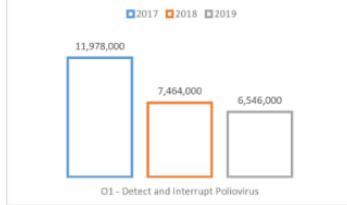


Somalia Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on Somalia intends to provide an overview of the status of planning for this transition of assets and infrastructure by the country. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2019 (USD)



Background:

Somalia was once thought to be the one of the most difficult places to end polio due to insecurity and armed conflict which remain an impediment to optimal immunization coverage rates. The last wild poliovirus case in Somalia was reported in August 2014, but the gains remain fragile due to very low immunization coverage.

The projected budget for 2019 communicated to Somalia by GPEI is \$US 10,228,000. Though this figure is subject to change, it is 48% less funding than the 2017 GPEI funding. Despite many challenges, Somalia has a robust polio programme at all levels (National, Zonal, district, community). GPEI funded personnel and physical assets in the polio programme are backbone of the country's primary health care system as they also provide critical support to other health programmes, including routine immunization and emergencies (responding to drought, Cholera, and measles outbreaks). Disbanding of the polio network will have a negative impact not only on the future of a polio-free Somalia, but for the health system as a whole.

General Information

Demographics

Total Population: **11,391,933**
 Birth Cohort: **491,898**
 Surviving Infant: **457,067**
 Infant Mortality Rate (per 1000 live births): **85**
 Child Mortality Rate (per 1000 live births): **137**

Financials

GDP, 2017 (USD): **\$5,925,000**
 GDP per capita, 2015: **\$549.3**
 Total Health Expenditures (THE) as % of GDP, 2014: **n/a**
 External Resources on Health as % of THE, 2014: **n/a**
 Government Expenditure on Health per capita, 2012: **3.9**

Human Resources

MOH:
 WHO: **208 (WHO CHWs - 535)**
 UNICEF: **17 (UNICEF SMs 3616)**
 Core Group:
 Rotary:

Polio funders to-date:

GPEI Donors

[For references, please click here](#)

GPEI Funding: Detect and Interrupt Poliovirus	2017	2018	2019
Campaigns- SIAs	\$1,259,000	\$0	\$0
Core functions & infrastructure (mainly Technical Assistance)	\$387,000	\$321,000	\$267,000
Surveillance & running costs (excluding Lab)	\$620,000	\$641,000	\$663,000
Grand Total	\$2,266,000	\$962,000	\$930,000

Health Priorities

Somalia currently does not have a national health sector strategic plan in place to guide their future work. The last Health Sector Strategic Plan January 2013 – December 2016, articulated six priorities.

For a listing of priorities, please click on the link above "Health Priorities".

Transition Planning

Country Planning Dashboard: Angola

Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Transition strategy agreed
Complete	Not yet started	Complete	In process	Not yet started	Not yet started	Not yet started

Milestones_SOM

Milestone	Update
Awareness raising	MOH EPI/Polio managers in the 3 zones are aware of the Transition Planning process
Coordination	A national governing and management team is yet to be appointed.
Evidence	Asset mapping (HR and physical assets) completed in July 2017. For the asset map, click on the adjacent 'Asset Map Summary' link. There has been no formal discussion yet between government and stakeholders on country priorities, but there have been informal meetings
Strategic Options	Yet to agree on transition strategies as there is no governing or management team appointed yet to discuss the process.
Vision for the future	Awaiting the formation of governing and management team
Transition Plan	Awaiting the formation of governing and management team

Transition Strategies

TBD

Risks

Transition in Somalia has to be done cautiously, due to the fragile health system, complex operating environment and country capacity. Somalia's health system is highly dependent on external funding.

A fast ramping down of polio funding and a swift transition process would be a major setback to the gains made in polio eradication. It would also have wide public health implications, due to the heavy dependency on polio resources to carry out broader public health functions, including service delivery.

A phased implementation, with reviews at every stage may be the most feasible strategy for Somalia. A longer-term plan, supported by external funding even beyond 2019 is critical, due to the lack of country capacity to take over polio assets in the immediate/medium term. If not well managed the transitioning out of GPEI resources could jeopardize the already weak health system in Somalia.

Challenges

There are various factors hampering planning and developing a sustainable plan:

- Challenges related to security, stability and access, which inhibit verification of data/planning capacity
- Multiple emergencies (drought, other outbreaks), high staff turnover, especially in implementing partners, which has a negative impact on institutional memory
- Lack of government capacity to take over polio functions
- Heavy dependency on external funding

Next steps

- High level in-country advocacy visits by WHO/UNICEF Country Representatives (using the opportunity of the polio campaign scheduled for end January)
- A 2-day consultation in Q1 2018 with relevant stakeholders (WHO and UNICEF teams, HQ/EMRO emergencies and immunization teams, key RSOs) to discuss and agree on a transition framework (HQ/EMRO/CO) to be then presented to the Government
- Drafting and operationalization of the transition plan by June 2018