ACTION FOR SOMALI HEALTH RESEARCH AND DEVELOPMENT

A seminar held in Umeå, Sweden,
2-3 December 2014

Jointly Organized by
The Unit of Epidemiology and Global Health, Umeå University
and
The Somali-Swedish Researchers' Association

SEMINAR REPORT

Compiled in April 2015 by the Rapporteur, Khalif Bile Mohamud,
in collaboration with Lennart Freij and Stig Wall

CONTENTS

ACRONYMS 3

BACKGROUND AND INTRODUCTION 5

SEMINAR PROGRAMME 7

SEMINAR STATEMENT 9

SUMMARY OF SEMINAR PROCEEDINGS 14

Opening sessions 14

Session A: Somalia today – focus on the health situation 15

Session B: Somali development cooperation – past and present 22

Key note speech 27

Session C: Expectations and opportunities for support and cooperation 28

Session D: What next? 32

Session E: Concluding session 34

ACKNOWLEDGEMENTS 35

ACRONYMS

ACHS	Amoud College of Health Sciences
AusAID	Australian Agency for International Development
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
MBBS	Bachelor of Medicine and, Bachelor of Surgery
BU	Benadir University
CHFs	Common Humanitarian Funds
DFID	Department for International Development, Gov of UK
DU	Dalarna University
EAU	East Africa University
FGM	Female Genital Mutilation
EPIGH	Epidemiology and Global Health
EPHS	Essential Package of Health Services
EPI	Expanded Programme on Immunization
FCBHWs	Female Community Based Health Workers
HMIS	Health Management Information Systems
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HSSP	Health sector strategic plan
ICT	Information and communications technology
IOM	International Organization for Migration
JHNP	Joint Health and Nutrition Programme
KI	Karolinska Institutet
MPH	Master of Public Health
MIDA	Migration for Development in Africa
MOHEC	Ministry of Higher Education and Culture
MUFED	Mudug Foundation for Education Development
NAFIS	Network against FGM in Somaliland
NGL	Next Generation Learning
NGOs	non-governmental organizations
PHC	Primary Health Care
PUST	Puntland University of Science and Technology
KTH	Royal Institute of Technology
SNHC	Somali National Health Conference
UNFPA	United Nations Population Fund
SAREC,	Swedish Agency for Research Cooperation with Developing Countries
SOMAC	Somali Academy of Science and Art
Sida	Swedish International Development Cooperation Agency
JHNP	Somali Joint Health and Nutrition Programme
SomaliREN	Somali Research and Education Network
SSRA	Somali Swedish Researchers Association
UNICEF	United Nations Children's Fund
UNESCO	United Nations Organization for Education, Science and Culture
UNFPA	United Nations Population Fund
UCGHR	University Centre for Global Health Research
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WHO	World Health Organization

BACKGROUND AND INTRODUCTION

Since its independence in 1960, Somalia has made several efforts that have meaningfully reformed its social sector development. One important step was the adoption in 1972, of the Somali Latin alphabet and its compulsory use for all government administration functions, media and education, leading to an immediate significant surge in the number of primary schools. The legendary political step of introducing compulsory primary education in 1975 and the concurrent successful nationwide literacy campaign were true milestones that led to Somalia being awarded the UNESCO Literacy Prize in 1975.

The 1978 Alma-Ata primary health care (PHC) concept was also adopted to play a central role in the national health planning and delivery of health care services, the building of a PHC network of health services, the training of community health workers at village level, and the expansion of health professional training schools and the establishment of the first medical school in the country as an integral part of the then nascent Somali National University.

The country also founded the Somali Academy of Science and Art (SOMAC) to contribute to scientific development and collect and advance the rich Somali indigenous art. In 1982 bilateral research collaboration was established between Somalia and Sweden through the historic agreement between SOMAC and the Swedish Agency for Research Cooperation with Developing Countries (SAREC), forging a research collaborative programme in which SOMAC and several faculties from the Somali National University entered into partnership with a number of Swedish Universities. It led to successful research outputs, and high academic training was also gained by a considerable number of Somali scholars.

However, the protracted civil war and repeated conflicts since 1990 have led to the devastation of important national institutions, producing over one million refugees and an equal number of internally displaced persons. The survival of the vulnerable population, predominantly mothers, children and the elderly, was further jeopardized by the extended droughts and famines of 1991-1992 and 2011. Although the international community sponsored African Union Forces are supporting the country, many districts, because of persisting conflicts, still remain without sufficient access to vital health services such as child immunization and emergency maternal and child health care.

As a result of the extensive health system disruption with almost total dilapidation of public sector health professional training institutions, Somali health indicators are among the worst in the world, corroborated by an infant mortality rate of 119 per 1000 live births, and maternal mortality ratio of 1400 per 100,000 live births. The vacuum created by the inadequate public health sector services brought about a shift to the private sector, where both private health care and private health training institutions have registered substantial growth. Through these private efforts more than 20 health professional schools and about 14 medical colleges have been established. These health workforce development institutions lack any joint regulation norms relevant to curricula development and standardization; clinical training facilities; teaching staff capacity development or regulations relevant to certification, registration and licensing. Capacity building in these institutions constitutes a major imperative in view of the severe shortage of the health workers. The latter was substantiated, when the country situation was compared with the minimum threshold requirements set by World Health Organization (WHO) of 23 doctors, nurses and midwives for 10,000 population, whereas in Somalia, these workforce categories accounted for only to 3-4 per 10,000 population.

The Somali health system will therefore need substantial capacity building efforts for its proper rehabilitation and development; health system strengthening and support to academic institutions in their effort to scale up human resource training programmes for the different workforce categories; and building the needed operational health research capacities to solve the indigenous health challenges on the ground. It is on these pretexts that the Unit of Epidemiology and Global Health, Umeå University and the Somali Swedish Researchers Association (SSRA) jointly organized a

seminar, to explore the possible opportunities for re-launching the previous Somali-Swedish Research Collaboration that was terminated at the outset of the Somali Civil War.

Holding a seminar about "Action on Somali Health Research and Development" was envisaged in February 2014 by the SSRA Board and the Unit of Epidemiology and Global Health (EPIGH), Department of Public Health and Clinical Medicine, Umeå University. In the aftermath of the successful Mogadishu Health Conference of November 2013, in which significant public health recommendations were made that were promptly endorsed by the Somali Federal Government, it was considered necessary to organize a follow up seminar in which several key Swedish academic institutions could participate to explore the revival of a partnership in Somali health research and development.

A Somali-Swedish Planning Group was formed for this purpose that set the outline and tentative objectives of the seminar. In March 2014, a proposal was submitted to Sida, requesting support for the necessary financial contributions for this initiative. Sida delegated the request to the Nordic African Institute (NAI), Uppsala. NAI decided to support the initiative and contracted funds for the Seminar with the Umeå University.

Concurrently, contacts were made by the Planning Group with six different Somali Universities from South-Central Somalia, Puntland and Somaliland inviting them to participate in the seminar. Similar efforts were also made by contacting different Swedish Universities that had played a major role in the previous Somali-Swedish research collaboration. A number of Somali Diaspora health professionals were also contacted for the same purpose. It soon became evident that there was a wide range of interested members of the above outlined institutions and professional groups, with an evident desire to participate and willingness to support any future revitalization of the Somali-Swedish research cooperation. The focus was to be on the field of health research as an entry point for health system rehabilitation and recovery. Based on this wide interest, the Planning Group finalized the seminar's agenda and decided on time frame, venue and implementation process.

During the preparatory phase, a smaller Coordination Group led by Prof. Stig Wall used to conduct regular conference calls to discuss the progress made and the organizational challenges to be addressed. Two round-table meetings were also held, one in August and the other in November 2014, hosted by the EPIGH, where the different aspects relevant to the successful implementation of the seminar were discussed and important operational decisions made. Throughout this process, the SSRA Board members, the Umeå team and the participating universities were kept regularly informed about the seminar preparation process to ensure that the best possible result outputs be attained. The six participating Somali universities were requested to develop standard briefs about their colleges, following a default template prepared by the Coordination Group, in which the scope of their health training programmes were succinctly outlined.

The seminar was held on 2-3 December 2014. It was hosted and managed by EPIGH and attended by 53 participants including 25 Somalis. The 11 in-country Somali representatives included eight from six different universities (two in South Central Somali, two in Puntland and two in Somaliland) and a representative from the Somali Federal Government. The delegates from the Somali Universities were quite eager for research collaboration and exploring opportunities for developing partnerships with Swedish universities and the SSRA. Seventeen Somali Diaspora health professionals, predominantly from Sweden also joined the seminar. Some of the Somali and Swedish researchers had worked together in the SOMAC-SAREC research collaboration of the 1980s. The seminar was also attended by representatives from six Swedish Universities, including the Karolinska Institutet, Umeå University, Uppsala University, Lund University, Dalarna University and Göteborg University. The seminar was also attended by a representative of the Swedish International Development Cooperation Agency (Sida) and by Forum Syd, an organization that supports Swedish non-governmental organizations actively engaged in projects in developing countries.

SEMINAR PROGRAMME

Tuesday December 2

Opening and welcome address – *Anneli Ivarsson (EPIGH)*

Presentation of participants and election of Rapporteur – *Stig Wall (EPIGH)*

Aims and agenda of the seminar – *Stig Wall (EPIGH)*

Session A. Somalia today – focus on the health situation

Moderator: Anneli Ivarsson (EPIGH); Co-moderator: Abdullahi Sheik Hussein (Benadir University)

1. Situation of the Somali health system, the post-conflict recovery plans "Needs, opportunities and collaborative partnerships for health.
Speaker: Maryan Qasim (Federal Government of Somalia)

2. The Somali National Health Conference in Mogadishu, November 2013: an overview of proceedings, results and recommendations.
Speaker: Khalif Bile Mohamud (SSRA)

3. Reshaping the health system in the country – report from a conference in Kampala in 2014.
Speaker: Omar Mayeh (Leeds University)

4. Situation of the Somali universities: Academic training and research development: needs, priorities and capacity building.
Speakers: Dr Abdirizak Ahmed Dalmar (Benadir University), Dr Derie Ismail Ereg (Hargeisa University), Dr Abshir Ali Abdi (East Africa University), Dr Abdirashid Omar Ibrahim (Amoud University), Dr Abdulqadir Momamed Shirwa (Galkayo University), Dr Mohamed Hussain Aden (Puntland University of Health Sciences)

Session B. Somali development cooperation – past and present

Moderator: Lennart Freij (SSRA; Co-moderator: Maryan Qasim (Federal Government of Somalia)

1. The previous Sida/SAREC programme, its results and legacy.
Speaker: Annika Johansson (SSRA and KI); Discussant: Khalif Bile Mohamud, (SSRA).

2. Current Swedish Government/Sida support to the Somali health sector.
Speaker: Urban Sjöström (Sida, Nairobi).

3. Contribution of the international organisations and donor partners in the Somali health system.
Speakers: Rizwan Humayun (WHO, Nairobi), Marian Warsame Yusuf (WHO, Geneva and SSRA) and Hinda Jama Ahmed (WHO, Cairo and SSRA).

4. The Somali Diaspora as a resource in Somali health development
Speakers: Yakoub Aden Abdi (SSRA and KI) and Kadigia Mohamud (Rome, Hargeisa)

Keynote speech: Rebuilding Somalia: reflections on the role of academic institutions, Somali diaspora and information technology.
Speaker: Lars L Gustafsson (KI)

Summing up of the day´s presentations and discussions
Speaker: The Rapporteur

Wednesday December 3

Session C. Expectations and opportunities for support and cooperation.

Moderator: Lars Weinehall (EPIGH); Co-moderator: Abdirashid Omer Ibrahim (Amoud University)

1. Views from Swedish agencies
Speakers: Karin Westerberg (Sida), Lena Johansson de Chateau (NAI) and Saif Omar (Forum Syd)

2. Views from Swedish academic institutions
Speakers: Marie Klingberg (Dalarna University), Asli Kulane (KI), Lars-Åke Persson (Uppsala University), Maria Emmelin (Lund University), Björn Pehrson (KTH), John Kinsman (Umeå University)

Session D. What next?

Moderator: Stig Wall; Co-Moderator: Khalif Bile Mohamud

1. Identifying areas of priority and opportunities for cooperation.
Introducer of group work: Khalif Bile Mohamud (SSRA)

2. Group work (combined with coffee break).
(The groups will address priority areas and be asked to make recommendations for collaborative activities).

3. Presentations from group work and plenary discussions on actions to be taken.
(The focus will be on opportunities for reviving collaborative health research with links to the ongoing process of health system recovery in Somalia. A small drafting group will be appointed for a Conference Statement and Recommendations).

Session E. <u>Concluding session</u>

Moderator: Anneli Ivarsson (EPIGH); Co-moderator: Marian Warsame Yusuf (SSRA)

1. Discussion and adoption of the Conference statement
Speaker: The Rapporteur

2. Final remarks and closure of the seminar
Speakers: Representatives of EPIGH, SSRA, the Somali Universities and Professor Lena Gustafsson, Rector, Umeå University.

Planning committee:

Stig Wall (EPIGH), Khalif Bile (SSRA), Lennart Freij (SSRA), Anneli Ivarsson (EPIGH), Karin Johansson (EPIGH), John Kinsman (EPIGH), Lars Weinehall (EPIGH)

SEMINAR STATEMENT

The collectively produced Seminar Statement was published as an article in Global Health Action, an open access journal.

On the following pages this article is reproduced in full. It includes the list of Participants/Signatories.

Please note that this article will also serve as an EXECUTIVE SUMMARY of this report.

CURRENT DEBATE

Healing the health system after civil unrest

Somali-Swedish Action Group*† for Health Research and Development

Keywords: *action*; *Diaspora*; *health systems*; *research collaboration*; *war and conflicts*

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Over the last quarter century, the Somali population has endured protracted internal conflicts with devastating effects on the delivery of essential and lifesaving health care services. This extended humanitarian crisis situation has seriously weakened the public health sector, causing high maternal and child mortality; heavy burden of communicable and non-communicable diseases, including mental disorders; and emergency levels of malnutrition. The need to increase the delivery of equitable, affordable, and sustainable health care services to the population is a huge challenge to health sector recovery initiatives. Academic institutions have important roles in responding to the existing health workforce crisis as well as in carrying out and building capacity for research to guide health sector development activities.

To address these issues a seminar was organised on 2–3 December 2014 by Umeå University, Sweden, in collaboration with the Somali-Swedish Researchers' Association (SSRA), a small Swedish NGO. The 53 participants, who included representatives of national Somali and Swedish universities and agencies, as well as health professionals from the Somali Diaspora, shared an overwhelming commitment to forge collaborative action for Somali health research and development. At the end of the two days of deliberations, the participants agreed on a joint statement, committing themselves to work for national and international partnerships in support of efforts to revitalise the Somali health systems and to promote and strengthen capacity for research as a key component in health development.

The aim of publishing this statement is to raise awareness among and promote a response by the international community to address the formidable challenges and pressing unmet needs facing the rehabilitation and recovery of the health sector in post-conflict situations. The aim is also to draw attention to the need for integrating health research into these efforts in order to provide evidence for the design of sector policies and intervention programmes. Lessons learnt from the Somali situation may be of great value to guide health sector development after civil unrest in other settings – now and in the future.

Statement by seminar participants

Based on our fundamental recognition of health as a human right, we shared information about ongoing efforts to rebuild the Somali health systems and identified the needs and opportunities for national and international collaborative partnerships. Recognising the value of a former programme of research cooperation sponsored by Sweden in the 1980s and early 1990s, special focus was given to the role of national academic institutions in promoting health development and sustainable health services. Renewed activities aimed at strengthening the capacity of Somali institutions for training and research, in cooperation with Swedish agencies and institutions as well as with the Somali Diaspora, were explored.

We noted the ongoing efforts and determination to extend essential health services to all Somali communities, while remaining cognisant of the many constraints and challenges facing them, which include:

- The lack of a critical mass of trained staff, inadequate infrastructure, and shortage of financial resources at all levels of the health care systems, as well as for academic institutions;
- The need to address the glaring health and nutrition problems of mothers and children, which also demonstrate the need for reliable community-based, especially longitudinal, data to set priorities and evaluate programmes;
- The urgent need to provide high quality health services, including essential medicines and vaccines, and, while adopting a gender perspective, to give high priority to the elimination of harmful traditional practices like female genital cutting (also referred to as female genital mutilation), which are the cause of much suffering;
- The inadequate attention being paid to the social determinants of health, which are essential in efforts

†listed as signatories.

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(page number not for citation purpose)

to achieve universal access to basic primary education, gender equity, provision of safe water and sanitation, and the safeguarding of human security and development;

- The striking lack of coordination, due to political and safety concerns, which limits the outreach and efficiency of both the health services and university systems;
- Inadequate legislation, regulatory functions, and accreditation systems with adverse effects on health services as well as academic work;
- The need to apply modern communication techniques in health research as well as service delivery.

With this background, we affirmed our commitment to the following:

Health services for all

- All levels in the Somali health systems, and all associated policies, need to be developed and supported so that they are accountable, of high quality, and well regulated.
- Enhanced and continuing education for all health workers, managers, and administrators as well as scaled–up leadership capacities are central prerequisites for an effective health care system, and should be prioritised.
- Among other key concerns, the health services should focus on reproductive, maternal and child health, mental disorders, and communicable diseases, and they should be delivered and managed by well-trained health professionals, including a strong cadre of female community health workers.
- The direction of the health services should be guided by sound evidence derived from operational and evaluative research, which in turn should be based on a comprehensive situational analysis of service delivery needs.

Community participation and ownership

- It is critical that the voice of the Somali people is taken into account in the provision of universally accessible and acceptable health services. Priorities should be based on perceived health needs of the community, which could be identified using social and anthropological research methods. The particular needs of neglected and vulnerable populations – such as pregnant women, children under the age of five, people with mental disorders, and the disabled – should be in focus.
- The social determinants of health, particularly water and sanitation, security, food, and education, should be investigated, as should health-seeking behaviours and community health financing. It is only through such efforts that the health services will be 'owned' by the community, a key prerequisite for their effectiveness and sustainability.
- The training of traditional birth attendants, community health workers (in particular women), and managers, is essential, and should be guided by lessons learnt from other post-conflict settings.

Academic institutions as key actors

- The links between health research, policy, and practice need to be actively nurtured. The respective actors and stakeholders in each of these spheres must work together to ensure the provision of high quality, evidence-based health services that meet the needs of the people.
- Sweden's support to the Somali health sector, which is mainly channelled through the UN Joint Health and Nutrition Programme, could be complemented by the Swedish International Development Cooperation Agency (Sida) defining Somalia as a priority country for research cooperation in order to create a knowledge base for policy development and forge sustainable links between policy and development programmes in the health sector.
- In order to ensure a consistent and high quality of medical and other health professional training in the country, the educational curricula in all the Somali institutions providing such training must be harmonised. The Somali Research and Education Network (Somali-Ren) should take the lead in organising the required mapping and coordination of all the stakeholders (local as well as foreign). All academic institutions involved in training health professionals should be accredited by recognised government regulatory bodies as well as relevant Somali education and health authorities.
- Development of academic research capacity is required, from bachelor's through to postgraduate level. A new postgraduate sandwich training programme between Somali and Swedish academic institutions would support this process.
- Universities should engage in vocational and mid-level health professional training, so that the health needs of the community are addressed.
- A comprehensive mapping of specific research needs (which could include learning from other post-conflict settings) is required, and the establishment of a health and demographic surveillance system would provide an excellent platform for such research over the longer term.
- Sustainable research collaborations need to be built in direct support of health service delivery, with the involvement of international partners and members of the Somali Diaspora, based on long-term funding commitments. Special efforts are needed to recruit

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and sponsor talented and experienced Diaspora individuals for various Somali academic and public health posts and functions.

We, the participants of this meeting, commit ourselves to work for the promotion of national and international partnerships in support of Somali health development, and to keep the momentum in pursuing all the noble objectives delineated above towards that end. We pledge to promote health research as a key component of the national rebuilding process, to bridge the gap between knowledge and action in the country, and to contribute to developing the Somali primary health care system based on the principles of universal and equitable access to health and health care.

Acknowledgements

We are grateful for the financial support from the Swedish International Development Cooperation Agency (Sida) through the Nordic Africa Institute and from the Department of Public Health and Clinical Medicine, Unit of Epidemiology and Global Health and Centre for Global Health Research at Umeå University, without which it had not been possible to organise the seminar and produce this collective statement.

List of participants/signatories

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Somalis in the 'Diaspora'	Abdullahi Elmi	Royal Institute of Technology, Stockholm
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(*Continued*)

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SUMMARY OF SEMINAR PROCEEDINGS

Opening sessions

The seminar was launched at noon-time with the registration of 53 Somali and Swedish participants. At the formal launch, the opening speech and welcoming remarks were made by Professor Anneli Ivarsson, Head of the Unit of Epidemiology and Global Health (EPIGH), Umeå University. Prof. Ivarsson expressed her delight at the opportunity provided and the trust invested in her Umeå team by the seminar organizers and participants to host this historical event. Ivarsson stated that the seminar was bringing together a number of Somali and Swedish universities, scholars and partner organizations, affording the opportunity to exchange views and discuss the necessary steps for re-establishing research and health action collaborative linkages between the Somali and Swedish research institutions in the short and medium term perspective.

Prof. Ivarsson acknowledged the financial support received for this seminar from Sida through the Nordic Africa Institute in Uppsala; the prominent role of the seminar organizing committee that enabled the entire activity, as well as the efforts made by the different delegates attending the seminar, many of them coming from distant places to ensure their participation.

Subsequently, Prof. Ivarsson gave a brief introduction about her academic unit of Epidemiology and Global Health (EPIGH) within the Department of Public Health and Clinical Medicine, Faculty of Medicine, University of Umeå. EPIGH runs a Master of Public Health Programme (MPH); a University Centre for Global Health Research (UCGHR) and a Research School for Global Health (PhD training). The UCGHR is organized into five themes: i) Epidemiological transition; ii) Life-course perspective on health interventions; iii) Strengthening Primary Health Care; vi) Gender, social inequality and health and v) Climate change and health. Prof. Ivarsson emphasized that the Umeå University has a wide range of international research and training cooperation linkages: with Northern academic institutions as well as with many low- and middle-income countries including Bangladesh, Indonesia, Vietnam, Ecuador, Nicaragua, Bolivia, Ethiopia, Somalia, South Africa and Tanzania. In her concluding remarks, Prof. Ivarsson ensured the participants that every necessary step would be taken for the successful and smooth implementation of the seminar and called upon the participants to enjoy their visit to Umeå, the 2014 European Capital of Culture.

Following the initial welcome note, Stig Wall, Professor emeritus at EPIGH, presented the different institutions and professional groups represented in the seminar and outlined the seminar objectives as follows:

i. To inform about the health development context in Somalia with reference to reports from the First National Health Conference and recent study visits;
ii. To exchange views on the legacy of the Somalia-Sweden research collaboration and provide opportunities for the partners in those endeavours and other professionals to re-examine the previous experience against the current Somali health development context;
iii. To discuss the opportunities for re-establishing linkages between Somali and Swedish researchers and research institutions, and exploring the options available for launching such an initiative;
iv. To elaborate a strategy for establishing a dialogue with Sida and relevant Swedish institutions such as the Umeå University on the possibility of lending expertise and experience, thereby contributing to the technical assistance that Sweden is providing to the Somali health sector, as well as for engaging Somali local academic institutions and Somali Diaspora health professionals to participate in this joint venture; and

v. To discuss possibilities and strategies for translating the research evidence into action to ensure the best use of the available technologies and resources in a country transitioning from conflict to recovery and hence bridging the "know-do gap" to effectively scale up the delivery of essential health service

Prof. Wall recalled the successful Somali-Swedish research collaboration of the 1980s and hoped that this seminar would result in a new era of inter-country research collaboration and offer windows of opportunity for partnerships that contribute to capacity building in research and health systems development. Prof. Wall also indicated that several members of the different groups attending the seminar, including the delegates coming from Central and Southern Somalia, Puntland and Somaliland as well as from the Somali Diaspora, had links to the Somali-Swedish Researchers Association, Swedish Universities and other organizations such as Sida and Forum Syd.

Subsequently Prof. Wall gave a brief outline of the seminar programme which was adopted by the participants, while Prof. Khalif Bile was selected as the rapporteur for the seminar.

To conclude, Prof. Wall brought the participants' attention to a book written in 1995, reflecting 10 years of the Somali-Swedish joint research collaboration experience in community health entitled "Health problems and potentials for change in a rural African Community", incorporating longitudinal studies carried out in the villages of Lama-Donka and Buulalow of the Lower Shebelli Region of Somalia. The cover page of the book portrayed the following farsighted visionary statement that was affectionately shared:

"When summarizing a 10-year project, we can obviously not do so without accounting for external events and processes. The ongoing war is, of course, the major devastating process. We dare to conclude, however, that some of the lessons learnt from this project could be shared when the time comes to invest in another Somalia. It is then not just wishful thinking that health ought to be a major entry point for such a change."

Session A: Somalia today – focus on the health situation

Moderator:
Prof. Anneli Ivarsson

Co-moderator:
Prof. Abdullahi Sheik *Hussein*

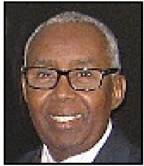
Situation of the Somali Health System, the Post-Conflict Recovery Plan: Needs, Opportunities and Collaborative Partnerships

In this presentation, Dr. Maryan Qasim, outlined the dire Somali health situation, illustrating some of the poor health indicators, where only 20% of the population are having sufficient access to basic health care; a life expectancy at birth estimated at 48 and 52 years for males and females respectively; an under-five mortality rate of 147 per 1000 live births and maternal mortality ratio of 1044-1400 per 100,000 live births; total fertility rate of 6.2-6.7; a life-time risk of maternal deaths of one in 10 women during childbirth and a global acute malnutrition rate of 14.9% among the 6-59 months old children, that borders on an emergency situation. Moreover, the health system governed by the Federal Ministry of Health and by the regional health authorities is characterized by poor infrastructure, an absence of equity considerations and scarcity of a sufficiently capable health information system, with dilapidated and fragmented health services, where the delivery of public health services is predominantly dependent on the support of international NGOs, UN organizations and donor partners, with limited quality of services at the rural level. The weakness of the public health sector has led to the unregulated proliferation of the private health sector with prohibitive cost to large segments of the population.

In the current social transition of rehabilitation and recovery, there is a shared commitment to embark on the revitalization of the Somali health systems in the framework of the developed federal and zonal health sector strategic plans. Their focus is on the WHO six health system building blocks: leadership and governance; delivering equitable and quality health services through functioning health facilities; increasing the health workforce both in terms of quality and quantity; ensuring provision of medicines, vaccines and technologies as appropriate; establishing a functioning and comprehensive health information system; and developing a nationally financed and locally prioritised health system.

To realize these formidable health system development aspirations, an 'Essential Package of Health Services' (EPHS) was introduced with the aim to deliver 10 different programmatic interventions with specific service delivery tasks assigned to each of the four levels of care provision. This delivery model is implemented through the support of the Joint Health and Nutrition Programme (JHNP), led by the Government with support from the donor partners. Dr. Maryan Qasim outlined the government commitment to scale up the EPHS to all the regions of the country; focus on service delivery at the grassroots through training of Female Community Based Health Workers (FCBHWs) for every major village; scale up the training of Midlevel Health Workers, especially Midwives and Nurses; regulate Medicines and Technologies to improve the quality of care; scale up health promotion and disease prevention at a nation-wide level; promote community participation and to integrate water, sanitation and hygiene into all health actions.

The Somali National Health Conference in Mogadishu, November 2013: an Overview of Conference Proceedings and Recommendations



In his presentation, Prof. Khalif Bile Mohamud, mentioned that the idea of holding the Somali National Health Conference (SNHC) was generated by a group of Somali Diaspora health professionals led by SSRA members, the Benadir University in Mogadishu and Danish Somali Health Union. The programme was later joined and led by the Federal Ministry of Health with participation of a large number of academicians working inside the country. The conference aimed at offering relevant technical support for the national health system; promoting health as a voice for peace and community development; enacting the Diaspora capacity building partnerships with the national health system and promoting health research in the country in an effort to resolve the key health challenges through evidence based planning and implementation.

The conference brought together about 290 participants from the Federal Health Directorate, regional medical officers, academicians from all the medical schools and health professional training institutions of the country, representatives of the private health sector, the professional health associations and the civil society organizations, international health partners led by the WHO Country Representative as well as 23 Diaspora health professionals from Europe, North America and the Middle East.

The technical plenary sessions were organized in 18 technical presentations, followed by five parallel panel discussions on priority health system topics that included: Health System Governance and Leadership; Health Services Delivery along with Essential Medicines and Technologies; Human Resources Development & Regulation; Health Information Management System & National Research Priorities and Health Financing.

The conference participants identified the following health system challenges: i) weak governance: poor leadership and managerial capacities; lack of explicit strategies for public health sector accountability; inequity in the delivery of health services and weak intersectoral approach and operational decentralization; ii) inadequate access to care: lack of linkages with the private health sector and insufficient community involvement in the delivery of care; iii) shortage of qualified health workers: lack of uniform standards for workforce training curricula, educational programmes,

certification and accreditation systems and the inequitable deployment and remuneration; iv) weak procurement and management of essential medicines: lack of effectively functioning drug quality control laboratories and medicines' regulatory system; v) weak health information systems: inadequate capacity for the timely collection of health data, analysis, and dissemination for evidence based decision making and use; and, vi) poor health care financing reflected by low government financial contributions to the health sector.

At the end of the conference, the Mogadishu Health Declaration was adopted incorporating the following key recommendations:

- Development of leadership capacities and mechanisms of health system governance: the setting of regulatory norms, legislation and accreditation systems; improving coordination, health partnerships and health management decentralization
- Revitalization of the delivery and organization of health services, focusing on maternal, neonatal and child health and nutrition and on the prevention and control of communicable diseases
- Emphasizing the government responsibility to scale up access to essential services, the availability and rational use of medicines, access to critical medical equipment and to promote community participation
- Scaling up the health workforce by higher production, equitable deployment, and remuneration; continuing professional development, gender equity and retention.
- Setting strategies to review the national health indicators to be considered for analyses and evidence based decision making and defining actionable health research priorities
- Enhancing the government budgetary outlays for the health sector to promote the sustainability of the service delivery network and its priority interventions

Reshaping the health system in the country – report from a conference in Kampala in 2014

The Kampala conference focussed on issues of how the Somali Federal Health Ministry could adjust its organisation, structure and functions to achieve better governance. A brief report on the meeting was presented by Dr Maye Omar, who was its lead consultant. Being organised by the Federal Ministry of Health with WHO technical assistance, the meeting reflected the top priority assigned by the government to social services, a commitment that was expressed in the health sector strategic plan (2013-2016).

The consultative meeting debated thematic areas such as the organizational structure, the Mogadishu health declaration, the role of FMOH in the changing political and organisational structure and the unpredictability of health sector funding flows. In a strengths, weaknesses, opportunities and threats (SWOT) analysis, the presence of a health sector strategic plan (HSSP) and a committed young and motivated health workforce was counted as a strength, while the looming international support in the framework of the "Somali New Deal Compact" with focus on long term development was framed as opportunities. Moreover, the limited experience and inadequate technical and managerial skills of the senior health workforce, the evolving organizational set up of the ministry and the UN and other partners' resource harmonization and coordinated service were pronounced as a weaknesses of the system, while the prevailing levels of insecurity, political instability, dependence on NGOs and change resistance were marked as threats to the development of the health sector.

The consultation reflected on key health sector policies; regulatory aspects, licensing, certification and accreditation; service delivery; human resources; coordination, supervision and performance monitoring and information and financial management functions. At the end of the conference, the following recommendations were considered: setting up concrete strategies for leadership and governance; establishing a "Commission for Health", and monitoring and evaluation framework & tools; establishing Grant and Contract Management Unit and facilitating recruitment processes of qualified Somali professionals from the Diaspora to assist in the development of the health sector. The following priority areas for research and action were also outlined: service delivery (equity, quality,

coverage and access); human resources planning, management and development; priority setting and resource allocation; policy making; role of private health care sector; role of Federal Ministry of Health on regulation, oversight and quality assurance of health services and the means to develop and enhance the capacity of the health sector

Situation of the Somali universities – Academic training and research development: needs, priorities and capacity building

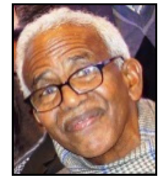
Benadir University, Faculty of Medicine

At the outset of his presentation Prof.Abdirizak Ahmed Dalmar, Rector of Benadir University, deliberated on the academic training and research development needs and priorities and spelled out the situation of medical education in Central and South Somalia. The private health sector is operating 10 medical schools, 15 graduate nursing colleges and two courses of master's in public health, as well as 23 midlevel diploma allied health science courses with a cumulative enrolment of over 7000 students, 4000 of these by the 10 medical colleges. Of these, the Benadir University (BU) has the largest medical college, with an additional three postgraduate training programmes in Public Health, Internal Medicine and General Surgery and three midlevel diploma courses. This active health professionals' training programme was achieved through attracting a large number of well-trained Diaspora health professionals. The enrolment was facilitated by the existing high demand for higher education, as large numbers of high school graduates were being produced, as well as the agenda of neutrality status, assumed by all educational institutions, BU in particular, in a country affected by conflict.

The BU budget predominantly relies on the fees paid by the self-sponsored students. However, the university was recently engaged in a range of academic collaborative programmes, directly or through the Somali Research and Education Network (SomaliREN), with the European Union, Turkey, Royal Institute of Technology (KTH) of Sweden, in the area of information Technology Connectivity, and with several UN agencies. BU is committed to pursue this partnership course of action. The key notable challenges facing the pre-service academic health programmes include the limited library, IT and skill laboratory facilities, the shortage of research capacity and infrastructures and the lack of government support to pre-service training programmes.

The BU developmental focus and mission is to produce a health workforce that promotes the safe and ethical delivery of promotive, preventive and curative health services, contributing to health systems strengthening and participating in the implementation of priority health interventions. It emphasizes the creation of knowledge and an invaluable intellectual capital through research, ensuring the broad dissemination of the outputs for action.

University Of Hargeisa, Faculty of Medicine



In his presentation Dr. Deria Ismail Ereg, Dean of the Medical Faculty, outlined the in-stability inherited from the protracted civil war and other internal crises that seriously weakened the health sector. To revive the disrupted health sector, the university established a Faculty of Medicine with the vision of developing it into one of the finest and leading institutions in medical education. Its graduates would ensure the provision of health services to the nation, with the mission of developing centres of academic excellence and producing enlightened scholars with originality and competence in research, professional services and teaching. The college aims to train a cadre of qualified medical

doctors who can replace the lost and retiring medical doctors and improve the health sector service delivery capacity and effectively respond to the predominant health challenges. Five batches of doctors have graduated from the college to date. A number of Hargeisa medical college graduates were enrolled in postgraduate training specialty programmes in Ethiopia, Kenya, Uganda, Sudan, Turkey and Germany. The first group of these have returned as specialists to serve in the national health system.

As a result of this effort, further complemented by Amoud University, the health sector has taken viable steps to revive the provision of health services including the rehabilitation of healthcare facilities in urban and rural settings. Among the key priority objectives of the college is to construct a model of Primary Health Care that is robust enough to meet the healthcare needs of the population with focus on primary care, community medicine as well as emergency medicine, making transfusion medicine more readily available. The aim is also to build capacity of existing academic institutions in medicine, leadership and governance in close collaboration and partnership with the Ministry of Health and with external academic and research institutions.

The Faculty will also increase its efforts to build public health and surveillance systems that support the prevention and control of communicable and non-communicable diseases; establish quality control research laboratories; Increase the number of doctors with strong clinical skills through general practice or specialty training; develop competence-based medical curricula for different clinical training schemes; enhance the number of post-graduate education (short courses, Diploma, Masters and ultimately PhD training programmes in public health) and establish in-country medical and speciality training programs with focus on priority areas that include primary care and community medicine speciality programmes

East Africa University (EAU), Faculty of Medicine

In his presentation Dr. Abshir Ali Abdi, Dean of the medical faculty, emphasized the East Africa University's (EAU) lead role in higher education in the Puntland State of Somalia. It has a medical college offering Bachelor of Medicine and Bachelor of Surgery (MBBS) degree and a range of health professionals' training programmes, i.e. Nursing, Midwifery, Public Health and nutrition, Clinical medicine (for Clinical Officers) and Medical Laboratory Technology. The EAU has the vision of increasing the number of the health workforce, improving the doctor/population ratio, and offering quality health services that will improve the health status of the Somali population in general and the population of Puntland in particular.

The EAU mission is to become a leading institution in promoting medical and allied science health professionals' training by producing a health workforce that can deliver high quality health services; and conducting research that fosters the universal access to health care and the elimination of health inequities. The presentation also outlined the following EAU objectives: producing a highly competent medical and allied health workforce that will contribute to the delivery of effective health services; reducing maternal, neonatal and child mortality; controlling the burden of communicable diseases; promoting nutrition and applying research as a collaborative problem solving tool.

The university offers various facilities to its students including: training slots at the University Teaching Hospital; telemedicine facilities, whereby students get direct educational exposure through online training by experienced faculty, generously contributed to by 12 super speciality hospitals in India and five similar hospitals in Africa. The university also encourages the participation of students in various health assessment endeavours that include school health assessment activities such as eyesight screening programme in primary and intermediate schools; hypertension and diabetes screening surveys through a district outreach programme; blood grouping and antibody screening as

an effort to recruit blood donors; organizing free mobile clinics for IDPs and anti-tobacco smoking and quitting khat-chewing awareness campaigns.

The university is also engaged in faculty and student internship exchange programmes with other universities as well as the exchange of external examiners. The major challenges facing the university include: limited number of highly qualified faculty to support the teaching programme; lack of nationally standardized curriculum; lack of training and capacity building opportunities for the faculty staff; limited capacity for undertaking health research and related tools such as e-library facilities and reliable internet connectivity; insufficient laboratory equipment and simulation skill training labs, especially in maternal and child health. Despite these prevailing challenges the university is committed to promoting community based and community oriented training in all its health programmes; promoting research as a major tool for knowledge generation for advancing evidence based policy and health action; building collaborative partnerships for reducing the severe gap in human resources for health and promoting inter-university exchange programmes and partnerships.

Amoud University, College of Health Sciences

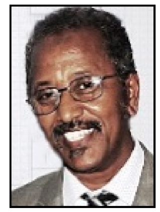
In his presentation Prof. Abdirashid Omar Ibrahim, Dean of the Dental School, outlined that the Amoud College of Health Sciences (ACHS) was a community-owned non-governmental, national University in Somaliland, open to all aspiring candidates who fulfil the admission requirements without discrimination based on sex, ethnic origin, creed or colour. Amoud University now has 14 faculties. It established its Medical School during the academic year of 2000-2001; the Nursing School in 2006; Dentistry School in 2009; School of Pharmacy in 2010; School of Lab Technology in 2010 and the School of Public Health in 2012. The cumulatively enrolled students by the ACHS in 2014 were 541. Three post-graduate schools in Family Medicine; Public Health and Nursing had also been founded in collaboration with partner universities. Since its establishment, the ACHS has so far produced 71 Doctors, 142 BSc Nurses, 24 dental surgeons, 4 diploma dental technicians, 18 lab technicians, 16 pharmacists, 12 nurse anaesthetists and 20 community midwives.

The curricula of ACHS are community-oriented and community- based. Accordingly, the college uses different training sites from community settings to primary healthcare MCH facilities and teaching hospitals that collectively give the students the opportunity to have direct contact with the communities they will be serving following their graduation.

Although the ACHS has made notable progress since its foundation, the college is facing several challenges that include: i) shortage of highly trained faculty that is being addressed through the recruitment and training of junior teaching staff and offering the opportunity of continuing professional development for the college faculty; ii) limited educational material and clinical skill laboratories and gaps in infrastructure development, problems for which efforts are being made to resolve; iii) limited research capacity, currently being addressed by developing a research policy, emphasizing on research capacity building with attention to quality and research ethics through collaborative partnerships.

ACHS is also closely working with the health authorities through its active engagement in the formation of the national Somaliland Health Professional's Council, the regulation of health professionals training programmes and the accreditation of educational institutions. ACHS is engaged in numerous partnerships both in academic training and in the development of post-graduate and research programmes. One such programme includes community training and service delivery in partnership with SSRA and in collaboration with Dalarna University through a master's degree in reproductive health.

Galkayo University, Faculty of Medicine

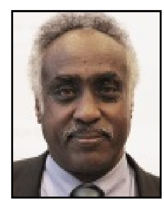


Prof. Abdulkadir Mohamed Shirwa, Dean of the Medical College, who represented the Galkayo University, emphasized its status as a public-private-non-for-profit institution, founded by the Mudug Foundation for Education Development (MUFED), registered with the Charities Commission in the UK. The founders predominantly comprise overseas Diaspora groups residing in different countries of the world. The university is conducting several health science degree courses that include a Bachelor of Medicine and Bachelor of Surgery (MBBS); Nursing; Midwifery; Laboratory technology and Public Health with a cumulative enrolment of 163 students.

Among the numerous challenges facing the university is the scarcity of sufficient resources to effectively meet its academic, infrastructure and administrative needs; limited number of qualified faculty, a major impediment that needs to be addressed; insufficient access to IT connectivity and hence to internet based learning facilities; inadequate campus infrastructure and teaching hospital facilities and weak teaching aids such as the lack of a well-equipped library facility, causing real constraints on the education system.

The university urgently requires the establishment of research training and pursuit of research implementation through national and international collaborative partnerships. The latter will enable the university to address the local health problems and existing knowledge gaps in the health system. The implementation of such programmes would positively contribute to the health status of the population. GU is anticipating that following the Umeå seminar, joint collaborative research and training initiatives will evolve with the participating Swedish academic institutions, with the expectations of launching capacity building programmes that include online master's and Ph.D. degrees courses. The forging of research training through collaborative partnerships with Umeå University and with other Swedish institutions will be strongly welcomed especially in the field of medical education, community health programmes and operational research.

Puntland University of Science and Technology (PUST)



Prof. Mohamed Hussain Aden, Dean of the Medical College, described the Puntland University of Science and Technology (PUST) as a not-for-profit-community-owned higher education institution, established in 2004 by intellectuals and scholars from the region. The university brought together four tertiary education institutions in the Mudug-Puntland region under a single governing body with the shared commitment to establish a robust education institution, providing quality education and professional training skills and undertaking research to better address the developmental needs of the region. The vision of PUST is to become an innovative center for higher education nurturing knowledge, research and human resource development. The PUST institutional mission aims at promoting, preserving, delivering and disseminating quality education, training and research, and pursuing the development of creative technologies producing graduates with sound problem solving technical skills and moral values to serve their society.

The health science courses provided by PUST include medical education, to be re-launched in 2015, as well as diploma courses in midwifery and medical laboratory technology. The academic education of the health sciences and other social science colleges is complemented by the Pan-African e-Network Project of on-line training, donated by the Government of India. The challenges faced by the university include the limited physical infrastructure; the inadequate remuneration of the faculty staff and the limited student population as well as the absence of international collaborative partners' support.

Session B: Somali Development Cooperation – Past and Present

Moderator:
Dr. Lennart Freij

Co-moderator:
Dr. Maryan Qasim

The previous Sida/SAREC programme, its results and legacy

This joint presentation by Dr. Annika Johansson, senior researcher at Karolinska Institutet, and Prof. Khalif Bile drew attention to the guiding principles, organization, planning and implementation of the Somali – Swedish research collaborative program 1980-1992, as well as the results that were achieved.

SAREC Research Engagement Principles

SAREC, The Swedish Agency for Research Cooperation with Developing countries, was established in 1975 as an independent government agency under the Ministry of Foreign Affairs, with the mandate to strengthen research capacity in low-income countries and internationalize Swedish academic research. SAREC support to research collaboration with Somalia started in 1980/1981 and formally ended in 1991/92. This support was extended for a few more years after the civil war to allow the remaining Somali researchers enrolled in training programs to complete their academic degrees. SAREC investment into this venture was estimated at approximately 60 million Swedish Crowns.

SAREC's research support principles constituted a definite departure from the old colonial legacy, whereby research issues were unilaterally delineated by outside partners, and the data collected by local 'field assistants' were shipped and analysed in overseas laboratories, resulting in unilateral gains of knowledge, dissemination and publication of research findings. In this scenario, resources and areas for research were heavily bent to the interests of wealthier countries, as corroborated by the Commission on Health Research for Development, who drew attention to the fact that only 10% or less of the global resources for health research are being addressed to the health problems predominantly afflicting the poorest 90% of the world's population, later referred to as the 10/90 gap.

The SAREC research cooperation instead aimed at creating equitable research partnerships, where all participating institutions were to equally harness the benefits of these jointly ventured research programmes through research training, institutional capacity building, and career development as well as in the use of the research outputs and outcomes. Accordingly, SAREC's mission aimed at rectifying the unequal balance in research capacity enhancement, by empowering low-income countries to define and carry out research relevant for furthering their national development. Hence, the key objectives of the SAREC international research collaboration was to increase national research capacity; enable countries to prioritize, plan and carry out relevant research to bridge the gaps between knowledge and practice; build up long term institutional collaboration with focus on the needs of the collaborating institutions, founded on the principle of equal partnership; facilitate participation in international scientific cooperation; promote a 'sandwich' approach for research training by allowing researchers to maintain their institutional affiliations and collect data for research in their home country, while becoming exposed to Swedish research environment and training, as well as the promotion of gender equality. The high level of success achieved in the SAREC-SOMAC research cooperation could to a great extent be attributed to the strong adherence to the above outlined values and principles.

Modalities of Research Collaboration

SAREC's counterpart in Somalia was the Somali Academy of Sciences and Art (SOMAC). A collaborative agreement was concluded in which the areas of research were defined by the participating Somali institutions. The agreement was also approved by the Ministry of Higher Education and Culture (MOHEC) that organizationally administered both SOMAC and the Somali University colleges. Defining the research areas was a step-by-step process, where initially the Somali institutions defined their priority research needs and SAREC identified the suitable Swedish collaborating institutions. This was followed by exchanging visits between Somali and Swedish partner institutions and the nomination of lead Somali and Swedish research coordinators for the research areas finally deliberated for joint research collaboration. A major component of each programme was the research training, imparted to participating Somali academics. Research funds were managed by Swedish institutions and channelled to the Somali counterparts to cover the local expenses of research implementation. Each project was commonly funded for three years and extended if necessary after a joint SAREC –SOMAC follow-up assessment was made.

Topics of supported SOMAC-SAREC projects included: parasitology with focus on malaria and visceral leishmaniasis; sexually transmitted diseases; liver disease with focus on hepatitis viral infections; primary health care with special attention to epidemiology, maternal and child health, nutrition & reproductive health; clinical pharmacology; medicinal plants; archaeological research; camel research with focus on diseases, reproduction, milk processing and feeding; Somalia's cultural heritage and women's research and documentation, including female genital mutilation.

The research collaboration process pursued the sandwich approach that enabled the Somali researchers to maintain their full integration in their institutional development plans, during their enrolment in the different research collaborative programs. This has strengthened the local institutions' research management capacity by creating several departmental research groups and engaging both the faculty and technical staff of these academic units, contributing to wider institutional development, in addition to the planned post-graduate training programs. Emphasis was also directed on the quality of field work with supportive supervision, while offering opportunities for research training in the Swedish high standard academic institutions. Extensions were also offered to researchers after the eruption of the civil war in the country, to allow them complete their study programmes.

Somali and Swedish Partner Institutions and Academic Achievements Attained

The SOMAC-SAREC Research brought together a range of Swedish and Somali Institutions. The participating Swedish institutions included the Nordic Africa Institute, Uppsala; Veterinary Medicine, Uppsala University; Department of Epidemiology and Health Services Research, Umeå; National Bacteriological Laboratory (SBL), Stockholm; Division of Gastroenterology, Huddinge, Karolinska Institutet (KI) ; Department of Pharmacognosy, Uppsala University; Clinical Pharmacology, KI; Department of Infectious Diseases, KI; Medical Microbiology, Göteborg University and Department of Infectious Diseases, KI, Stockholm. The Somali partner institutions included the Faculties of Medicine, Veterinary, Agriculture and Chemistry of the Somali National University and the Somali Academy of Science and Arts (SOMAC). During the decade-long period of research collaboration the number of successfully defended master's degrees and doctoral theses were 11 and 12 respectively, while about 40 Somali researchers and other health professionals gained skills through their participation in the different technical activities organized by the program.

This collaborative health research covered a range of health system domains from service delivery, health technologies, social and behavioural factors and priority epidemiological aspects of the health care system. Many of these research outputs have contributed to the health system strengthening such as promoting the concept of primary health care in the country, essential drugs' management, setting the evidence basis for introducing the hepatitis B vaccine in the EPI, enhancing capacities for malaria prevention and control etc. These collaborative efforts have illustrated the importance of linking research with action in the public health sector.

Contribution of International Organizations and Donor Partners to the Somali Health System

The presentation on this topic had been jointly prepared by Dr Marian Warsame, Dr Hinda Jama and Dr Humayun Rizwan,WHO (attached to HQ, EMRO and Somalia Country Office). It was delivered by Marian Warsame, who briefly outlined the key programmatic areas supported by the different development partners that include:

The Somali Joint Health and Nutrition Programme (JHNP): The JHNP which runs from 2012 to 2016 forms the basis of implementing the Essential Package of Health Services (EPHS) in the assigned nine regions. JHNP addresses all the six health system building blocks for health system strengthening, with emphasis on national ownership. The JHNP estimated budget outlay amounts to US$ 236 million, contributed by UK's DFID, the Government of Sweden, AusAID, USAID and the Government of Finland, in which UNICEF is the Administrative Agent, while UNICEF, WHO and UNFPA along with several international and local NGOs act as the JHNP implementing partners.

Global Alliance for Vaccines and Immunization (GAVI): The GAVI programme supports the Somali Expanded Programme on Immunization (EPI) and has a health system strengthening component. This includes the training and deployment of Female Community Based Health Workers (FCBHWs) to improve the access of rural populations to essential and integrated community based services. The GAVI financial commitments for 2001-2017 are estimated at about US$ 21 million.

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): The GFATM supported programme is an integral component of the essential services to be delivered by the health system. The allocation is estimated at about US$191 million during 2004-2013. To secure better health outcomes for HIV, tuberculosis and malaria, GFATM funds were also used to support health systems' strengthening that includes the enhancement of laboratory services and blood safety, leadership and management capacity as well as access to and appropriate use of good quality essential medicines. GFTM implementation is jointly carried out by the national health authorities, WHO, UNICEF and a number of international non-governmental organizations (NGOs).

Common Humanitarian Funds (CHFs): These are humanitarian pooled funds that provide early and predictable funding to NGOs and UN agencies for their response to critical humanitarian needs.
By the end of 2013 the total of US$ 262 million was mobilized from 16 partners of which 6% were allocated for the health sector between 2010-13 of which UNICEF received 78%; WHO 18% and UNFPA 4%.

Health System Building Blocks:

The supported six building blocks that contribute to the strengthening of health systems include:

- Delivery of health services**:** In service delivery, WHO provides special support to the establishment and operations of blood banks and referral laboratory services, while UNICEF supports the rolling out of EPHS in seven of the nine JHNP targeted regions. UNICEF is also providing support through the JHNP to 42 communities in Puntland and Somaliland that have declared abandoning the Female Genital Mutilation (FGM) practice in 2012. UNFPA on the other hand is supporting maternity waiting homes, FGM eradication and Comprehensive Emergency Obstetric Care, while the GAVI and Global Fund programmes support the EPI and the control of HIV/AIDS, Tuberculosis and Malaria.
- Health Workforce**:** WHO has extended its support through the JHNP, in conducting Human Resource for Health assessments in Central and South Somalia and in Puntland both completed in 2013, along with the development of related HRH policies and strategic plans. WHO also supported the establishment of the National Health Professions Council in Somaliland, where the registration of 964 health professionals from different cadres was completed. WHO has led the planning and the implementation of the national grass root female community based health workers' programme

(FCBHWs) across the three zones through GAVI support, with the training of 200 FCBHWs known as “Marwo Caafimaad”. Moreover, WHO is supporting a nine months diploma course for doctors in emergency obstetric care and anaesthesiology. With JHNP resources, UNFPA provided support to 11 midwifery schools in all the three zones, while UNICEF has trained 120 health workers on maternal and child health services and 134 master trainers and 103 partners on integrated management of malnutrition. UNICEF has also led the national review of health workforce compensations including salaries, incentives and benefits.

- Health information System**:** In this area, WHO support covered the development of the Monitoring & Evaluation Framework of the Health Sector Strategic Plans and Joint Annual Review in the three zones; assisted the undertaking of a maternal mortality study in Somaliland and baseline survey of the South Central Zone. UNICEF has completed the review of EPI and maternal health in both Puntland and Somaliland and developed a mechanism for the performance review of EPHS implementation. The GFATM has also supported the strengthening of the Health Management Information Systems (HMIS)
- Medical Products and Technologies**:** UNICEF provides essential medicines, vaccines, supplies and nutrition commodities and ensures that sufficient vaccine stock is regularly accessed for all the Somali children with the establishment of an effective cold chain system in all the three zones. Moreover, WHO assisted the development of ‘Standard treatment and clinical guidelines and the formulation of an ‘Essential drugs’ list’. The organization has also ensured the provision of reagents and supplies for blood transfusion centres and laboratory services and established a referral laboratory in Mogadishu, while UNFPA is providing reproductive health commodities to all the regions covered by the JHNP programme.
- Leadership and Governance**:** WHO supported the health authorities in developing and endorsing the Somali Health Policy in 2014, the EPI policy in 2014 as well, and provided the necessary technical support in developing leadership and management capacity plans. In this regard, nine senior managers from the three Ministries of Health are supported to pursue master's training in public health. WHO in collaboration with IOM is supporting the health authorities with placement of senior advisors for institutional capacity building. Moreover, WHO and UNICEF have jointly supported the development of Health Sector Strategic Plans and Annual Work Plans of the three zones in 2013; strengthening health and nutrition sector coordination mechanisms at national & zonal levels; developing Nutrition Plans of Action for all three zones as well as a Micronutrient Strategy; setting a Policy on FGM eradication that was approved by Puntland in 2014. UNFPA completed the revision of Reproductive Health Strategy in 2014 and provided technical assistance on Reproductive Health issues for all the three zones.
- Health financing**:** The mobilization of adequate financial resources for the health sector is compulsory to ensure that people can access affordable and quality services. In the case of Somalia, the health sector is predominantly dependent on donor financing, diaspora support or through out-of-pocket expenditure. Health sector financing increased from US$23 million in 2000 to US$103 million in 2009 and to approximately $157 million in 2013. In recent years, government revenues have shown some improvement but this remains to be significantly short of what is needed for both routine operations and capital investment. The cost of maintaining security and salaries of staff absorb the bulk of government revenues with insignificant resources left for the development of this vital social sector. Moreover, the financial management capacity is generally low with high fiduciary risks, requiring robust financial tools, systems and policies to be developed.

The Somali Diaspora as a resource in Somali health development

The first presentation on this topic was made by Dr Kadigia Ali Mohamed, based at the University of Rome. The aim of her presentation was to share a direct experience reflecting the Somali Diaspora contribution in complementing the locally implemented health interventions in the area of maternal and child care and bringing specific institutional capacity building and technical support to the vulnerable population groups such as the internally displaced persons. The presenter shared the implementation of these interventions in Hargeisa, Somaliland, with focus on MCH services aiming to reduce maternal and child mortality among these deprived communities. In this regard, two MCH centres were selected and

partnerships established with local community leaders and health professionals operating these facilities. The selection of these collaborative interventions was the result of a rapid needs assessment process carried out in close coordination with the local partners. These inputs improved the physical structures of these facilities and provided equipment and training of the health staff in modern obstetric and neonatal techniques to improve the quality of health services in these catchment areas.

The project was carried out by three Somali diaspora female doctors in partnership with the local health personnel. These female doctors consisted of a specialist in community medicine and public health, who acted as the team coordinator; a specialist in gynaecology and obstetrics and a specialist in paediatrics who covered the training in obstetric and neonatal techniques for the health staff of these facilities. This intervention showed that Diaspora health professions can effectively contribute when these interventions are carefully planned with local health partners and in close interaction with responsible community leaders. These interventions were built on the ongoing local work introducing wider collective accountability and transparency. The health authorities and Medical School of Hargeisa University were equally engaged.

The second presentation, by Dr Yakoub Aden Abdi, Karolinska Institutet, gave a further outline of the important role of the Diaspora in the Somali post-conflict recovery and development processes, corroborated by the UN Development Programme estimating that over 1.2 billion US$ being sent back in remittances annually by the Somali Diaspora living in North America and Europe, in addition to the regular transfer of knowledge and technical skills. The presentation illustrated also the tangible qualified Somali Diaspora technical support that the Migration for Development in Africa initiative (MIDA) brings to the country. MIDA is a programme for capacity-building, targeted to countries in Africa and aiming at promoting development through the participation and support of professionals from the Diaspora. It is operationally facilitated by the International Organization for Migration (IOM). About 32 different national institutions have benefitted from these Diaspora experts, where the highest recruitment was for the health sector.

Subsequently the presenter illustrated the intervention models pursued by SSRA, where senior Somali Diaspora and Swedish health professionals have implemented several health projects that are aimed to bring a notable contribution to the health related social behaviour transformation and improvement in the delivery of health services. The three interventions carried out by SSRA in close partnership with local national institutions are: a Female Community Based Health Workers' (FCBHWs) programme; a project aimed at eliminating Female Genital Mutilation/Cutting, both being implemented in Somaliland, and the holding of the First National Health Conference in November, 2013, in Mogadishu, all being funded by Forum Syd.

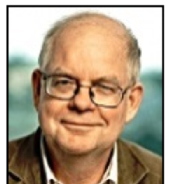
The FCBHWs' programme targeted mental health and maternal and child health. The programme produced remarkable results. 57 of 63 detected psychiatric patients who were initially kept in chains, were unchained, cured and reintegrated in the society. Moreover, 60 (94%) of the 64 detected children with epilepsy were made seizure free, while the remaining children have reduced their seizures. Hundreds of mothers were provided with health and nutrition education and linked to MCH centres to seek the necessary preventive and curative services. An external evaluation commissioned by ForumSyd/Sida recognized the project as an effectively planned and successfully implemented intervention that made important contributions to the wellbeing of the target population. This project is being implemented in close collaboration with Amoud University.

The Female Genital Mutilation (FGM) project is being carried out in collaboration with the Network against FGM in Somaliland (NAFIS), a local NGO with wide ranging experience on the subject and managing the operation of three centres for the elimination of FGM operations in Somaliland. Among the main activities carried out by NAFIS are public awareness building against FGM through mass media, social mobilization with focus on women and youth unions, dialogue with religious leaders as well as addressing policy and legislation issues relevant to the subject. The programme is also generating valuable knowledge and technical evidence through project supported operational research,

expected to support the effective implementation of the planned field activities. There is growing evidence of increased public awareness about the serious harms caused by FGM and a progressive reduction in the FGM trend in Somaliland. Dr Yakoub also outlined the SSRA contribution to the first Mogadishu health conference held in November 2013.

Key Note Speech:

Rebuilding Somalia: reflections on the role of academic institutions, Somali diaspora and information technology



Prof L. Gustafsson, Karolinska Institutet, delivered a well-received key note speech linking "Action for Somali Health Research and Development" to the Somali history and experience. He recalled his inspirational visits in Somalia between 1985 and 1987, encountering the booming and peaceful cities and beautiful beaches of the country. He labelled Somalia as a country that presently has taken a "*Glocal Approach*" where the global knowledge is presented to the local Somali context and making it beneficially meaningful to the larger population. A country in protracted conflict it yet endorses the globally available technical and information modernization, with the establishment of a large number of universities in the different regions of the country, with the explosion of the information technology and high mobile phone use, and with a large Diaspora community bringing international experience to their local communities.

Within this context, Prof. Gustafsson outlined the contributions made by Sida/SAREC in building the capacity of the Somali National University in Mogadishu, especially the Faculty of Medicine, through direct support to postgraduate training. Through this effort, his Division of Clinical Pharmacology, Karolinska Institutet successfully trained one of the Somali PhD students (Dr Yakoub Aden Abdi) in 1990 in critical drug evaluation that led to the establishment of a clinical pharmacology unit in Mogadishu in the autumn of 1990. The determination to build services for Rational Use of Medicines in the country was curtailed by the erupted civil war. This academic excellence has led also to the publication of "Handbook of drugs for tropical parasitic infections" co-authored by Yakoub Aden Abdi, Lars L. Gustafsson, Örjan Ericsson and Urban Hellgren, in two editions and still available to the users as an e-book. The Professor outlined that his clinical pharmacology research and training for Africa was first born in Somalia in 1985 through the SAREC experience and that 11 of his 18 PhDs were trained in tropical clinical pharmacology.

Prof. Gustafsson argued that Somalia could be seen as the home of the "glocal approach", which is reflected by its geographical position as a cross-roads for Europe, Middle East, Africa and Asia; the nomadic life style and the culture of dualism between collaboration and fight; the country's long history as one of the birthplaces of mankind; and the rapid adaptive capacity confirmed by writing the Somali language in Latin in 1973. Prof. Gustafsson holds the view that these characteristics substantiate the Somalia "glocal" opportunities, i.e. "Living locally-Influenced by the outside" constituting a strong foundation for peace and development and generating transparency by "influences" from subjects, institutions and other countries. Through their yearly financial remittances of close to two billion USD and technical, social and political contributions, the Somali Diaspora is a major bridge between local communities and the world, while academicians and universities provide a bridge between regions as well as global connections.

Through his presentation Prof Gustafsson affirmed that "Glocal Somalia" stands as an example for the world, the Somalia "glocal approach" reflects a nation with proud heritage that is concurrently prepared to look around. The Somali conflict evolution can show others how to transform a country into peace and prosperity, while the Somali academic institutions and academicians can show how a "knowledge approach" can form a future for all health professionals and PhDs from Somalia to link together across borders. The envisaged support to postgraduate research training i.e. providing methods and experiences and show what can work and what does not function, will enhance national

health development and research through this evolving dedicated international collaboration. This academic collaboration within Somalia and with the globe can become a role model for the country and help create hubs for innovations for both the public and private sectors. Most of these academic interventions were supported by the Diaspora, providing opportunities for long distance involvement, with attention being paid to needs, quality, affordability and on how to link universities to communities.

He outlined also how the Royal Institute of Technology (KTH) offered its collaboration in Information and Communication Technology (ICT). He underlined the power of ICT and mobile phones with the example that mobile phone subscriptions have jumped from 0.5 million subscriptions in 2008 to 6.1 million in 2015. He also noted that the extensive use of mobile banking in Somalia, the country could be renamed as “Silicon Valley of Banking”.

The establishment of the SomaliREN network linking Somali universities can be a driver ensuring the membership to Ubuntunet, the regional Research and Education Networking organization for Eastern and Southern Africa. The World Bank has demonstrated strong correlation between economic development and access to broadband. A university without net access will fail to grow and develop. Hence the need to increase awareness about the need for well-functioning networks, a concept that is low among African politicians, while the Somali President was one of founding members of SomaliREN in 2009. SomaliREN is a non-profit organization linking the major Somali higher education institutions, with the primary aim of promoting research and quality higher education as well as internet connectivity among its member institutions. It is currently facing shortage of resources and competences for which a supportive investment is urgently required.

In his final remark Prof. Gustafsson stressed on the "glocal" approach to promote transparency, quality and bridge Somali and international universities, prompted by the active collaboration between Swedish and Somali academic institutions focusing the investment on health and education. Through this approach the Somali population can show how a collapsed society can become an example for Africa and the world by making use of ICT and mobile phones to foster transparency and keep close contacts between Somalia home institutions and its diaspora and a range of international institutions including universities.

Session C: Expectations and opportunities for support and cooperation

Moderator:
Prof. Lars Weinehall

Co-moderator:
Prof. Abdirashid Omar Ibrahim

Views from Swedish agencies

Sweden's Cooperation with and Assistance to Somalia

In his presentation Mr. Sjöström, Head of the Somali section, Swedish Embassy, Nairobi, outlined the current Swedish technical cooperation with and assistance to Somalia that covers a period of five years (2013-2017) reflecting Sweden’s long term commitment in Somalia. The current Sweden development cooperation strategy aims at supporting the recovery and reconstruction of the conflict affected Somali society. The specific objectives of the strategy include: strengthening opportunities for the

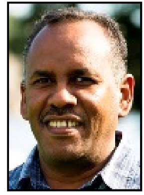
vulnerable population to withstand and manage the evolving crises by supporting the country's fragile democracy; strengthening respect for human rights and increasing employment opportunities. The Swedish technical assistance is focused on the following three areas:

- Human Security and Livelihood**:** This support is aimed at improving conflict resolution and enhancing reconciliation mechanisms at local and national level; increasing the number of people (particularly youth) with jobs that provide sufficient income to support themselves
- Democracy and Human Rights**:** This strategic area aims at increasing the number of people that gain knowledge and have the opportunity to act for improving human rights; enhancing capacity of local and central level institutions; providing basic services, the rule of law and opportunities for democratic participation; improving independence and journalistic quality in Somali media; and empowering women, including the enhancement of their participation in the political processes.
- Health and Gender Equality**:** The assistance in this component of the strategy aims at improving access to good quality healthcare, specifically by increasing the number of births being assisted by trained staff; increasing the number of children receiving the recommended vaccinations; increasing the number of people with access to clean drinking water and improved sanitation; exposing fewer women to gender based violence, including the effective mobilization of local communities renouncing female genital mutilation.

Mr. Sjöström also pointed out that the Swedish support to the Somali health sector is implemented through the Joint Health and Nutrition Programme (JHNP), a multi-partner intervention jointly supported by the Somali health authorities, the UN agencies i.e. World health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) and a number of donor partners (Sweden, UK, US, Australia, Switzerland and Finland). The programme is managed by the partners through the Somali health sector committee, and Somali health advisory board and implemented in line with the Somali compact/New Deal initiative with a focus on the six health systems building blocks.

Other technical areas for consideration include Sida support for the promotion of safe water, sanitation and hygiene (WASH) by assisting the relevant ministries, improving coordination and integrating the efforts to complement the ongoing health and nutrition interventions. The interface between WASH humanitarian emergency interventions and the WASH supportive role in determining social resilience and development is being considered. Avenues for engaging the private sector during this technical assistance will also be explored. The Swedish-Somali collaborative programme is providing support to the following additional programmes: Dalarna University's programme in support of the Midwife Master course in Somaliland (2014-2015); the International Organization for Migration (IOM) secondments programme of Diaspora technical consultants for the Health sector 2014-2016, through the Migration for Development in Africa (MIDA) initiative; Forum Syd programme in Somalia 2014-2017 in support of health and gender issues; support to the construction of MOH offices in synergy with the ongoing support to JHNP; and the construction of Ministry of Finance offices in synergy with the ongoing World Bank support.

Presentation from Forum Syd: Supporting the Somalia Diaspora Programme



A concise presentation of Forum Syd's Somali Diaspora programme was given by project officer Mr. Saif Omar. Its aims are to encourage the Somalis residing in Sweden to actively participate in their homeland's recovery and development both at community and national level. Forum Syd has been working with the Diaspora organisations in Somalia since the 1990´s. Through Forum Syd supported interventions, the Diaspora groups are expected to actively engage in community awareness, building, transferring knowledge and experience and promoting human rights, civil society capacity development and gender equality. The programme focuses on empowering the underprivileged community groups, particularly woman and youth.

Forum Syd eligible applicants are the Somali Diaspora voluntary and non-for-profit organizations, based and registered in Sweden, as well as, Swedish Organizations focusing on migration and

participation of the Somali Diaspora. Forum Syd is currently in the phase of establishing its own in-country offices, where its new three-year programme will substantially focus on capacity development interventions as well as on peace building processes. Forum Syd encourages the undertaking of public/private partnerships; where Diaspora funded projects are meaningfully participating in local community development programmes, harnessing the private sector competencies, raising the programme outcome gains and the sustainability levels that would be achieved.

Views from Swedish Academic Institutions

University of Dalarna

This presentation by Dr. Marie Klingberg, on behalf also of Ms Fatumo Osman, from Dalarna University, gave a brief outline of its Sida funded project in Somaliland. The midwifery master's programme addresses new trends in teaching that use modern pedagogical methods, and information and communications technology (ICT). Over the last 15 years, Dalarna University (DU) has been developing and implementing web-based education in its higher education and research, termed as "Next Generation Learning" (NGL). The use of NGL has allowed 24 master students from Amoud and Hargeisa Universities in Somaliland, to enrol in a web-based master's programme in Sexual and Reproductive Health with support from DU. They will take their examination in August 2015, having over the course of two years developed their skills and ability to teach evidence-based maternal and new-born care. Their competencies will be useful in strengthening midwifery through investment in the training of future midwives. The increased number of midwives educated as a result of this initiative will mean a cost-effective, affordable and sustainable solution that will reduce both maternal and new-born mortality and morbidity.

The main objective is to develop a model for web-based learning using ICT in order to rebuild capacity within midwifery training institutions in Somaliland. The model may be applicable to other conflict-and- post-conflict settings where access to higher education is poor for security reasons. Another component is to explore, promote and safe-guard the sustainability of the development of the midwifery profession and education in Somaliland. The long-term goal is to increase the number of appropriately trained and qualified midwives who will contribute to strengthening the workforce and reducing maternal and new-born mortality in Somaliland. Being a post conflict setting, Somaliland caters for one of the highest maternal mortality rates globally. One key issue is shortages of qualified midwives and the urgent need to train midwifery educators who can teach evidence based midwifery care across the continuum of care. Due to the insecure situation, web based techniques and pedagogy would be of high importance to scale up the capacity building of midwifery education in post conflict settings.

Karolinska Institutet

In her presentation, Dr. Asli Kulane, mentioned that Karolinska Institutet was founded by King Karl XIII on 13 December 1810 through a royal decree about the immediate establishment of a ”college for the corps of field surgeons”. The name Medico Chirurgiska Institutet was established in 1811 and Karolinska was added in 1822. The winners of the Nobel Prize in Physiology or Medicine assigned under the terms of the will of Alfred Nobel, are nominated by the Nobel Assembly of Karolinska. Dr. Kulane, attached to the Department of Public Health Sciences and Public Health and Global Health, mentioned that this department has the vision of becoming the leading public and global health research and educational environment in Sweden, as well as an important international cooperation partner.

The department has 15 professors and 28 Associate Professors and researchers. Considering all stages of the chain of knowledge production i.e. surveillance of risk factors; intervention; implementation and follow up evaluation, the department covers a range of research areas that include: the millennium development goals, malaria, obesity, mental health, epidemiology and health systems research, reproductive health, medicines in the health system with focus on antibiotics, HIV/AIDS, disaster,

injuries' social aetiology and consequences, alcohol and smoking/snuff. In the area of social medicine the focus is on child and adolescent epidemiology and on equity and health policy. The conducted training programs include: master in public health epidemiology of two years and master in global health of one year as well as Erasmus Mundus master course in public health in disasters of one year duration. The Dept. of Public Health Sciences enrols 71 PhD-students from 18 countries, of which 66% are women who take part in multidisciplinary research groups. In the years 2010, 2011, 2012 and 2013 the number of completed dissertations were 19, 31, 24 and 23 respectively, while the number of registered students for the same period were 12, 13, 18 and 9 respectively.

A considerable number of Somali health scholars have completed their master's and doctoral degrees in KI through the 1980s SAREC-SOMAC joint collaborative programme and a number of these scientists are currently working in responsible research, public health and clinical care positions around the world. The Dept. of Public Health Sciences is maintaining research collaboration with Somalia through the work initiated in 2013 in partnership with the Medical faculty, Benadir University, with focus on mapping the Somali health care system contacting the different key stakeholder categories.

University of Uppsala

In his presentation Prof Lars Åke Persson, Department of Women's and Children's Health, Uppsala University, reiterated the strong link, in terms of mission and objectives, of this seminar with the past research collaboration between Sweden and Somalia. He described how this was accurately envisioned and recorded in a manuscript, reflecting the earlier jointly accomplished community based health research programme, entitled “Health problems and potentials for change in a rural African Community”. Eleven Somali and nine Swedish researchers participated in this former collaborative research project. The research was conducted longitudinally in a community setting in two rural villages of the Lower Shebelle Region of Somalia. Through this experience, a number of studies were carried out commencing with a socio-anthropological study to recognize the voices of the community members that would be critically relevant to the other studies. This was followed up by a demographic surveillance performed together with local community leaders, which provided priority demographic data and a sampling frame for the commissioned studies. A child health study was then carried out, focusing on child feeding, growth, morbidity and mortality. A reproductive health study addressing gender equity was also implemented in the catchment areas of these two communities.

During these 10 years of research collaboration, extensive experiences of research design, field research methodology, epidemiological analysis and reporting were regularly gained. Discussing the results of the research with the community was an important component of this initiative. Moreover, the research programme entailed a range of activities involving general capacity strengthening, research training, problem identification, planning, study design, field work, analysis and documentation, dissemination and mobilization, intervention and evaluation activities as well as Master's and Doctoral training schemes. A major characteristic of this collaborative programme was to conduct research to find out the way forward with a focus on local health system research priorities, while placing emphasis on training a critical mass of health professionals through a "sandwich" high academic training programme. Prof. Persson concluded that learning from this positive experience should guide our future efforts aimed at reviving the Somali-Swedish research collaboration in the evolving post-conflict recovery of the Somali health sector.

Lund University

Maria Emmelin, Professor of Social Medicine and Global Health, gave a brief about Lund University, presenting it as one of Europe’s leading Universities, founded in 1666 and currently having 7,500 employees, 820 professors, eight faculties, several campuses with a total of 47,000 undergraduate students and 3,200 doctoral students. The university is organized into the faculties of Engineering; Science; Law; Social Sciences; Economics and Management; Medicine; Humanities and Theology and Fine and Performing Arts. Lund University pursues a growing trend of internationalization with

an overall evolving strategy to increase its collaboration with African universities by enhancing the possibilities for research collaboration as well as student and staff exchange. The international PhD students enrolled in the Faculty of Medicine have attained their undergraduate degrees from 58 different countries from all continents. The faculty of Medicine also runs a Master's Programme in Public Health hosted by the Unit of Social Medicine and Global Health.

The research group of the unit is engaged in studies within the fields of health inequity, health systems, health policy and social epidemiology, carried out by a group of 12 researchers/post-doc/professors, 10 PhD students, and seven administrative/technical staff. The research addresses topics such as work stress and health, migration and health, health economy, mental health, social capital and health, disability and health, sexual and reproductive health and rights, maternal health, alcohol prevention and policy and violence against women. Research projects are being implemented in different countries such as India, Cambodia, Bangladesh, Tanzania, Uganda, Nigeria and Lebanon. The Lund University International Training Program in Sexual and Reproductive Health and Rights (SRHR) of 2014-2018 will engage researchers from eight African and four Asian countries and will enable these students to have part of their training at Lund University. An area for possible joint collaboration with Somali universities is Health Systems Research (HSR) where Lund could partner with the division of Epidemiology and Global Health in Umeå. They have a joint interest for example, on health systems performance analysis focusing on international comparisons of health systems and financing as well as on studies of equity in health financing especially the distributional impact of health payments on households. A specific area of interest concerns analysis of provider payment systems and management of health care providers, including contracting and performance management.

Session D: What Next?

Moderator:
Prof.Stig Wall

Co-moderator:
Prof. Khalif Bile

This session aimed at an interactive debate on the way forward, a collective process engaging all participants in group work and a concluding plenary discussion and the agreement on action to be taken.

Prof. Wall and Prof. Khalif Bile gave a brief introduction to the group work sessions. The participants were informed about the working groups to be organized to generate key recommendations that would contribute to the final statement. The three priority areas identified for the working groups' discussion are outlined below.

The participants were divided into six working groups, each with a mixture of persons from different backgrounds to discuss three activity areas that had gained the focus during the seminar proceedings, namely the health services, the community and the academic institutions. Each area was addressed by two working groups with the consideration of potential opportunities for cooperation as outlined below:

- **Delivery of Health Services:** The assigned groups discussed the challenges faced by the Somali health system within the framework of its six building blocks of service delivery; health workforce; medicines, vaccines and technologies; health information; governance and financing. The groups recognized the imperative of universal health coverage as the ultimate goal for achieving the Millennium Development Goals and post-2015 development agenda. The groups gave priority to interventions to attain the above targets and reduce the glaring inequity in health. They focussed on

health workforce training and capacity building, identifying the knowledge gaps that need evidence for action through operational research, promoting national action and international cooperation.

- **Community Dimensions of the Health System:** The two groups assigned to this area realized that over 65% of the Somali population are of rural and nomadic origin, and that ensuring the full access to the services outlined in the Essential Package of Health Services (EPHS) programme is a formidable task. Priority should be given to action at the grassroots level, with obvious training and capacity building needs. A research agenda is needed to bridge the existing knowledge gaps for evidence based practice, and the necessary opportunities for international cooperation.
- **Academic Institutions:** The groups assigned to this task addressed the situation of the academic institutions .They emphasised the lack of undergraduate or post-graduate curricula frameworks, regulatory councils, and absence of accreditation reviews of academic institutions on pre-set quality standards. The groups also deliberated on the training and capacity building needs for effective professional performance, the need to develop university research capacity, the need to forge collaborative partnerships as well as the organization of research training and development of a medium and long term university level research strategy.

To facilitate the work process the groups were advised to summarize their recommendations in matrices, illustrating the priorities they set for each component; the training and capacity building needs required and proposing the corresponding agenda for future research and health action. The group work deliberation outputs were then shared in a plenary for further discussion and consensus building, and the products of this very efficient collective exercise were incorporated into the final statement of the seminar. The table below illustrates a matrix where the key points addressed by the working groups are briefly outlined.

GROUP WORK SHEET AND OUTCOME			
Activity Areas for Group Discussions	**Important Issues and Actions to Consider**		
	Setting Priorities	**Training and Capacity Building Needs**	**Knowledge Gaps and Research Needs**
Groups I and II: Delivery of Health Services	• Accountable, high quality, and well regulated health systems. • Strong focus on reproductive, maternal and child health, mental disorders and communicable diseases.	• Enhanced and continuing education for all health workers. • Need for a strong cadre of female community-based health workers.	• Operational and evaluative research. • Situational analysis of service delivery needs.
Groups III and IV: Community Dimensions of the Health System	• Provision of universally accessible and acceptable health services. • Health services should be 'owned' by the community • Pregnant women, children under-five, people with mental disorders and the disabled.	• Training of traditional birth attendants, community health workers (in particular women), and managers • Lessons learned from other post-conflict settings.	• Perceived health needs of the community. • Social determinants of health, particularly water and sanitation, security, food, and education, health-seeking behaviours and community health financing. • Social and anthropological research methods.
Groups V and VI: Academic Institutions	• Foster links between health research, policy and practice. • Sida should define Somalia as a priority country for research cooperation. • Revive the Somali-Swedish sandwich research training programme.	• Harmonisation of educational curricula. • Mapping and coordination of all the stakeholders (local as well as foreign). • Accreditation of academic institutions involved in training health professionals • Build Sustainable research collaborations involving international partners and members of the Somali Diaspora, based on long term funding commitments.	• Strengthen academic research capacity is required, from Bachelors through to post-graduate level. • Engage in vocational and mid-level health professional training. • Establish a health and demographic surveillance system as a platform for research.

Group work chairs and rapporteurs			
Activity Areas for Group Discussions	**Group No**	**Chair**	**Rapporteur**
Delivery of Health Services	I	*Maryan Qasim*	*Annika Johansson*
	II	*Lars Gustafsson*	*Yakoub Aden Abdi*
Community Dimensions of the Health System	III	*Abdirizak Ahmed Dalmar*	*Lars Weinehall*
	IV	*Lars-Åke Persson*	*Marian Warsame*
Academic Institutions	V	*Deria Ismail Ereg*	*Maria Emmelin*
	VI	*Marie Klingberg*	*Hinda Jama Ahmed*

Session E: Concluding Session

Adoption of the Conference Statement

The assigned drafting team presented the final statement of the seminar at the closing plenary session. Its secretary, Dr John Kinsman, EPIGH, read the draft statement, which was endorsed unanimously. The seminar statement affirmed the shared commitment to revive the Somali Swedish research cooperation of the 1980s and early 1990s to strengthen the training and research capacities of the Somali academic institutions and the local public health system. The seminar statement provides concrete guidance on the steps that the Somali health sector need to undertake to promote action for Somali health research and development. It was envisaged that the statement would be circulated widely and that it would get effective implementation.

Final remarks and closure of the seminar

In the closing session the meeting was addressed by four distinguished representatives. Dr. Maryan Qasim, Advisor to the Prime Minister of the Federal Government of Somalia and former Minister for Human Development and Public Services, lauded the efforts made by the seminar's organizing core team and the rest of the participants in bringing the seminar into success and commended the Sida/NAI sponsorship; the SSRA proactive role and the Umeå University, Unit of Epidemiology and Global Health for their outstanding contributions and support. Dr. Maryan Qasim called upon the participants to take this very timely collaborative mission forward.

Dr. Marian Warsame, the President of SSRA also spoke on the occasion, reiterating the value of this partnership and the imperative to move it forward, especially when the Somali population is ambitiously embarking on post-conflict recovery and institution building, substantiating the envisaged action for Somali Health Research and Development.

Prof. Anneli Ivarsson, Head of the Unit of Epidemiology and Global Health, Umeå University, congratulated the participants to a successful seminar and commended the vision and mission of revitalizing the Somali and Swedish health research cooperation. Prof Ivarsson hailed the adopted final statement of the seminar and hoped it would translate into the development of new collaborative partnerships between the Swedish and Somali academic health institutions, fully supported by Sida, in the framework of health research and public health action.

The closing remarks to the seminar participants were delivered by Professor Lena Gustafsson, The Vice-Chancellor of Umeå University, who expressed her satisfaction to the Swedish and Somali organizations and academic institutions who participated in the proceedings of this historical seminar. In particular she thanked Prof. Ivarsson and her EPIGH team for effectively hosting this important seminar. Prof. Gustafsson reiterated her university's strong support to this initiative and urged all partners to work together to promote this partnership.

Acknowledgements

We are grateful for the financial support from the Swedish International Development Cooperation Agency (Sida) via the Nordic Africa Institute as well as from the Department of Public Health and Clinical Medicine, Unit of Epidemiology and Global Health and the Centre for Global Health Research at Umeå University. Without this support it had not been possible to organise the seminar and secure its formal outputs so far, the collectively produced Statement and this report.