

HEALTH IN SOMALIA

ISSUE

Infant, child and maternal mortality rates in Somalia are chronically high due to the long running crisis and resultant poverty and collapse of services. Despite the long running crisis, mortality and morbidity rates have been reduced over years of action to provide services directly to the Somali population. However, the massive increase in humanitarian need over the current period is likely to be driving up death rates and the degree of suffering and sickness.

Diarrhoeal disease, respiratory infections and malaria – combined with malnutrition - are the main killers of infants and young children, together accounting for more than half of all child deaths. Cholera is also endemic in Somalia, with outbreaks occurring annually from December to May. The major underlying causes of diarrhoea are the lack of access to safe water and poor food and domestic hygiene. The MICS 2006 survey found that 21 percent of under-five children had diarrhoea in the two weeks preceding the survey (differing by region).

Measles and its complications are serious threats to children. When outbreaks occur in malnourished populations with low levels of vaccination – the disease can spread rapidly resulting in high numbers of deaths. Measles vaccination coverage is far below the required levels to ensure no major outbreaks occur.

Though data is limited, Somalia has one of the highest rates of Tuberculosis infection in the world. Overcrowded camps and lack of treatment facilities, unsystematic use of poor quality drugs and pervasive nutritional stress ensure that tuberculosis remains a major cause of suffering and death.

Neonatal tetanus, malnutrition and lack of access to quality health care contribute to high levels of infant mortality and other birth-related problems – and conversely the extremely high rates of maternal mortality (with a maternal mortality ratio at 1044 per 100,000 live births (MICS 2006). Haemorrhage, prolonged and obstructed labour, infections and eclampsia are the major causes of death of women during and after childbirth. Anaemia and female genital mutilation (infibulation) have a direct impact on, and aggravate these conditions. Poor access to antenatal care, skilled assisted delivery and postnatal care, with an almost complete lack of accessible emergency obstetric care ensure continuation of these high ratios of mortality and disability.

Insecurity and poor access coupled to the collapse of public institutions and lack of skilled staff makes Somalia one of the most challenging countries in the world in which humanitarian agencies operate. Vaccination campaigns must employ innovative methods to reach population groups that have almost no contact with modern health care systems and are often hard to reach. Highly mobile nomadic groups are especially challenging to find and provide services too.

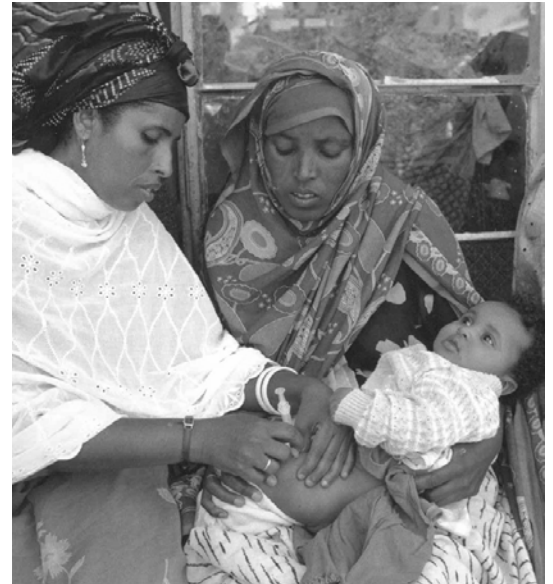
These and other factors lead to generally low vaccination coverage rates. However, the EPI programme continues to register an increasing number of under-1 year and pregnant women vaccinated.

ACTION

The UNICEF Health Programme is comprised of three projects: Strengthening of basic health care services (particularly for women and children), nutrition and vaccination and child health days.. In each, the access, utilisation and quality of essential health services are enhanced through support to an increasing number of facilities offering a minimum package of care. Provision of basic health care services is complemented by support to the development of institutional capacities, including training of health care personnel, support to the development of policies and continued health sector reform and coordination.

The Expanded Programme of Immunisation (EPI) offering routine immunization, together with outreach, campaigns and child health days (as well as National Polio Immunization Days), aims to cover a progressively larger group of children against vaccine preventable diseases. Polio eradication efforts will continue to ensure the eradication of the virus from Somalia during the programme period.

UNICEF continues to provide supplies such as basic drugs, special therapeutic feeding products, insecticide-treated bed-nets to prevent malaria, vaccines and medical equipment, while ensuring timely and effective response during emergencies. Special emphasis is placed on safe motherhood practices, support to ante-natal care and home delivery assistance. In conjunction with the education programme, the school health project will be expanded. Information dissemination and health education will be increased through an expanded programme of communication for development using mass media and face to face communication (involving the network of community level health workers). In all interventions, UNICEF works closely with local authorities, other partners and coordination platforms, the private sector and community-based organisations.



IMPACT

Key results of the current UNICEF country programme for Somalia include:

- Availability of essential drugs including artesunate based combination treatment for malaria, medical equipment, and support to supervision and monitoring of basic health services.
- Training of health staff

- Provision of vaccines and cold chain supplies.
- Development of an extensive polio network and mass dosing with polio vaccine (Somalia has been “polio free” since March 2007).
- Availability and use of essential supplies – drugs and medical equipment, nutritional products, clean delivery kits etc..
- Improved capacity of local authorities in the management of health care systems, supported through training, development of health sector policies and establishment of standards.
- Increased prevention and treatment of malaria cases (including long-lasting mosquito nets, introduction of rapid diagnostic tests and Artesunate based combination therapies as well as and intermittent preventive treatment for pregnant women).

Strengthening of health services

Efforts to support the health system continue, primarily through partnership agreements with non-governmental organisations. Drugs and medical supplies for the primary health care sector are procured internationally and delivered throughout the country to some 600 facilities including hospitals, Maternal and Child Health (MCH) centres and health posts. Improvements have been made in the number of facilities being supervised and in the quality of services rendered.

Expanded Programme on Immunization (EPI)

Although routine immunization coverage has remained low, more children and women are benefitting from EPI activities throughout Somalia every year. To achieve further increases, a more targeted 'acceleration' approach in highly-populated areas is being used.

Disease Control

Cholera is endemic in Somalia, with outbreaks occurring annually from December to May/June (during the dry season, and linked to the contamination of water sources). During flooding the situation worsens with poor hygiene and sanitation. Outbreaks tend to concentrate in urban areas and densely populated IDP camps, and are further exacerbated by the combination of malnutrition and high levels of communicable disease infection. A cholera preparedness and response plan developed under the technical guidance of UNICEF provides guidance for cholera task forces and local authorities to respond in a timely and efficient manner to outbreaks.

In 2007, disease control efforts focused on malaria and cholera prevention and control activities. Although a major outbreak of cholera was contained, acute watery diarrhoea and cholera remained a severe threat given the massive population

movements, poor hygiene and sanitation practice, lack of safe drinking water and the risk of further flooding in affected areas.

Malaria Prevention & Control

Malaria is an important public health problem particularly along rivers and settlements with man-made water reservoirs. Children and pregnant women are particularly at risk of the disease. UNICEF is committed to combating malaria and has taken on the role of principal recipient of the Global Fund Against AIDS, Tuberculosis and Malaria grant for Somalia. Global Fund money is disbursed to a network of partnerships with organisations active in malaria control and treatment.

Through this programme, long-lasting insecticide-treated mosquito nets (LLINs) are procured by UNICEF for distribution to communities in malaria-prone areas. Mass community distributions campaigns are organised to distribute two LLINs free of charge per household and to provide health education on preventing and treating the disease. In the past three years, more than 1,050,000 LLINs have been distributed with the overall malaria infection prevalence among net users reduced from 17% to 6.9%. Efforts continue to reach vulnerable communities that have not yet benefited from this intervention.

At the health facility level, Intermittent Preventive Treatment which prevents malaria in pregnancy is promoted in malaria-prone areas via more than 90 MCH centres supported by UNICEF located in Central and Southern Zone. UNICEF also supplies all MCH centres and hospitals with effective anti-malarial treatment (artemesinin-based combination therapy) as well as Rapid Diagnostic Tests for improved malaria diagnosis.

Reproductive health and safe motherhood

The maternal mortality ratio (MMR) in Somalia, is among the highest in the world. The high levels of death during childbirth, dismally reflects hidden levels of suffering as all women give birth behind private doors – and how years of conflict have resulted in the collapse of basic services and impossibility of offering quality care at an affordable price to all citizens.

UNICEF has produced a comprehensive survey of service delivery options and is now participating in a multi-un agency effort to boost focus and attract support for the development of appropriate maternal and reproductive health services.

Interventions in this area continued to be structured around two approaches, assistance to home delivery and provision of obstetric care at the health facility level. Clean delivery kits (CDKs) are now being used throughout Somalia and are sold at a subsidized price in MCH centres.

Health sector reform

UNICEF is also a major partner in health to local administrations and is supporting and capacity building local health administrations to play an essential role in policy, leadership and coordination.

UNICEFs main inputs focus on the development of an evidence base to drive effective decision making (health information systems and surveys); the development, adoption and use of primary health care strategies - Expanded Programme on Immunization (EPI), MCH and nutrition -, the supply of essential drugs and drug management, and staff/service development and supervision to enhance performance.