Somalia: Health Systems Profile



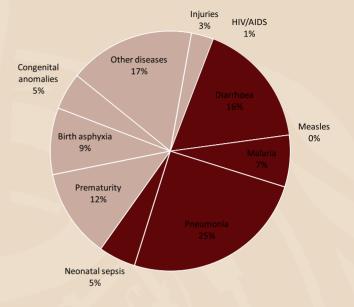
Health status (2013)		
Life expectancy at birth in years	total	54.0
	males	53.0
	females	56.0
Maternal mortality ratio per 100 000 live births	total	850.0

Communicable diseases (2014)	
Tuberculosis notification rate per 100 000 population	133.0
Incidence rate of malaria per 100 000 population	1.0
Number of newly reported HIV cases	249.0

Behavioural risk factors			
Prevalence (%)	males	females	total
Current tobacco smoking (2011)*			
Insufficient physical activity (2008-)			

Metabolic risk factors			
2014 estimated prevalence (%)	males	females	total
Raised blood pressure			26.4
Raised blood glucose			6.8
Overweight			20.7
Obesity			4.6

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



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

Health finance	Infant and under 5 mortality rates per 1000 live births
	70 90 110 130 150 170 190
	9 1990 1995 2000 2005 2010 2012

Health system: selected coverage interventions		Health system: finance (2013)	
Antenatal care visits (4+ visits) (2013)		General government expenditure on health as % of general government	
Measles immunization coverage among 1-year-olds (2014)	29	expenditure	
Treatment success rate of new bacteriologically confirmed TB cases (2014)	88	Out-of-pocket expenditure as % of total health expenditure	•••
DPT3-containing vaccine / Pentavalent coverage group among children under 1		Per capita total health expenditure at exchange rate (US\$)	
year of age group (2014)	29		

Health system: workforce (2014)	Health system: information
Health workforce per 10 000 population	
Physicians 0.3	Percentage of births registered 0.03
Nurses/midwifes 0.8	
Dentists	Percentage of causes of death recorded 0
Pharmacists	

Health system: medicines and medical devices (2013)		Health system: service delivery (infrastructure) (2014)
Availability of selected essential medicines and medical products in health facilities (%)	public private	 Primary health care facilities per 10 000 population 1.9
Number of scanners (in public facilities) per million population ^c	CT MRI	 Hospital beds per 10 000 population 8.7

... No data available ^a International Classification of Diseases ^b Gross domestic product ^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

Please note the data sources are in the attachment

^{*} Age-standardized estimated

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Somalia 2015

Strengths

- Endorsed National health policy and health sector strategic plans by the 3 zones supported by development partners and WHO
- Community Based Health Strategy developed and endorsed
- HR assessment completed and HR policy and plan developed
- Training and deployment of 600 female health workers and 500 hundred midwives for the three zones is a step towards increasing access to primary health care services
- Essential package of health services has been developed and endorsed by MoH
- National Drug Policy endorsed by the HAB and MoH and National Medicine Supply Chain Master plan has been developed

Weaknesses

- Fragmented and under-funded health systems functions across the different parts of the country
- Limited institutional capacities (Ministry of Health) to provide leadership, develop policies, manage programmes and monitor performance
- Lack of legislation, weak regulatory function, lack of enforcement and accreditation systems.
- Low access to essential health services to a large segment of the population
- Insufficient partnership and collaboration among stakeholders and with the private sector
- No quality assurance, accreditation and patient safety system for health care delivery
- Somalia is among eight countries in the Region facing health workforce crisis in terms of accreditation, licence and number
- High turnover of health workforce necessitating more efforts to build their capacity
- Weak and fragmented health information and reporting system and lack of data dissemination and sharing
- No formal health financing mechanisms in place with high level of dependency on external assistance Interrupted supply chains in case of emergency situation

Opportunities

- · Support of major donors to invest in health system strengthening
- Potential role of NGOs and private sector in health care delivery
- · Return of public health professionals from the diaspora
- Need to scale up the production and deployment of ofFemale health workers and midwives that will increase access to primary health care services
- Support of IOM to hire advisors from diaspora and place them in the MOH to provide assistance and build capacity of national teams for sustainability.
- Building capacity of the national educational institutes and use them for conducting postgraduate Diplomas (CEmONC and Anaesthesia Diploma)

Challenges

- Continued political instability and a highly challenging security situation in many parts of the country
- Allocation of insufficient funds to public health sector
- Lack of adequate training and deployment of trained health workforce and its fair distribution across the country
- Poor health service infrastructure in response to community needs
- Unpredictable external aid to health sector development
- Lack of access of nomads and scattered population to basic health services
- Expanding and unregulated private health sector
- Major determinants of health such as unplanned urbanization and deteriorating environmental factors, poor housing, high illiteracy rate and poverty

Priorities

- Strengthening leadership and governance with focus on evidence-based policies and strategies, better regulation and institutional strengthening of ministries of health
- Develop strategy on procurement and services contracting capacity
- Develop standards for registration and accreditation and licencing of health professionals
- · Improving access to essential package of health services
- Develop/ strengthen national emergencypreparedness and response plan
- · Build financial management capacity at all levels
- Exploring workable options for health financing and scaling-up of health related Millennium Development Goal interventions
- Implementation of integrated primary health care services systems supported by functioning hospitals and community-based infrastructure and establishment of effective capacities to respond to health emergencies
- · Establishing quality assurance system and patient safety measures
- Consolidating the national health information system with focus on civil registration, maternal death registration and surveillance and facility records
- Access to quality medicines and revival of national drug regulatory systems
- Strengthening intersectoral approach to address the broader social determinants of health and promoting health in all policies approach
- Implementation of the community based health care strategy to improve equitable access to health care services

