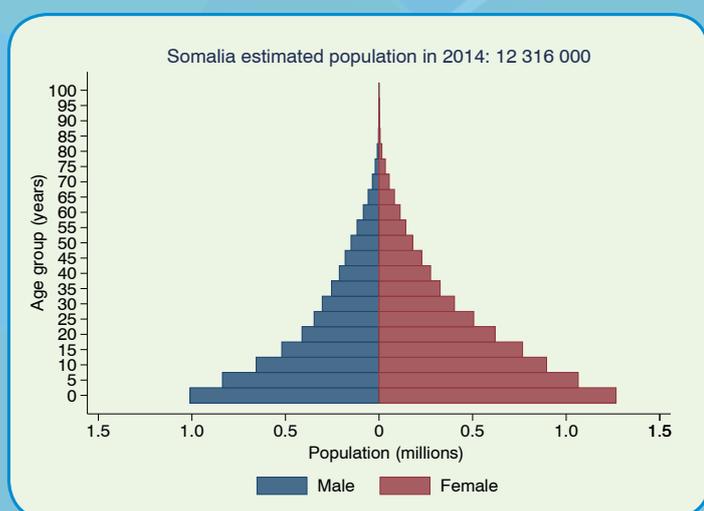




Universal health coverage

Primary health care facilities per 10 000 population (2013)	1.9
Hospital beds per 10 000 population (2011)	8.7
Modern contraceptive prevalence rate (2015)	6
Antenatal care visits (4+ visits) (2014)	3.3
Measles immunization coverage among 1-year olds (%) (2016)	53
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	84
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	51
General government expenditure on health as % of GDP (2012)	1.2
General government expenditure on health as % of total government expenditure	...

Estimated population in 2014



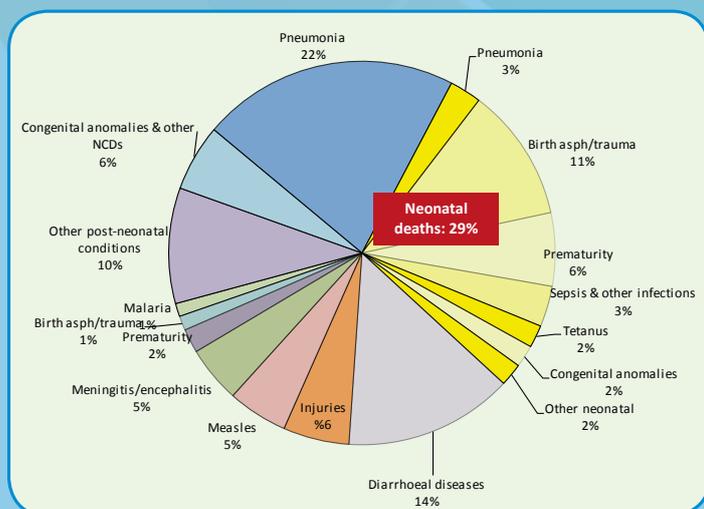
Selected determinants of health

Population living in urban areas (%) (2016)	42
Annual GDP growth (%)	...
Number of refugees ^a (2016)	11 559
Number of internally displaced persons ^b (2016)	1 562 554

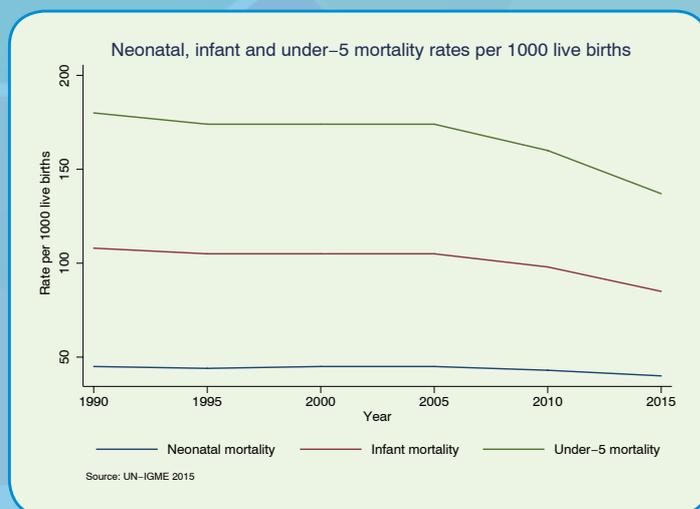
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	10.2
	Female %	11.5

2 ZERO HUNGER

Children under 5 who are (2015)		
stunted	%	42.1
wasted	%	13.2
overweight	%	...

4 QUALITY EDUCATION

Literacy rate (15-24 years)	Total %	...
	Male %	...
	Female %	...

Net primary school enrolment ratio per 100 school-age children (2014)	Total ratio	17
	Male ratio	18
	Female ratio	17

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	44.4
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6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2012)	%	31
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Access to improved sanitation facilities (World Health Statistics, 2012)	%	23
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8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)	Total %	...
	Male %	...
	Female %	...

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	15.9
	Urban	16.9

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015)	35.8
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*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	53.5	56.6	55.0
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	732
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	40
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	85
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	137
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%) (2014)	20.7
Obesity (18+ years) (%) (2014)	4.6
Raised blood pressure among persons 18+ years (%) (2014)	26.4
Raised blood glucose among persons 18+ years (%) (2014)	6.8
Raised cholesterol among persons 18+ years (%)
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	20
Cancer incidence per 100 000 (2012)	139.1

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review:

N/A

National Focal Point for 2030 Agenda:

N/A

National Focal Point in Ministry of Health for health-related SDGs:

N/A

1. How is Somalia incorporating the 2030 Agenda into its development policy and planning?

Somalia has taken several steps to incorporate the 2030 Agenda. The Somali government has officially launched the 2030 Development Agenda in an event with more than 200 people representing national stakeholders and development partners. Early this year the government of Somalia endorsed the new National Development Plan (NDP) 2017-2019 which is aligned with the SDGs and its targets. Furthermore, the government of Somalia has established the National Development Council as a coordinating body to provide strategic direction, guidance and leadership to the implementation of the National Development Plan and aid architecture. Finally, the United Nations Strategic Framework (UNSF) 2017-2020 has identified five strategic priorities for UN work in Somalia in order to achieve the 2030 Agenda, together with selected indicators.

The National Development Plan 2017-2019 is available here: <http://mopic.gov.so/wp-content/uploads/2016/11/SOMALIA-NATIONAL-DEVELOPMENT-PLAN-2017-2019.pdf>

2. How is Somalia incorporating SDG 3 targets in health policy, strategy, and planning?

Somalia has just completed drafting the second Health Sector Strategic Plan 2017-2021. This plan was developed according to nine health policy directions, in accordance with the SDG 3 targets, after adapting them to the Somali context. Accordingly, the indicators in the results framework are aligned with the SDG 3 indicators. Furthermore, under the pillar working groups for the aid architecture, one working group is established for social and human development under which a sub-working group for health will be meeting regularly to monitor the implementation of the health plan, SDG 3 and the UNSF.

3. Are there any major partnerships in Somalia for advancing the 2030 Agenda?

The UN and World Bank supported establishment of the Somalia Development and Reconstruction Facility (SDRF) is the centrepiece for partnerships between the government and the international community. The MPF (multi-partner fund) is one of the funding windows established under the SDRF. The fund provides a platform for coordinated financing for sustainable reconstruction and development in Somalia with a focus on core state functions and socioeconomic recovery with 12 full pledged projects and 10 donors, which also includes the peace building fund. In addition, the NGO consortium which is a coordination platform, focuses on enabling an environment for efficient and effective delivery of humanitarian and development support to Somalia.

4. Are there any major partnerships in Somalia for advancing the health-related SDGs?

Since the end of the Joint Health and Nutrition Program in April 2017, the main ongoing health partnerships for development are the Global fund for combating HIV/TB/Malaria and GAVI. There is also a partnership between WHO and IOM to bring back the diaspora to support the health system and build institutional capacity in the Ministry of Health. However, due to the emergency situation in the country, several partnerships have emerged targeting the expansion of vaccination coverage and combating the cholera outbreak such as a partnership between IOM and UNICEF.

5. Has Somalia reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

Universal health coverage (UHC) is the main principle in the Somali health policy as well as the Health Sector Strategic Plan 2017-2021. The Plan aims to reach UHC, as stated clearly in the overall goal as well as an strategic objective for health financing. As a continuation, the country is now planning to finalize its health financing strategy, build national capacities in health financing and implement a health expenditure review. Steps have also been taken to improve availability of data, with the demographic health survey planned to take place 2017-18, in order to update data on indicators such as out of pocket expenditure and on low health coverage areas.