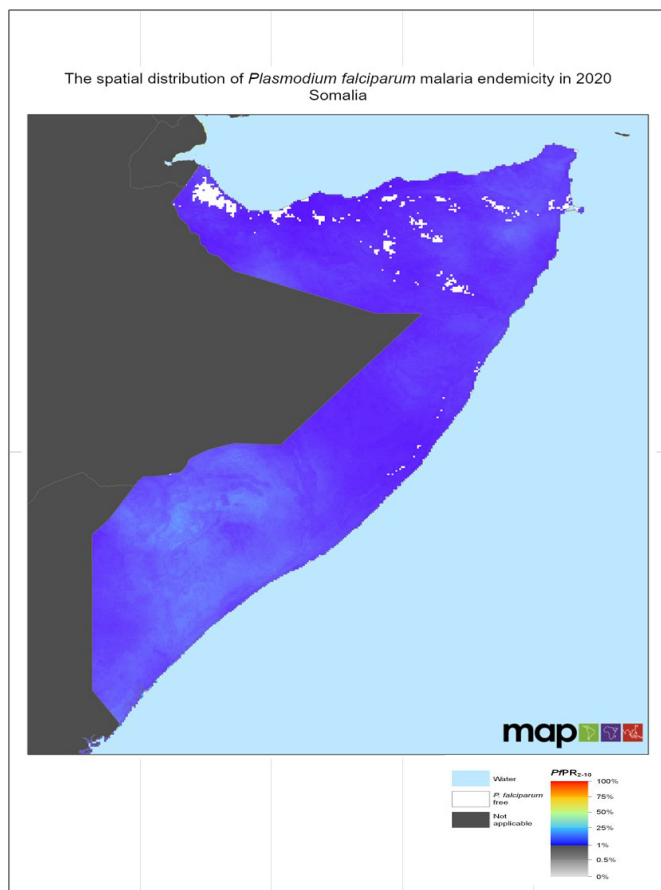


Scorecard for Accountability and Action



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 2024 was 32,983 and 1 death.

Metrics

Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		80
ACTs in stock (>6 months stock)		
RDTs in stock (>6 months stock)		
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)		1
% of Neglected Tropical Disease MDAs Achieving WHO Targets		33
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)		18
DPT3 coverage 2024 (vaccination among 0-11 month olds)		70
Climate Change and VBDs in NDCs		

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria - - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. WHO have also recently approved the use of Spatial Repellents. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Somalia cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 1,749,880 additional cases, 4,938 more deaths, and GDP loss of US\$176 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Somalia there will be a US\$362 million increase in GDP.

Global Fund Allocation

The Global Fund allocation for Somalia for Grant Cycle 8 is US\$74.7 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$31.5 million. The allocations to the individual disease components are not fixed, and can be adjusted 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 sustain coverage as much as possible.

Progress

Somalia has carried out insecticide resistance monitoring since 2020 and has reported the results to WHO. The national strategic plan includes activities targeting refugees and IDPs.

Impact

The annual reported number of malaria cases in 2024 was 32,983 and 1 death.

Key Challenges

- A weak health system and relatively few partners limit scale up of core malaria interventions.
- Insufficient resources to fully implement the national strategic plan

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported
Impact	Investigate and address the reasons for the lack of progress in reducing malaria incidence and deaths since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2025		The ongoing humanitarian health emergencies; weak programme capacity to implement the NMSP; insufficient resources and a weak reporting system have contributed to the ongoing increase in cases and deaths. The country continues to find means of addressing these challenges – including mobilization of resources from global partners (i.e. GC8) – which may unfortunately not be adequate.

Somalia has responded positively to the recommended actions addressing lack of insecticide resistance monitoring and continues to track progress as these actions are implemented.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Previous Key Recommended Action

Somalia has responded positively to the recommended action addressing low coverage of ARTs in children under 14 and continues to track progress as these actions are implemented.

Neglected Tropical Diseases





Progress

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 helminthiasis. Preventive Chemotherapy coverage for trachoma is 100% (under surveillance). Overall, the NTD preventive chemotherapy coverage index in 2024 is 1 which represents a very substantial decrease compared with the 2023 index value of 59.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025		Somalia is planning a Malaria Programme Review of its current NMSP. The opportunity to develop a new NMSP will consider the inclusion of climate data for developing National Determined Contributions and National Climate Change Action plans. Implementation of such a plan, however, will be a big challenge – given the current situation of humanitarian health emergency in the country.
NTDs	Submit data to the AUC on the national Budget Allocated to NTDs	Q4 2025		The country is allocating a budget for NTDs and is working to have NTDs integrated in the primary health care. The report will be submitted to AUC once complete.
NTDs	Work to increase preventive chemotherapy coverage for schistosomiasis and reach WHO targets	Q4 2026		The country stopped Mass Drug Administration for Schistosomiasis and Soil Transmitted Helminthiasis after achieving the number of rounds needed and is working to prepare the impact survey which will guide the new strategies. The survey protocol is being elaborated, and the survey is planned in Q4 2026 and Q1 2027. Routine activities including case management of NTDs are being conducted at health facility level.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due