SOMALI-SWEDISH RESEARCH COLLABORATION FOR HEALTH ON HEALTH RESEARCH IN FRAGILE STATES

THE SDGS' HEALTH TARGETS CHALLENGE IN THE FRAGILE CONTEXT OF THE SOMALI HEALTH SYSTEM:

THE IMPORTANCE OF RESEARCH FOR BETTER HEALTH CARE

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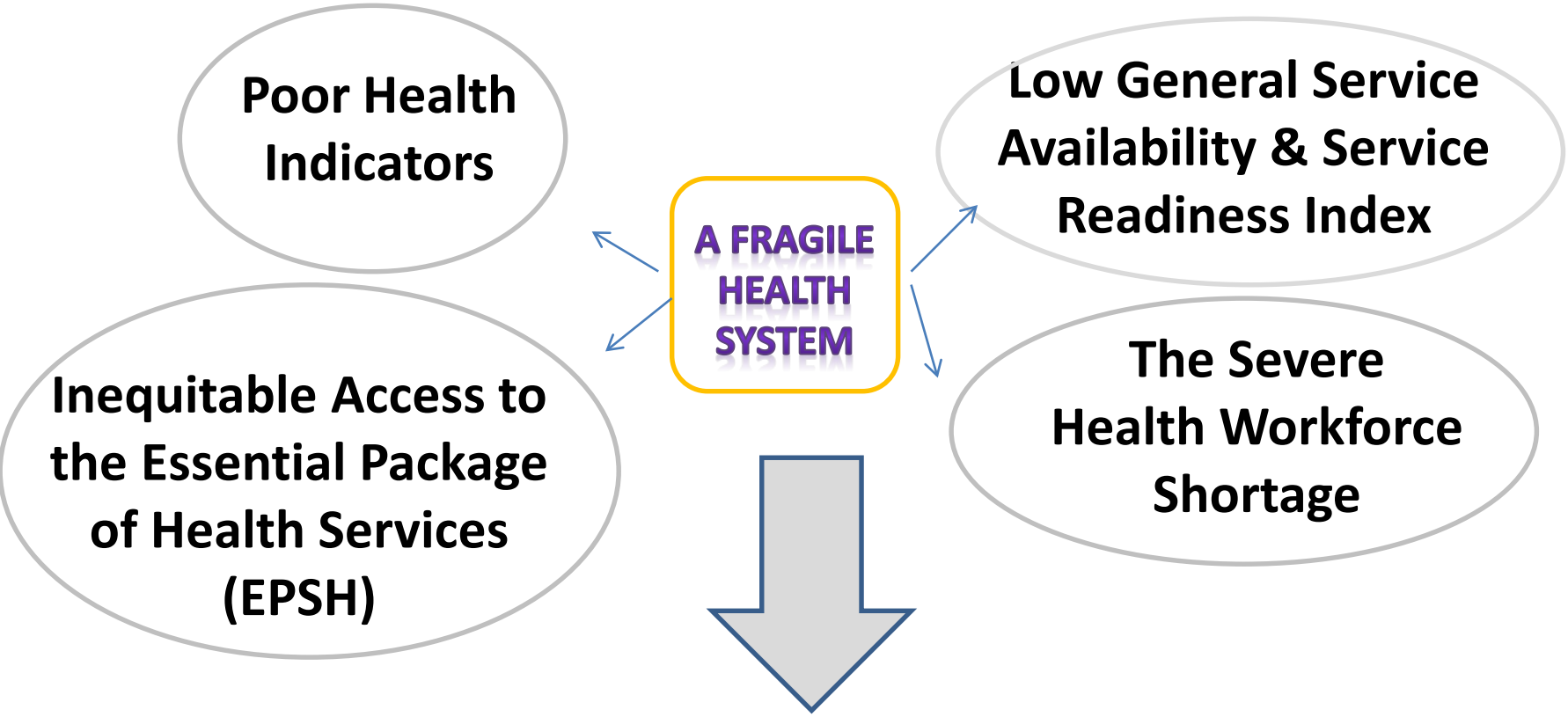
THE CHALLENGES ENCOUNTERED BY THE FRAGILE HEALTH SYSTRM AND THE LACK OF CONTEXTUAL EVIDENCE BASED PRACTICES



NO EFFECTIVE INTERVENTIONS COULD BE SUCCESSFULLY MADE WITHOUT KNOWING THE UNIQUE AND SPECIFIC NEEDS OF THE LOCAL CONTEXT

I. TWO AND HALF DECADES OF POOR HEALTH INDICATORS

Variables	Health MDGs			Health SDGs	
	Baseline 1990	Acheived 2015	Target 2015	Baseline 2017	Target 2030
Mortality per 1000 LB					
❖ Neonatal Mortality R.	45	40	**15**	40	12
❖ Infant Mortality Rate	132	85	**44**	Not Monitored	
❖ Child Mortality Rate	180	137	**60**	137	25
MMR per 100,000 LB	1010-1400	732	**300**	732	70
Combat HIV/AIDS, Malaria & TB	Halt & Reverse/ Epidemic Incidence			End Epidemic	

I. TWO AND HALF DECADES OF POOR HEALTH INDICATORS

Tuberculosis

- Annual incidence **290/100,000**
- Prevalence of 513/100.000 Pop
- MDR-TB: **5.4% in new cases & 46.4** in previously treated cases & Deaths 75/100,000 pop

Malaria

- **700,000 Falciparum cases every year** and about 4400 deaths
- Malaria Epidemics **spreading to areas of low endemicity**

HIV/AIDS

- HIV Incidence per 1000 pop. all ages 0.17
- Prevalence 0.5%
- **High risk groups 5%**
- **Patients on ART 11%**

These Epidemics Kept steadly Growing

II. POOR GENERAL SERVICE AVAILABILITY AND LOW SERVICE READINESS

ASSESSMENT of 799 FACILITIES OUT OF 1074 IN 2016

General Service Availability (GSA) "Physical Presence of the Delivery of Services"

- Infrastructure
- Relevant Health workforce
- Service utilization

General Service Readiness (GSR): "availability of tracer items necessary to provide basic services"

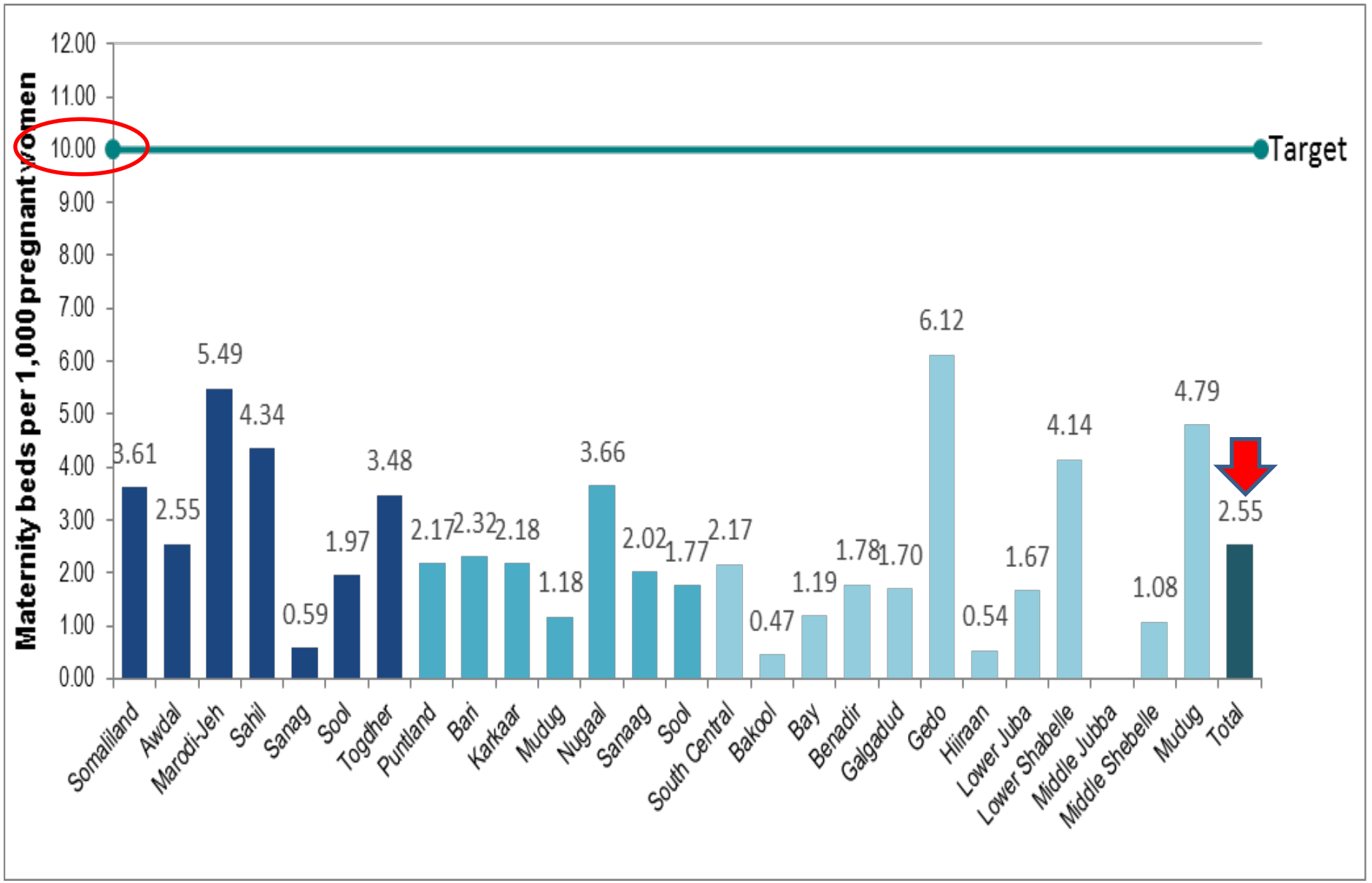
- Operational technical Guidelines
- Trained staff
- Equipment
- Diagnostic capacity
- Medicines and commodities

❖ **106 Facilities were not Operational while 169 were Not Accessible**

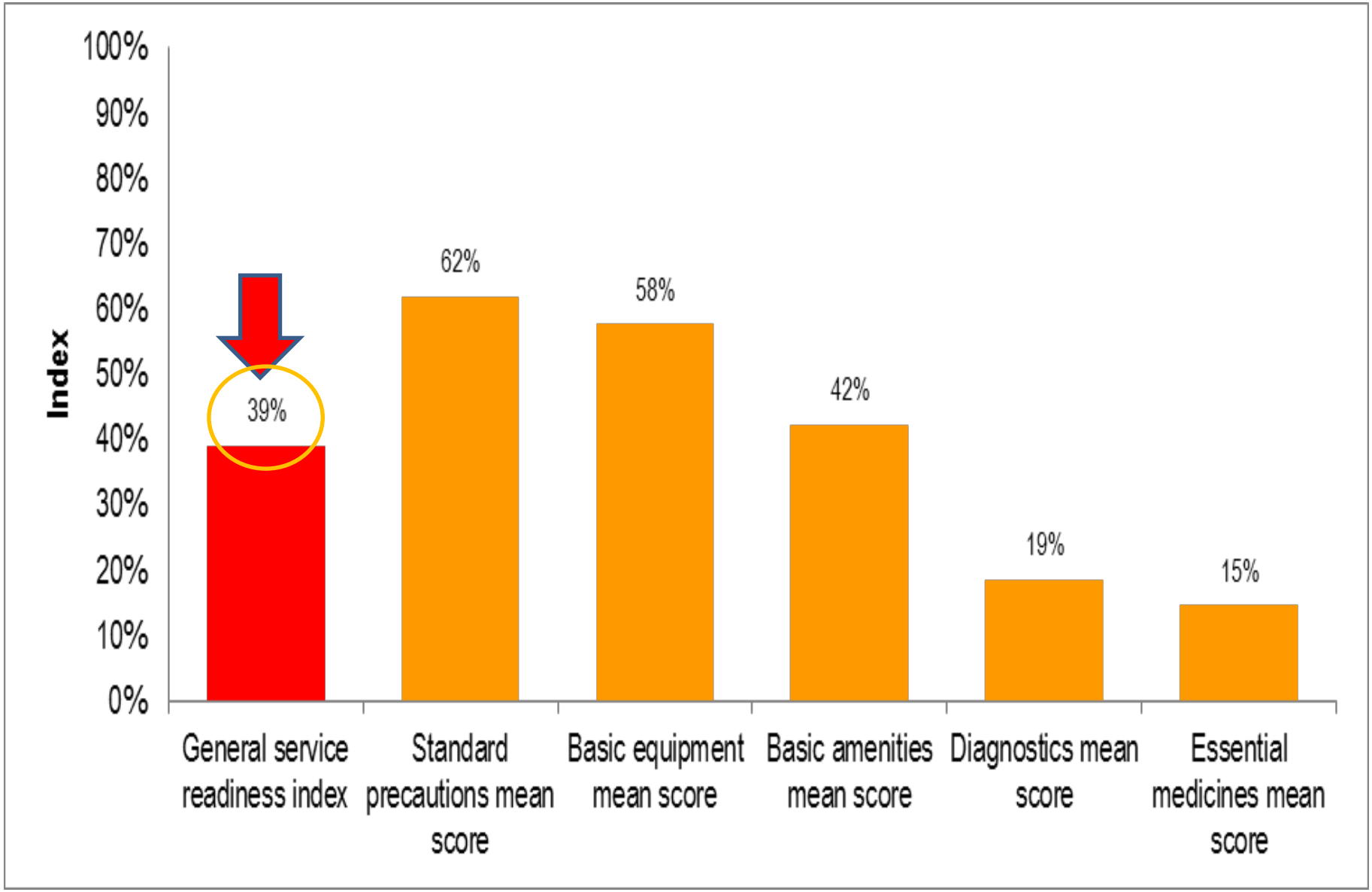
GENERAL SERVICE AVAILABILITY SCORE 28%

Variable	Target	Available
1. Health Infrastructure		
❖ Facility density	2 Facilit. per 10,000 pop (50%)	<1 (o.6-1.1)
❖ Inpatient bed density	25 per 10,000 pop (25%)	5.3
❖ Maternity Bed Density	10 per 1000 Pregnant Women (20%)	2.2
2. Service utilization		
❖ Outpatient visits per person/year	5vists/100/year	5%
❖ Hospital discharge per person/year	10 per 100/year	8%

MATERNITY BED DENSITY PER 1,000 PREGNANT WOMEN IN 2016 WHERE A "FOUR FOLD INCREASE IS REQUIRED"

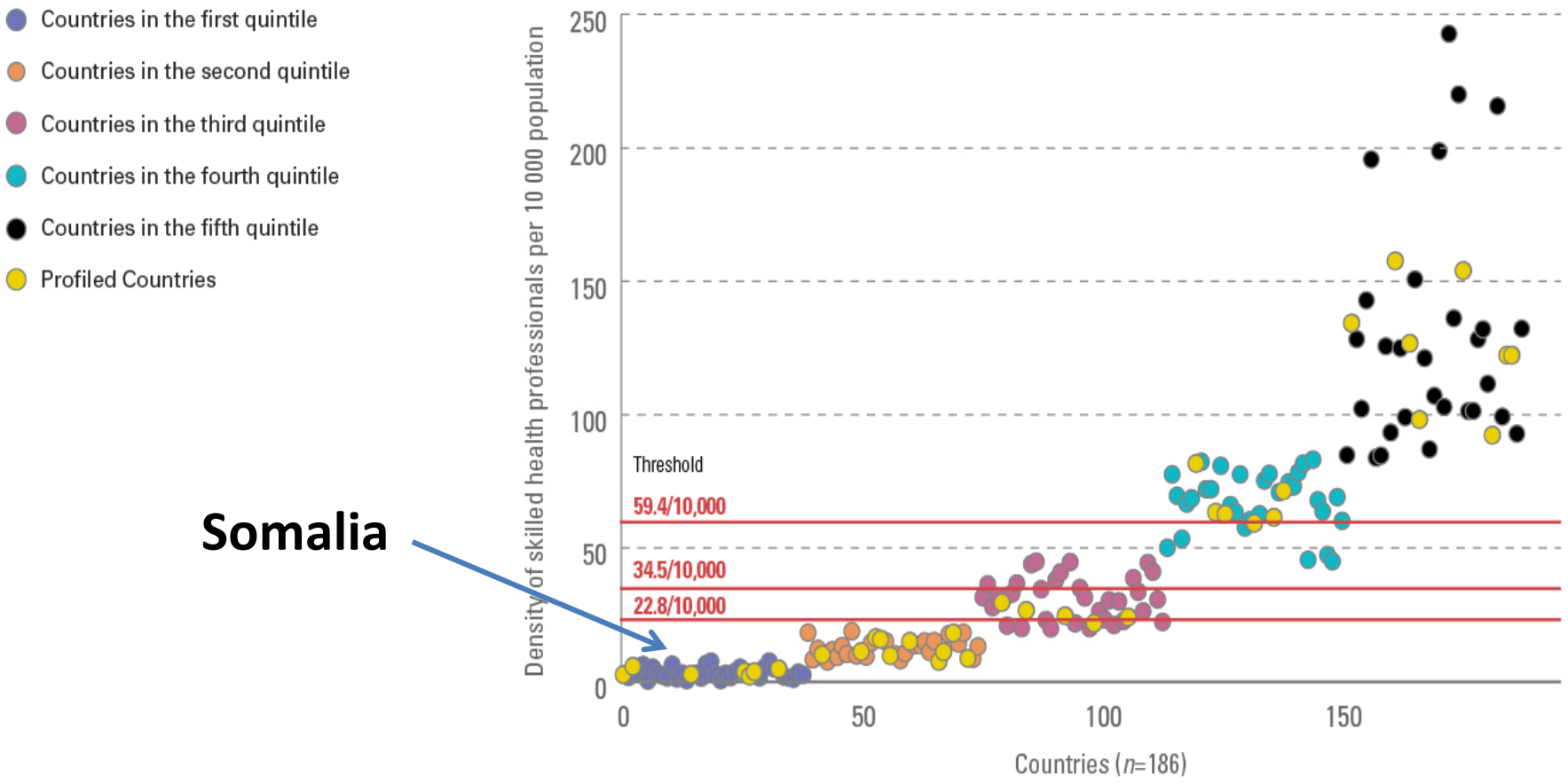


DEPTH OF HEALTH SYSTEM DISRUPTION AND FRAGILITY
"GENERAL SERVICE READINESS INDEX in 2016"



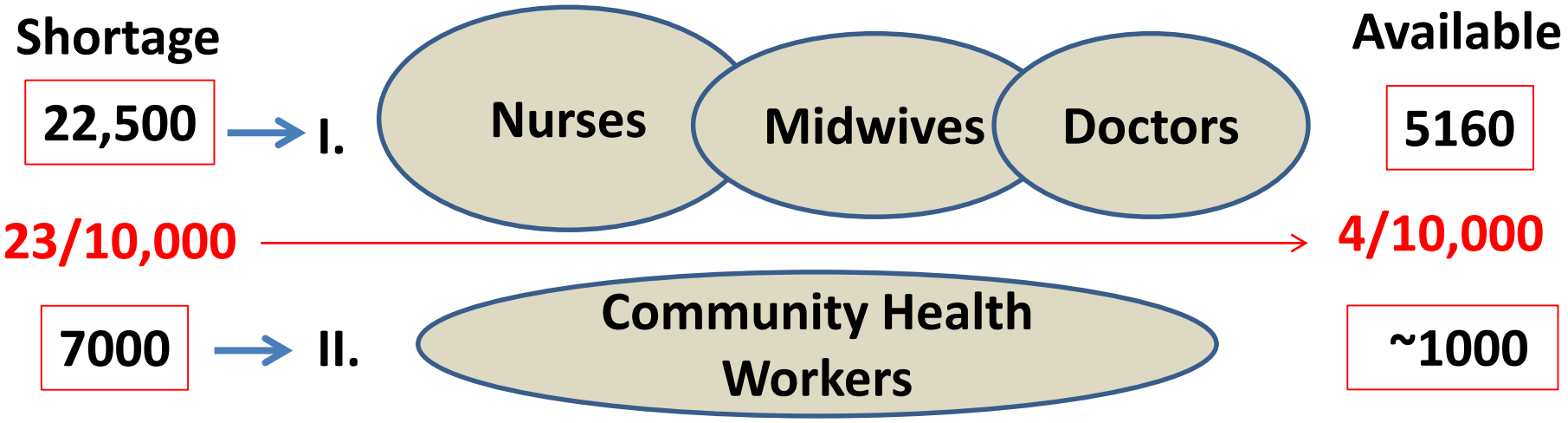
DENSITY OF SKILLED HEALTH PROFESSIONALS AT GLOBAL LEVEL - SOMALIA BEING AMONG THE LOW PERFORMING COUNTRIES

FIGURE 3 Density of skilled health professionals per 10 000 population (all countries and the 36 profiled countries)



III. SEVERE HEALTH WORKFORCE SHORTAGE

How Much Below the Minimum Standard of 22.8/10000 Population?



- 80% of the rural villages have limited access to SRH & MCH servces
- Female Community Health Workers at village level are the key guarantors of the SDGs' demand for Universal Health Coverage

IV. ACCESS TO THE ESSENTIAL PACKAGE OF HEALTH SERVCES

- **CLOSE TO 50% OF THE SOMALI REGIONS ARE NOT COVERED BY THE EPHS PROGRAMME**
- **THEY RECEIVE SUPPORT THROUGH THE HUMANITARIAN HEALTH RELIEF OPERATIONS**
- **PRIVATE-FOR-PROFIT HEALTH CARE SERVICES ARE AVAILABLE PREDOMINANTLY IN URBAN AREAS BUT LESS AFFORDABLE**

4. [illegible]
5. Treatment of common illnesses
6. HIV, STIs and TB

FACILITATING TARGETS

11. Invest in Vaccines & Medicines' Researh

12. Invest in Health Financing & HRH Development

13. Enhance Capacity for Early Warning, Risk Reduction & Managment of Health Risks & Disasters

A tangible number of the other 16 SDGs have targets that influence health outcomes

(Intersectoral Approach is the way forward for health SDG Targets)

IN THE SOMALI FRAGILE HEALTH SYSTEM RESEARCH BECOMES AN ETHICAL NECESSITY

Salient Health Research Contributions

- **Influences Policies and Programmes:** reforming the health services system and adapting the generated evidence to the local context
- **Builds Research Leadership Capacity:** motivates key health sector stakeholders in using evidence based practices for leadership development
- **Generates Evidence about Human Resource Development:** guides the planning of human resource production, recruitment, remuneration, retention, performance and motivation to respond to health system needs and enhances workforce development

Salient Health Research Contributions

- **Generates Evidence Leading to Improved Coordination:** formulates evidence based coordination strategies to mitigate fragmentation and promote national ownership and sustainability and leads to improved health outcomes
- **Facilitates Research for Universal Health Coverage:** develops and/or guides UHC by bridging the coverage gap in knowledge and action
- **Substantiates Health's Peace Dividend Effect:** generates evidence enabling health assets and services' shared ownership, management and collective utilization
- **Helps Establishing Demographic and Health Surveillance System (DHSS) Sites:** promotes knowledge production through community based research to better monitor and improve the health of the local population

SOME TECHNICAL AND OPERATIONAL ATTRIBUTES OF THE SOMALI SWEDISH RESEARCH COLLABORATION MODEL

Some Challenges

- ❖ **Lack of financial resources that sustain the project**
- ❖ **Limited recogniztion of research as a key university mission**
- ❖ **Security aspects in some regions that constrain international access**
- ❖ **Weak national institutions and intersectoral collaboration**

IMPORTANCE OF RESEARCH COMMUNICATION AND DISSEMINATION

- Ensure the ownership of the Somali universities of the open access research outputs of the journal
- Do not limit the communicated material to original articles but include other knowledge categories relevant to the health system
- Make the fragile context the niche area for knowledge dissemination
- Encourage public health stakeholders and university faculty and students to participate
- Commission research articles, reviews, and other critical public health subjects for policy and practice
- Organize the technical, managerial and editorial support necessary for the success of this mission

THE TIME IS ALWAYS RIGHT TO DO RIGHT. - NELSON MANDELA,

LET US WORK TOGEHTER FOR THIS PARTNERSHIP TO STAY AND GROW