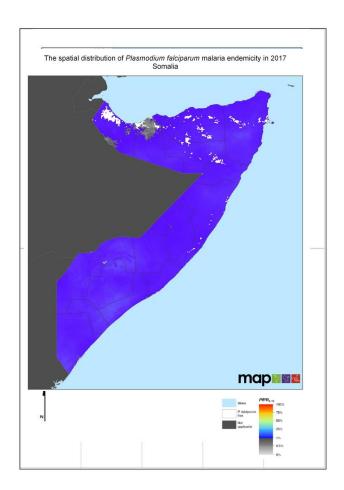
Somalia ALMA Quarterly Report Quarter One, 2020



Scorecard for Accountability and Action



| Commodities Financed and Financial Control | | |
|---|----------|--------|
| LLIN financing 2020 projection (% of need) | | 100 |
| Public sector RDT financing 2020 projection (% of need) | | 100 |
| Public sector ACT financing 2020 projection (% of need) | | 100 |
| World Bank rating on public sector management and institutions 2018 (CPIA Cluster D) | | 1.8 |
| Insecticide Resistance Monitoring, Implementation a | nd | Impact |
| Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 | | 3 |
| Insecticide resistance monitored since 2015 and data reported to WHO | | |
| National Insecticide Resistance Monitoring and Management Plan | | |
| Country Reporting Launch of Zero Malaria Starts with Me Campaign | | |
| Scale of Implementation of iCCM (2017) | | |
| Operational LLIN/IRS coverage (% of at risk population) | | 39 |
| On track to reduce case incidence by ≥40% by 2020 (vs 2015) | | |
| On track to reduce case mortality by ≥40% by 2020 (vs 2015) | | |
| Tracer Indicators for Maternal and Child Health and I | ITI | Os |
| Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018) | | 65 |
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018) | | 30 |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018) | | 14 |
| % deliveries assisted by skilled birth attendant | | 9 |
| Postnatal care (within 48 hrs) | | |
| Exclusive breastfeeding (% children < 6 months) | | 5 |
| Vitamin A Coverage 2018 (2 doses) | A | 32 |
| DPT3 coverage 2018 (vaccination among 0-11 month olds) | | 42 |

Malaria transmission ranges from unstable and epidemic in Puntland and Somaliland to moderate in central Somalia to high in the south. The annual reported number of malaria cases in 2018 was 31,030 and 31 deaths.

Key



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Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Somalia, it will be of vital importance to ensure that the rolling universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without this campaign, coupled with the need to sustain essential health services including malaria case management, there could be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be an 8.6% increase in malaria cases, and a 25.2% increase in malaria deaths in Somalia. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Global Fund Update

The Global Fund has announced that Somalia will receive US\$84.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Somalia's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Somalia this is calculated at US\$34.4 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Somalia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress

Somalia has secured sufficient resources to cover the procurement and distribution of the LLINs, ACTs and RDTs required in 2020.

Key Challenges

- A weak health system and relatively few partners limits scale up of core malaria interventions.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Impact

The annual reported number of malaria cases in 2018 was 31,030 with 31 deaths.

Previous Key Recommended Actions

| | Recommended Action | | Duaguaga | Commente les- |
|---------------------------|--|--------------------------------|----------|---|
| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
| Address funding | Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years | Q2 2020 | | Deliverable not yet due |
| Emergency Preparedness | Following the extensive flooding in the country, ensure that the emergency response plan is in place to respond to any potential upsurges of malaria | Q2 2020 | | Somalia developed an emergency response plan to address the heavy flooding in the country in 2019. This included increasing testing and treatment of malaria cases. However, there was no unusual increase in malaria cases in the majority of the country with the exception of one village where IRS was planned to address the upsurge |
| Impact | Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018 | Q4 2020 | | A number of factors affecting the increase in cases include the improving security situation which led to improved access and utilization of malaria services and increased the number of people seeking care. Additionally, both drought and flooding have impacted on the cases. For example, there were significantly lower numbers of cases in 2015 following a drought, but then in 2019, a comparative increase in cases following flooding. The country enacted an emergency response plan and avoided major outbreaks |

New Key Recommended Actions

| Objective | Action Item | Suggested completion timeframe |
|-----------|--|--------------------------------|
| Impact | Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic | Q4 2020 |

RMNCAH and NTDs

Progress in addressing Neglected Tropical Diseases (NTDs) in Somalia is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis and soil transmitted helminths. Preventive chemotherapy coverage data for schistosomiasis is reported at 100% and for soil transmitted helminths at 42% giving a 2018 index value of 65% which represents a significant increase compared to 2017.

Previous Key Recommended Actions

| Objective A | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|----------------------------|--|--------------------------------|----------|--|
| Optimise quality of care p | Work to accelerate coverage of ARTs n the total copulation and in children under 14 years of age | Q1 2017 | | Somalia has launched the implementation of the "Test and Treat" policy and Option B+ for PMTCT service delivery. The country reports a significant increase in the number of people on ART, estimating that approximately 38.5% of estimated PLHIV were on ARTs at the end of 2019. Treatment and Care: Services for treatment and care have been strengthened and expanded, giving improved access to services, however the country is working to further expand the number of ART sites. |

Somalia has responded positively to the RMNCAH recommended actions addressing low coverage and lack of data for a number of key interventions including skilled birth attendants, exclusive breastfeeding and postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Action

| Objective | Action Item | Suggested completion timeframe |
|--------------------|--|--------------------------------|
| RMNCAH¹: Impact | Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic | Q4 2020 |



¹ RMNCAH metrics, recommended actions and response tracked through WHO