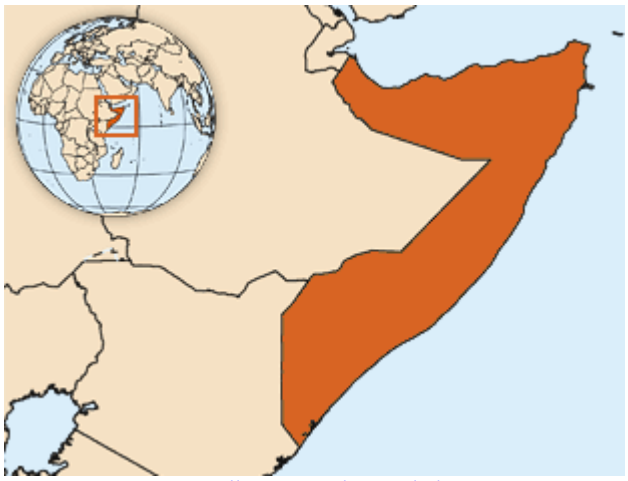
World Health Organization

Country Cooperation Strategy *at a glance*

Somalia



http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	42
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	53.5 (Male) 56.6 (Female) 55.0 (Both sexes)
Population (in thousands) total (2015)	10787.1
% Population under 15 (2015)	46.7
% Population over 60 (2015)	4.5
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	...
Human Development Index rank ()	
Health systems	
Total expenditure on health as a percentage of gross domestic product ()	
Private expenditure on health as a percentage of total expenditure on health ()	
General government expenditure on health as a percentage of total government expenditure ()	
Physicians density (per 1000 population) ()	
Nursing and midwifery personnel density (per 1000 population) ()	
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	As 39.7 [19.7-81.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	136.8 [80.2-242.4]
Maternal mortality ratio (per 100 000 live births) (2015)	732 [361 - 1 390]
Births attended by skilled health personnel (%) ()	
Public health and environment	
Population using improved drinking water sources (%) ()	
Population using improved sanitation facilities (%) ()	

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

The current drought which the country is going through since October 2016 is a major contributing factor to the deterioration of the health situation in the country and might lead to decline in health indicators. In February 2017, pre-famine situation was declared by UN Humanitarian coordinator. Lack of reliable data is an added threat to under estimating the health situation in the country. However, prior to the drought, maternal mortality ratio was showing slight improvement being 732 per 100,000 (2015 estimates) compared to MICS 2006 (1044 per 100,000). Yet, on the other hand, no improvement seen in under 5 mortality where 2015 estimate is 137 per 1000 live birth compared to 134 (MICS 2006). This can be related and justified by the very low vaccination coverage (Polio transmission has been interrupted in 2015, but routine immunization coverage remains very low as only 46% of children received 3 doses of pentavalent vaccine and 43% measles in 2015) and the severe malnutrition (estimated 135,000 severe malnutrition cases in December 2016 and this number is suspected to raise in 2017) in addition to high prevalence of pneumonia and diarrhea among children under 5 (Pneumonia and diarrhoea are among the major killer diseases in children under-five). Burden of disease is high for both communicable and non-communicable diseases. Cholera outbreak exploded as of Nov 2016 and in January 3113 Cholera cases and 15 deaths (CFR 1.5%) across 6 regions and 37 districts were reported. The coverage with essential service package does not exceed 50% of health facilities. Somali Health System is weak and is not capable to respond to the huge health needs. The government funding to the health sector is very poor and heath expenditures still depends on out of pocket money and support from donors and international organizations. is growing dramatically and remains un-regulated including the pharmaceutical private sector, which according to UN agencies' estimations covers around 80% of the public medicines and health product's needs; furthermore, most of the private health facilities are concentrated in the urban areas. WHO's minimum threshold for health worker-to-population ratio indicates that around 30,000 skilled health workers are required in the country.

HEALTH POLICIES AND SYSTEMS

The Federal Government of Somalia has concluded by end of 2016 drafting the National Development Plan (NDP) covering the period from 2017-2019 and replacing Somalia's new deal compact. Chapter 7.2, was dedicated to the health sector and there the vision was denoted clearly as *all people in Somalia enjoy the highest possible health status* while the mission was to *ensure the provision of quality essential health services for all people in Somalia*. The policy identified six goals and fourteen targets for the health sector. Nutrition, on the other hand, was given a separate chapter apart from health. Somaliland is in the process of drafting its NDP. Both the Federal Government of Somalia and Somaliland are now developing the second HEALTH SECTOR STRATEGIC PLAN. A first draft is now under revision and for federal government; the HSSP is based on the NDP following the same goals and targets and providing broader interpretation of the actions that needs to be taken. Furthermore the Somali National Medicines Policy was developed, endorsed (2014), the National Medicines Supply Chain Master plan for Somalia finalized (2015) and the Medicines Regulatory Authority established (2016), a national health Law is now drafted and will be discussed and endorsed in the first quarter of 2017. The Somali national medicines policy was finalized and endorsed late 2016. A DHS (demographic health survey) is planned to take place later 2017 where UNFPA is coordinating the planning and implementation of this important survey conducted for the first time in the country. The DHS will provide updated figures on the health situation in the country. Somalia is one of the few countries that did not ratify to date the FCTC. Advocacy efforts towards the ratification are going on and will be expedited with the conclusion of the elections and the appointment of new government. Also the country has finalized declaring the federal system which gives higher autonomy to the states and this in return will amplify the decentralization of health system and the application of district health system.

COOPERATION FOR HEALTH

The Joint health and Nutrition Programme, which was the largest Joint and pool funded sector development program, rolling out EPHS in 9 regions across the country and giving access to essential services to close 5.5 million Somalis is ending 30 April 2017 (after final extension by the health sector committee). The Health Sector Committee, which is composed of the Ministers of Health in the 6 states and head of agencies, donors and international NGOs, is still the highest health coordinating body that meets quarterly and agree on health priorities for the country. Global Fund for AIDS, TUBERCULOSES AND MALARIA (GFATM) and Global Alliance Vaccine Initiative (GAVI) are among the major supporters of the health sector. The country is now developing the proposals for the new round of GF while the phase II GAVI grant was already approved and will start in September 2017. The 'Health Consortium Somalia' is a consortium of five international non-governmental organizations implementing an integrated health programme in target areas throughout Somalia. The programme is funded by the Department for International Development (DFID), United Kingdom. Population Services International (PSI) is the lead agency in the consortium. The "Migration for Development in Africa" MIDA- FINNSOM programme is working towards mobilizing the diaspora for the rehabilitation and development of regional health sectors. As for bilateral donors there are several stakeholders namely, DFID, Sweden embassy, German embassy, USAID among many others. The regular UNDAF is replaced by the UN strategic framework in order to adjust the development and the humanitarian situation. The clusters are another main coordination mechanism for the country and they meet regularly with representation from different stakeholders bridging the humanitarian and the development work in the country.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Communicable Diseases	• IMMUNIZATION: strengthen immunization system as an integral part of the overall health system, increase coverage and equity of routine immunization, increase control of Vaccine Preventable Diseases (VPD) and improve VPD and AEFI surveillance, improve monitoring and reporting of immunization services, increase sustainability of immunization financing • TB: Increase the TB case detection through integrating TB into the health system and expanding diagnostic capacity and community involvement, addressing the MDR-TB epidemic, improve and introduce new diagnostics, introduce short MDR-TB regimen and new MDR-TB drugs, involve the community in MDR-TB management and strengthen support to MDR-TB cases, strengthen the TB/HIV collaboration, and the monitoring and supervisory capacity of the program • HIV: Generate strategic information to guide the HIV /AIDS response, including sentinel surveillance and bio-behavioral studies data, Strengthen HIV prevention including HIV testing and counselling, blood safety, and PMTCT • MALARIA: ensure there is interruption of local Plasmodium falciparum transmission in 25% of the regions, prepare 50% of regions for pre-elimination (malaria incidence <1 case per 1000) in which there has been historically low transmission, reduce malaria case morbidity and mortality by 40% in endemic areas
STRATEGIC PRIORITY 2: Non-Communicable Diseases	• NON-COMMUNICABLE DISEASES: provide evidence on the burden of NCDs through surveys; create awareness about NCD burden; initiate and promote dialogue about cost-effective community and PHC based interventions for prevention and management of NCDs; inform about WHO's strategic approach globally and share lessons learnt from other countries in the regions; ensure the participation of Somali health authorities in international and regional meetings and increasing access to interventions to prevent and manage NCDs and their risk factors. • MENTAL HEALTH: support improving the quality of and access to mental health services in Somalia, implementation of international recognized standards in the area related to Mental Health and improve living conditions of mental health patients.
STRATEGIC PRIORITY 3: Health through the life-course	• REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH: strengthen coordination of partners around one plan through the development and implementation of the Somali Reproductive, maternal, neonatal, child and adolescent health strategic workplan; improve access, availability and quality of maternal, neonatal and child health services; strengthen community health services especially for new-born care; improve access, availability and quality of obstetric care services; address harmful practices including FGM and early pregnancy; promoting healthy families through birth spacing. • SOCIAL DETRMINANTS OF HEALTH: Adapt technical guidelines, i.e., the health-in-all policies approach, to the country-level context; strengthen inter-sectoral collaboration and coordination by establishing an SDH coordinating body; ensure availability and quality of disaggregated health data by socio-economic status and other SDH indicators;
STRATEGIC PRIORITY 4: Health System and people-centered health care services	• NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS: Strengthening core Ministry functions in policy formulation, strategic planning, health financing, regulation and coordination; building capacity of the health authorities to develop, implement and monitor legislative, regulatory, and financial frameworks based on the generation and use of evidence, norms and standards; /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 (EPHS); 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: implement, monitor and evaluate the Somali national medicines policy (NMP), strengthen the newly established medicines regulatory authority (MRA) as a main component of the NMP a part of health system strengthening (HSS), improve access to and rational use of safe, efficacious and quality medicines and health technologies through strengthening the national supply system. • 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.

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