainings for community health workers. Further, to ensure coherence in messaging, all UN agencies share their messages with the WHO country office before sharing them with the population.

In the context of COVID-19, WHO has strengthened its relationship with donors while also building new partnerships.

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Since the start of the pandemic, WHO has taken a more integral role in informing and coordinating donors in Somalia. In doing so, WHO’s Representative (WR) is responding to requests for briefings, technical advice and guidance to inform funding decisions to support priority areas of the Government-led response.

In Somalia, WHO is seen as leader in the response to COVID-19 and partners rely on WHO’s situation reports and briefings to the Somali Health Donor Group. WHO Somalia had never participated in this donor group before, it is now a regular member. WHO is able to influence their decisions, ensuring that funds are adequately distributed and directed to high priority areas, avoiding duplication. WHO is also stressing that funds to support essential care services particularly in mental health should continue to protect the health gains.

Among others, agencies like the USAID is regularly coordinating with- and seeking advice from WHO in providing funds to the federal government for case management and laboratory testing. The World Bank’s Contingency Emergency Response Component (CERC) of the Somalia recovery has been supported by WHO for the project concept development and identification of priority areas – which WHO brokered in consultation with the office of the Prime Minister. Prior to approving funds, the World Bank regularly consults and coordinates with the WHO in order to ensure critical gaps for the COVID-19 response are funded.

While COVID-19 has brought about new opportunities for WHO’s advocacy to partners for supporting the Government, WHO’s country office has expanded its own donor network, which now encompasses more than 120 partners. A new relationship was built with the European Union (EU) in view of their commitment to support WHO globally. There is constant communication with the EU delegation at an operational and technical level where the EU seeks advice from WHO for their work in Somalia. This bilateral coordination mechanism is led by WHO’s country Representative and the Ambassador of EU to Somalia. As a result of this partnership, the EU is offering flight support for WHO to take full advantage of the ‘humanitarian air bridge’ to transport emergency supplies throughout Somalia. But beyond COVID-19 the work ahead to address the health needs of Somalians will be immense. Recognizing this, the EU Ambassador is exploring the possibility of including Somalia as a target country for EU cooperation under the recently signed MOU between WHO and European Investment Board for promoting UHC and on health workforce development.

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Interested to learn more about WHO’s COVID-19 response across the globe? The response addresses the pillars and areas covered in WHO’s Strategic Preparedness and Response Plan. Find out about WHO’s work in countries across the world on scaling up countries’ preparedness, surveillance, maintenance of essential health services, coordination and much more. Follow our stories and view our videos on our WHO response in countries pages.

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