MINSTRY OF HEALTH DEVELOPMENT
REPUBLIC OF SOMALILAND

NATIONAL HEALTH POLICY III

2022

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FORWARD

Without a clear health sector strategic vision, no health system can achieve its objectives and no health sector leadership can move towards the right direction to pursue their medium and long-term health sector goals. The primary objective of this initiative was to develop an updated national health policy that reflects the public health priorities, redefines the place of the health sector in the national development framework, highlights the commitment of Somaliland government to the fundamental rights of its citizens to health and social well-being and explicitly outlines the values and principles that the policy is embedded. An important element is that the renewal of the national health policy is key towards improving partnership and aid effectiveness. Somaliland Government strongly believe that a robust health policy is critical for the harmonization and alignment of domestic and external efforts to the health sector to tackle the common fragmentation and duplication.

We are updating our NHP because our current policy is outdated, our health system functions had evolved, and our public health needs and priorities have changed. Likewise, we are within the global wider context and are committed to respond to global emerging diseases and pandemics, and we have to play our role in building upon the global commitments vis-à-vis the SDGs; and more importantly we need to focus on UHC2030 in order to monitor our progress towards SDG health-related goals. Given all these conditions, there is no doubt that an updated, flexible, and well-devised NHP through highly participatory consultations was so indispensable in order to respond to those challenges.

We are proud to make this health policy the most sensible and evidence-based policy due to the availability of an updated data and information from the latest Somaliland health and demographic survey of 2020 and indeed other sources. A detailed demographic picture with a clear vital statistic on major morbidities and mortalities provided a unique opportunity to make informed policy decisions. Based on the overall current status, priorities were agreed upon and relevant policy statements for key programs such as RMNCAH-N, EPHS, HIV/AIDS, TB, Malaria, EPI, Governance, Partnerships, and others are explicitly presented. The document is structured in a way it can clearly convey the broader policy guidance and directions for health programs and conspicuously imparts that detailed strategic interventions with high-level benchmarks and targets for each health program will be systematically elaborated in the upcoming health sector strategic plan for Somaliland of 2021-2025.

On behalf of the Ministry of Health Development of Somaliland, I take this opportunity to express my gratitude to the staff of the ministry of health who contributed to the development process of the NHP. We are indeed grateful to our health partners for their continuous support and for their remarkable contributions.

H.E Hassan Mohamed Ali (Gaafaadhi)
Minister of Health Development, Somaliland

ACKNOWLEDGEMENT

Updating the National Health Policy was much more than producing a policy document, it created a platform for bringing stakeholders together to collectively brainstorm on the ongoing reforms in health system strengthening, on building consensus around the strategic directions, and on reassuring the principles of external assistance. The immediate objectives of this inclusive policy formulation process in Somaliland were to ensure ownership by all stakeholders and produce sound and effective policy document. Setting up evidence-based instrument to lead and support the work of all partners and ensures stronger coalition for its implementation is indeed considered as the long-term objective of the health sector policy.

The involvement of different stakeholders, namely Donor agencies, national and international partners, NGOs, Civil Society, Regional Health Management Teams, other line ministries and academia in NHP development process has drawn different views from well-informed participants that helped the process to come up with innovative ways of developing a robust policy. A policy that advocates for upholding the values and principles of universal health coverage has been produced through genuine discussions among the stakeholders. The MoHD is pleased to witness the active participation of its partners and once again reminds all stakeholders that the on-going pandemic can only be tackled through the collective action of all and indeed through the implementation of our updated policy that illuminates the course of action required to build a resilient health system and facilitates our joint efforts to navigate through such difficult times.

It is for these remarkable experiences and achievement; the ministry of health development would like to acknowledge and appreciate all participants for their extraordinary contributions to our new health policy. Special thanks go to the Director of Policy and Planning [Saed M. Soleman] for his exceptional leadership and coordination; and Mr. Mohamed Abdi Hussein [Health system strengthening lead] for his technical support and efforts throughout the development process. The MoHD is indebted to WHO for its persistent technical and material support, and particularly to the role of its consultant, Dr. A. Momin who has been instrumental in pulling all inputs together towards the development of our updated NHP for Somaliland.

Dr. Mohamed Abdi Hergeye
Director General
Ministry of Health Development

Acronyms

ACTs	Artemisinin Combination Therapy
AE	Aid Effectiveness
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
ART	Anti-Retroviral Treatment
CD	Communicable Disease
CEmONC	Comprehensive Emergency Obstetric & Newborn Care
CHeSS	Country Health Surveillance System
CSOs	Civil Service Societies
DEWS	Disease Early Warning System
DHIS	District Health Information System
DOT	Direct Observation Treatment
EML	Essential Medicine List
EPHS	Essential Package of Health
EPI	Expanded Program for Immunization
EPR	Emergency Preparedness Response
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccination
GBV	Gender Based Violence
GDP	Growth Domestic Product
GFF	Global Financing Facility
GFSC	Global Fund Steering Committee
GGM	Good Governance for Medicines
GHI	Global Health Initiatives
GHS	Global Health Security
GoSL	Government of Somaliland
HiAP	Health in All Policies
HRH	Human Resource for Health
HSCC	Health Sector Coordination Committee
HSS	Health System Strengthening
HSSP	Health Sector Strategic Planning
IBBS	Integrated Bio-behavior Surveys
ICC	Immunization Coordination Committee
IHR	International Health Regulation
IMCI	Integrated Management of Childhood Immunization
IMR	Infant Mortality Rate
ISA	Intersectoral Action
M&E	Monitoring and Evaluation
MH	Mental Health
MMR	Maternal Mortality Rate
MoHD	Ministry of Health Development
MoP&ND	Ministry of Planning & National Development
NCD	Non-Communicable Disease
NDP	National Development Plan
NDRA	National Disaster Response Agency
NGOs	Non-Governmental Organization

NHP	National Health Policy
NMP	National Mental Policy
NMRA	National Medicine Regulatory Authority
NRP	National Response Plan
NTD	Neglected Tropical Disease
OP	Opportunistic Infections
PEI	Polio Eradication Initiative
PMTC	Prevention Mother to Child Transmission
PNC	Postnatal Care
RMNCAH	Reproductive Maternal & Neonatal Child & Adolescent Health
SDGs	Sustainable Development Goals
SDH	Social Determinants of Health
SGBV	Sexual Gender Based Violence
SLSDHS	Somaliland Health & Demographic Survey
SMI	Safe Motherhood Initiatives
STD	Sexual Transmitted Disease
STG	Standard Treatment Guideline
TB	Tuberculosis
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USD	United States Dollar
VCT	Voluntary Counseling and Testing
VPD	Vaccine Preventable Disease
WB	World Bank
WHO	World Health Organization

1. Introduction

Somaliland situates on the Horn of Africa and it lies on the northwestern Somalia, on the southern cost of the Gulf of Aden, and is bordered by Somalia to the east and south, Djibouti to the northwest and Ethiopia to the south and west. It is semi-arid with an average daily temperature range from 25 to 35 Degrees Celsius[1]. Three main topographic zones exist: the coastal plain, the coastal range, and the plateau. The coastal plain is a zone with high temperatures and low precipitation. Summer temperatures in the region easily average over 38 Degrees Celsius however temperature slightly cools down during the winter months.

Stability and a functioning Government were largely responsible for attaining significant progress in key socio-economic domains in Somaliland since 1991 during which it has proclaimed its own statehood. The collective efforts of the government and the society had laid down the foundation for State building process that led towards embarking on a national reconciliation effort, drafting, and endorsing national constitution, launching of free and fair elections, and politically navigating through multiparty democratic systems which were satisfactorily operating over the last three decades.

Despite the absence of international recognition Somaliland has managed to continuously strengthen its government institutions, engage partnership with international humanitarian agencies, and maintain bilateral relations with some countries in the region and beyond. The economy driven largely by the private sector has been relatively dynamic before COVID-19 pandemic. The impact of the pandemic on the limited economy has been very hard and undermines the livelihood of many people pushing them to miserable conditions.

Administratively the country is divided into big six regions (**Awdal, Marodi-Jeex, Sahil, Sool, Sanaag and Togdheer**) and other small eight regions of (**Gebiley, Salal, Hawd, Daadmadheedh, Saraar, Buuhoodle, Xaysimo, and Badhan**) with a decentralized form of government. Each Region is subdivided into districts graded at A, B, C, and D depends on the economic capacity and income level[2]. Economically Somaliland has not yet established a concrete and reliable trade relationship with international community. Although it has significant relations in terms of trade deals with various countries, the lack of recognition continues to paralyze the potentials for external investments[3].

[1] Central office of Statistics, Somaliland
[2] UNDP office Hargeisa Report on Governance, 2005
[3] Somaliland Legal System, 2009 M. Hersi

There are many border crossing points between Somaliland and its neighboring countries where mostly Somalis and Ethiopian migrants use for crossing. This long uncontrollable cross-border movements facilitate economic activities but also plays an important role in the spread of certain major communicable diseases across the border. An important segment of the population that cross the border regularly are the nomadic population, they are always on the move as they seek grazing land and water and have very limited access to basic services.

Until today Somaliland enjoyed receiving considerable external humanitarian support from the international community. Collaborative programs (bilateral and multilateral) were focusing on political and socio-economic pillars such as Economic, Infrastructure, Social-Sector, Good Governance, and Environment Protection. Despite the Government of Somaliland not taking part in the negotiation process that led to the adoption of the 2030 Agenda, it has proactively engaged on the implementation of the Sustainable Development Goals (SDGs)[4].

1. Background and Rationale for Updating NHP

2.1 Background

Somaliland embarked on a meaningful health sector reform in 1999 and has developed and endorsed its first National Health Policy (NHPI). The first health policy provided strategic directions for the overall health system development in Somaliland until 2010. During this period, the concept of decentralization including health care was introduced. Partnerships with various entities were launched and programmatic policies and strategies were developed. Other significant milestones such as financing options, legal framework, and service delivery implementation modalities (EPHS) were successfully introduced.

The National Health Management & Information Systems (HMIS) which was introduced during that period played a significant role in establishing the basis for devising evidence-informed policies, strategies, and plans. In fact, at the beginning this was a major stride considering facility-based data collection but it has taken considerable time to evolve into a much more refined system capable of furnishing essential information and intelligence necessary for policy-makers and for policy formulation. Today, the HMIS unit is fairly equipped and has established a nationwide network that officially operates in six regions and 19 districts.

[4] Somaliland Civil Society SDGs progress report, 2019

The 2nd NHP was drafted in 2011 which is now regarded as an outdated higher-level framework that should be revised and updated as early as possible. Nonetheless, this policy was based on the previous sector experience and highlighted badly-needed sector reforms where improved access, increased utilization of quality services, improved system responsiveness to non-medical needs, and strengthened governance were identified as priority action areas[5]. The health authority and their partners were committed to policy implementation that led the system to achieving significant progress in expanding primary health care services through an improved public health infrastructure such as the introduction of newly established primary health units, basic health centers and hospitals in many districts. It is remarkable to point out the contribution of the Diaspora to both basic health infrastructure and to the human capital in healthcare provision was very significant.

Stronger government commitments, greater partnerships between the private non-for-profit agencies (mainly NGOs), enhanced external assistance and cooperation, effective decentralization in the form of de-concentration (passing some administrative authority from central government offices to the local offices of the same agency), and increased accountability were responsible for the steady improvements in access, utilization, and responsiveness.

2.2 Why Updating the NHP?

Several compelling factors are elucidated below:

Given that the health system functions had evolved, service delivery modality has reformed, and public health needs and priorities have changed, a robust and an updated policy with workable strategic directions and with clear policy objectives based on the present context has become urgent. The following factors were some of the major driving forces for revising the national health policy:

i) The current policy is outdated
ii) Somaliland health system development is within the wider global context
iii) Strengthening efforts towards Sustainable Development Goals
iv) Somaliland National Development Program (NDPIII) is being developed
v) UHC remains the key policy direction for the Government
vi) Scaling up EPHS Initiative
vii) Tackling the ongoing pandemic.

[5] National Health Policy II Situation Analysis 2011

3.Situation Analysis

3.1 Demography:

According to Somaliland Health and Demographic Health Survey (SLHDS 2020), key demographic findings were summarized as follows: The population was estimated at 3.6 million in 2014 and has been projected to 4.3 million in 2021 using the growth rate of 2.93 percent, with majority of the population living in urban centers[6]. The country has a young population with 37.8 percent of the population being less than 15 years old, and roughly 74 percent of the population being under 30 years. An estimated 35 percent of households are female-headed households with full responsibility on all livelihood activities for the family. The youth between 15-29 years of age constitute 26 percent of the population, while those aged 65 years and above make up only 4 percent of the total population. Forty-three percent of the female population is within the childbearing age of 15-49[7]. This can have implications on the country's future birth rates. The large number of potential mothers creates a population momentum and is a strong indication of a potential spike in population growth that Somaliland is likely to face in the coming years. Moreover, such a population structure clearly reflects the leading public health priorities in the country for many years to come. Owing to this fact, reproductive, maternal, child, and adolescent health will remain at the center of the national health policy in order to tackle the needs of these large segments of the population.

3.2 Socioeconomic and Health Status

The economy has achieved a lot and has been growing before the pandemic. Somaliland's Gross Domestic Product (GDP) is estimated at 2.9 billion USD and GDP per capita at 697 USD in 2020, with remittances from the diaspora contribute significantly to the local economy, as well as livestock export which is shipped to Gulf States, such as Saudi Arabia and Oman (GoSL, 2018)[8]

The economic livelihood of the Somaliland population is largely comprised of pastoralists with around 50% of the population keeping few goats, camels, and a few sheep. Somaliland imports most of its staple food (rice and pasta) to meet its food consumption needs. However, there has been significant effort by the community to exploit local food production, mostly vegetables and fruits over the last several years.

The main agricultural harvests are Maize and Sorghum with significant fluctuations in every year. Somaliland is drought prone region and faces significant food insecurity which is further deteriorated by the slowly biting climate change effects in the horn of Africa.

[6] Somaliland Demographic & Health Survey 2022 (SLDHS)
[7] Somaliland Demographic & Health Survey 2022 (SLDHS)
[8] Somaliland in Figures 2019, MoP&ND

The following are the latest key indicators on various socio-economic, health profile mortality and morbidity data collected through the Somali/Somaliland health and demographic survey[9]:

- Poverty is prevalent throughout the country
- Illiteracy rates are high, 17% for males and 21% for females
- Poor access to essential health care by the nomadic population
- Out-of-pocket expenditure is high, it is estimated at above 70%
- 41% of households use an improved source of drinking water
- 38% of households have an improved sanitation facility
- Majority of the population depends either directly or indirectly on livestock and livestock products for their livelihood especially in Togdheer and Sool Regions
- 7% of children aged less than 2 years have their birth registered
- Fertility rates are among some highest rates in the world estimated at 5.7
- Maternal Mortality Ratio is calculated at 396 for the first time
- Female circumcision is widespread with 98% circumcised
- The Crude Birth Rate (CBR) of Somaliland is 37.4 per 1,000 population
- Infant Mortality Rate (IMR) stands at 72/1000 live births
- Under Five Mortality (U5MR) 91/1000 live births
- Life Expectancy at birth: Male 48.8 years, Female 52.0 years
- Fully immunized children 13%
- 40% of deliveries are assisted by a skilled provider.
- Antenatal care from skilled provider was found to be at 47%
- Around 33% of women in the reproductive age with a live birth in five years prior to the survey were protected against neonatal tetanus
- 33% of live births are delivered at health facility
- 2% of ever-married women aged 15-49 have experienced obstetric fistula

More than 75% of the overall burden of diseases is caused by preventable diseases. Access to safe water, sanitation and living conditions are still poor, especially in rural areas and urban slums, resulting in poor health and high malnutrition levels, especially in under-five children. Communicable diseases continue to be the leading cause of morbidity and mortality in Somaliland, however the increasing burden of NCDs cannot be underestimated. Mental health problems are on the rise and is considered to be one of the major challenges in service provision. Malnutrition in Somaliland remains a major public health problem with an appalling rate among the vulnerable populations such as the nomadic populations, IDPs, and poor communities in rural as well as in urban populations. Most recent nutrition data produced in late 2019 found an average Global Acute Malnutrition (GAM) prevalence of 13.1%,[10] while in 2018 the GAM was 11.7% throughout the country. The FSNAU studies over the last several years show an unacceptably high level of malnutrition rates in Somaliland. There are serious concerns about the impact of the COVID-19 pandemic on nutrition as the disease has

[9] SLDHS, 2020
[10] FSNAU, 2019

globally, regionally, and indeed nationally affected economic activities thereby exposing millions to poverty. Unhealthy lifestyles continue to further deteriorate the situation of non-communicable diseases with higher morbidities and mortalities.

TB remains as one of the major public health problems in Somaliland though the TB incidence has been dropping progressively. The TB incident has dropped from 286 per 100,000 in 2010 to 258 per 100,000 population in 2020[11]. Somaliland has 21 active TB treatment centers, one MDR-TB treatment center and one TB culture laboratory. The TB culture laboratory is able to perform TB culture, monitor MDR-TB treatment adverse reactions. It has Line Probe Assay (LPA) for testing TB resistance to both first and second TB drugs. The laboratory can also do TB drug sensitivity testing (DST). In addition, the program has 14 gene xpert machines for diagnosis of both drug sensitive TB and for the disease that is resistant to rifampicin. Of all TB cases notfied in 2020, males accounted for 55.5% of the cases while 44.5% were females. This is a trend that has existed in Somaliland since 2010. It is also more common among the most active age groups in Somaliland. Among the patients notified in 2020, majority of patients notfied were between the age of 15 years and 44 years.

For almost a decade before 2014, Somaliland had been classified as having a generalized HIV/AIDS epidemic with HIV prevalence rates just above 1% over that period[12]. However, even over that period, the mean HIV prevalence at the sentinel sites for pregnant women, had been dropping since 2004 when it was at 1.4%, reaching 1.01 in 2010, and then dipping below one percent, at 0.67% in 2014. The decline, which is statistically significant, continued right until the most recent sentinel survey of 2018, where it was at 0.15%. Just like among the pregnant women, the HIV prevalence among TB patients has also been dropping, with the most consistent trend data from routine testing showing that the HIV prevalence dropped from 5.1% in 2012, down to 1.5% in 2020.

On Malaria Control, the diversity of the topographic and climatic conditions from the south to the north of the country has a marked effect on the distribution, abundance, and infectivity of malaria by dominant vectors. *Anopheles arabiensis* is the main and often, the predominant vector in the country. Human activities, urbanization and other development have led to increase in breeding in urban areas in typically small, shallow, open, and sunlit water pools. The dominant species of malaria throughout the country is *P. falciparum* and responsible for >99% of infections while *P.vivax* has also been reported[13]. National treatment guidelines focus on ensuring use of effective Artemisinin Combination Therapy (ACT). The *plasmodium* prevalence as of 2017 was at 2.21%[14]. Overall, the country has had near zero mortality for last five to ten years.

[11] WHO office Hargeisa TB Progress Report, 2020
[12] WHO office Hargeisa Report on HIV/AIDS control program, 2021
[13] Somaliland Malaria Strategic Plan 2021-2025
[14] Ibid

In 2019, it was evident that seven districts of Baki, Borama, Lughaya, Zeila, Gabiley, Hargeisa – rural and Berbera accounts for over 90% of all malaria cases in Somaliland. It is evident that within each of the different regions, some districts are responsible for nearly 80% of all reported cases[15]. Urban Malaria due to emerging Anopheles Stephensi has been reported from several regions and presents itself as an efficient vector particularly in urban areas due to its anthropophilic nature and quick adaptation to man-made breeding sites.

3.3 Social Determinants of Health:

The social determinants of health refer to both specific features and pathways by which societal conditions affect health and that potentially can be altered by informed action. Usually, health sector policy does not adequately address and/or advocate strongly for tackling the many determinants that are largely responsible for high level of social ailments. Moreover, those social determinants are the cause of widespread inequities in health outcomes due to factors mainly related to health system issues. The WHO Constitution of 1948: "The enjoyment of the highest attainable standard of health …the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". The Alma Ata Declaration, 1978: "health is a fundamental human right…the existing inequalities in health status, within and between countries, is politically, socially, and economically unacceptable.

In summary, the most common social determinants of health in Somaliland are listed as follows:

- Generalized and persistent Poverty
- Unemployment
- High illiteracy, especially in the female population
- Persistent food insecurity leading to malnutrition (stunting, wasting, low weight
- Patriarchal society – limits access to services for women
- Occupation – nomadic population with very limited access to health care]
- Unhealthy lifestyle: Smoking, substance abuse, Khat use, sedentary life, car accidents
- Gender based violence
- Early age at marriage
- Weak social protection system
- Social exclusion[16]

[15] Ibid
[16] Social exclusion is a mechanism originating from attitudes (stigma) and practices (discrimination) that adversely affects the lives of certain groups [excluded based on social identity, disability, diseases (TB, HIV, mental health), occupation, and migrant workers]. closing the gap in a generation, WHO 2008 report.

3.4 Health System Issues, Challenges and Gaps

Using the health system building blocks, the key issues, challenges, and gaps are addressed here in brief but further insights will be provided in the new national health sector strategic plan.

- **On governance:** the major issues include: unavailability of some of the laws and regulations that are key for health care provision, infrastructure, human resources, and pharmaceuticals, transparency in decision-making, and equity issues. Unavailability of some of the sub-policies and strategies remain some of the major gaps.[17]

  Limited leadership capacities at regional and district level; poor regulations across service delivery in both the public and the private clinics; largely unregulated private sector; poor alignment and harmonization of external assistance to health sector remain major limitations of the health system governance function.

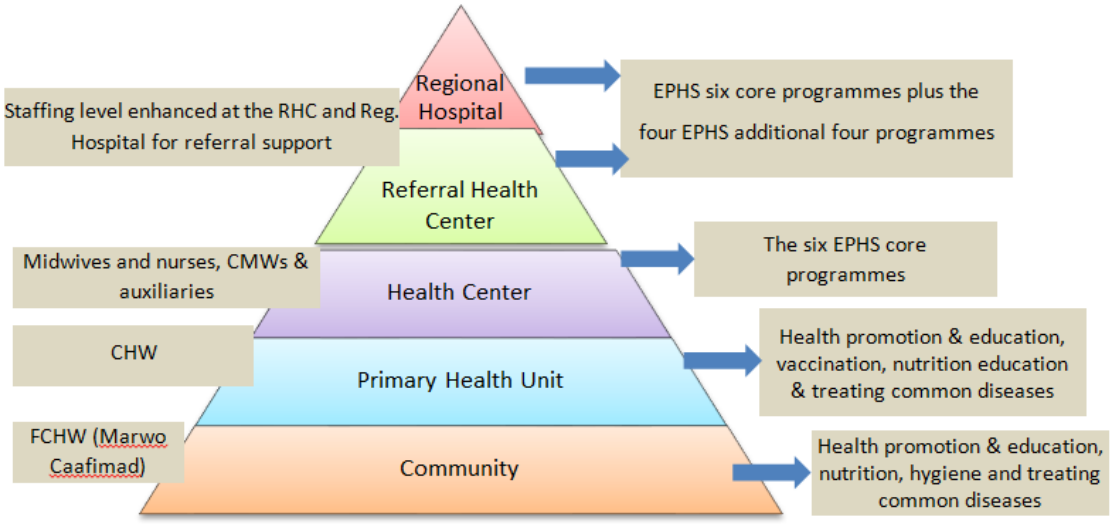
- **On service delivery:**

  Somaliland's Health service delivery is structured around the EPHS framework. Health care services are delivered through five tiers: The community-level, the primary health unit (PHU), the health center, the referral health center/district hospital, and regional hospitals. Well-defined services and interventions are available for each level including the number and type of cadres deployed. The EPHS framework will be revised and will bring up few changes in terms of service delivery points, and contents of the package being delivered. The current structures are designed to operate in the form of a network that supports each other.

  Its organization, planning, packaging of services, service quality, patient-centered, continuum of care, collaboration between the public and the private and availability of UHC vision are the current issues in Somaliland. Therefore, to reduce the existing gaps an urgent action has to be taken in view of all these essential components in service delivery. The role of private sector in service provision is huge and large population seek health care from the largely unregulated private sector which includes, pharmacies, clinics, hospitals, and traditional healers.

[17] MOHD retreat, 2020

Figure 1: Somaliland Service Delivery Pyramid



- **On human resources:** current issues are related to the availability of guiding policy, workforce planning, financing, managing workforce (pre and in-service, hiring, performance). On management issues such as supervision, support, accreditation, workforce compensation, occupational risks and their life-long learning and professional development are of major concerns. Currently, there are no clear realistic and indeed needs-based plans for health workforce development. Not all institutions have the capacity to provide the necessary skills in basic, clinical, technical and management domains. Many medical and nursing schools do not exercise the required training standards and lack even basic teaching aids and equipment. There is inappropriate skill-mix of the various categories for Human Resource for Health (HRH). Performance assessment is weak and salaries are extremely low. The fairly numbers graduating from weak training institutions and irrational distribution makes it difficult to meet the human resource needs for the delivery of the essential package. Many health workers do not feel accountable to communities.

- **On financing health care:** the available domestic and external funds are insufficient to cover the massive health care needs. Around 53% of the government allocated budget in 2021 for the health sector goes to salaries and efforts to mobilize domestic resources were not robust enough and with limited advocacy and support at higher levels. The state allocation to the health sector has been slightly increasing over the last decade reaching 5.23% of the national

budget in 2021[18]. The financing challenge however is further aggravated by the ongoing pandemic and the emergency situation that has severely impacted on all socioeconomic aspects of any country. In a nutshell, underfunding and fragmentation of the available meager resources debilitates the development of fully functioning system.

- **On Medicines and pharmaceuticals:** There have been significant improvements in policy development and in launching standard treatment guidelines. However, accessibility to quality essential drugs still remain a challenge. There is general widespread use of sub-standard and expired drugs, propagated by unlicensed and un-professional traders who engage in marketing drugs and pharmaceutical supplies. Regulations related to pharmaceutical issues is fragmented and so weak and the responsibility of enforcing it is dispersed among various departments. Currently, the supply chain is fragmented with many organizations managing their own supply chain, each of a questionable quality; procedures follow ad hoc guidelines or none at all raising concerns about efficiency (cost), management practices (accountability and transparency) and quality of the medicines procured and distributed.

- **On Health Information:** Significant progress has been made in expanding facility-based data collection. Nevertheless, gaps exist in capacities to analyze and interpret data at all levels. Different data collection systems proliferated by vertical programs and supporting agencies still require clear policy to consolidate HMIS system throughout the country. The available data mainly from facility-based need to be harnessed with other source of information such as the periodic health and demographic surveys, regular health and nutrition, and research data.

4. Policy Context:

Somaliland National Development Plan (NDP) is the highest development framework that provides overarching strategic directions for the country as a whole. This is where the five major developmental pillars [Economic, social, infrastructure, good governance and environment protection are functionally integrated]. The role of the health sector is critical for both human and economic development therefore a health system guided by a well-devised policy can only contribute to the NDP process achieve its broader objectives. Somaliland is committed to SDGs and despite its political and economic challenges it has laid down the foundation with its meager resources and with its partners' contribution and is very keen to build on the SDGs' progress made so far.

[18] Ministry of Finance, 2021

This health policy is formulated in the middle of COVID-19 pandemic that affected the country in waves of different intensities. The ongoing second wave has been more aggressive with fluctuating fatality rate of around 6-7%[19] though the reporting of the disease in terms of incidence and mortality was problematic due to widespread fear among the community who were reluctant to seek health care. COVID-19 related-deaths was among the leading cause of mortality during 2021 and may continue until effective immunization coverage is reached. Ever since the pandemic reached here in Somaliland, risk communication and community engagement efforts were so poor due to misperceptions and a sheer denial by the community of the gravity of the problem. In fact, the pandemic will have implications on future emergency management, service delivery, human capital and on the national efforts for building a resilient health system.

5. Mandate of the Ministry of Health Development

The Ministry of Health Development is the lead governmental institution for the health of the people of Somaliland. Its mandate falls within the areas of leadership and governance, institutional development, policy setting and strategic direction, service delivery and promoting Universal Health Coverage (UHC) through increasing access to essential health services by all.

The MoHD is responsible for undertaking reforms and other changes in the overall performance and functioning of the ministry in order to have better, more sustainable financing and quality results towards improving the health of the Somaliland citizens guided by the policy of leaving no one behind.

a. VISION

All people in Somaliland enjoy the highest possible health status.

b. MISSION STATEMENT

The Mission is to ensure the provision of socially acceptable, affordable, accessible, equitably distributed essential package of quality health and nutrition care that responds to the needs of the community, with special attention to those with the greatest need, delivered in a sustainable way through a decentralized health system and through focusing on health-related SDGs goals. Community participation in all phases of planning, implementation and monitoring will be central to the mission of the ministry of health development.

[19] MoHD-HMIS report, April, 2020

This mission may not be met without the following assumptions: enhancing public private partnership; mobilizing domestic resources; ensured aligned external assistance; community participation in planning, implementation, and monitoring; improved accountability and transparency; better regulation of the health care delivery to underpin quality; and enhanced overall health system performance.

5.1 Policy Implementation Guiding principles and Values

Core Values:

This policy puts the patient and community in the forefront and adopts a "client-centered 'approach and it looks at both the supply and demand side of health care. The following social values, as detailed in the Constitution of the Republic of Somaliland and the Patients 'Charter, will guide the implementation of this policy:

Equity, Universality, Integrity; ethics, Gender-sensitivity, Quality, Respect, Right to health, Accountability and Solidarity

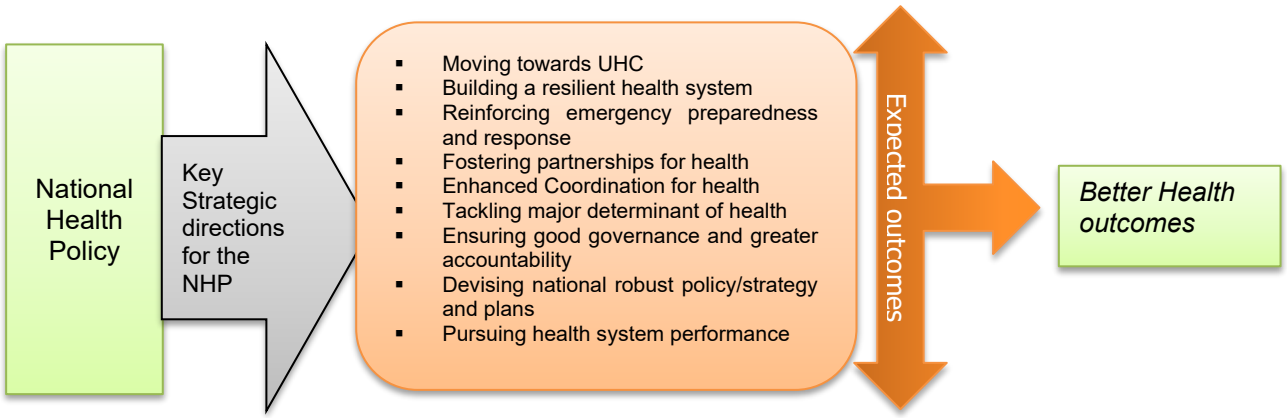
The following are the guiding principles of NHP and its implementation:

- The concept of leaving no one behind reflects the commitment to universal health coverage and primary health care strategy
- Sustainability concept will be at the centre of the policy implementation objectives
- Integrated care that is socially acceptable, affordable, and accessible, and supporting continuum of care.
- Efficient utilization of health care at all levels.
- Pro-poor policy that emphasizes reaching out the poor and the most vulnerable
- Partnerships with external agencies and with internal institutions, community, and civil society organizations and with private sector
- EPHS strategy based on PHC principles shall remain the major strategy for the delivery of health services in Somaliland.
- Accreditation of all service delivery points.
- Equity-oriented policies (based on horizontal and vertical approaches[20]).
- Increased accountability.
- Cross-border collaboration to strengthen public health surveillance.

6. Key strategic directions of the NHP:

[20] Horizontal equity means equal treatment for equal need; vertical equity means everyone contributes to health financing according to one's ability to pay: WHO closing the gap in a generation 2008.

Figure 2: Key strategic directions for the new Health Policy

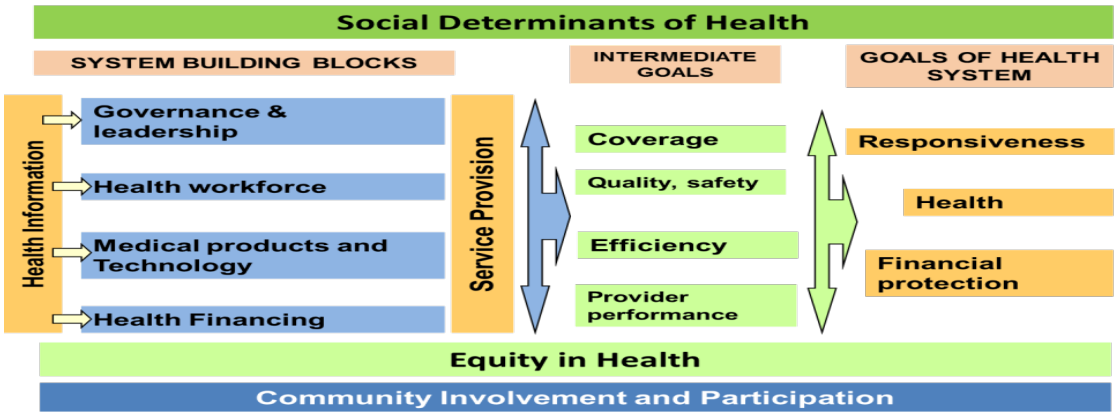


These are the leading directions (Fig2) but are not destinations for health sector guiding the new health policy and shall be implemented through the provisions given in the forthcoming health sector strategic plan. The latter will in turn guide the operational plans where major interventions, tasks and specific activities will be developed and pursued at all levels. High-level benchmarks, targets and indicators will be set up for those interventions and key tasks for various sector and subsector programs.

7. Framework for defining policy objectives:

The framework that defines the NHP objectives is based on the WHO global health system conceptual framework. It briefly outlines the major six pillars or functions of the health system and the cross-cutting issues of SDH and equity. Moreover, it expresses instrumental goals which include: coverage, performance, quality, and efficiency followed by the system goals (better health, responsiveness, and financial protection).

Figure 3: Health system conceptual framework:



Using this global framework facilitates the course of action for Health System Strengthening (HSS) towards universal health coverage, it recognizes and aligns with WHO agenda 2016-2030 for building the health system "foundations" especially in least developed and fragile countries. This in turn helps the country to join hands with principal Global Health Initiatives (GHI): Gavi, the Global Fund (GF), the Global Financing Facility (GFF), and Global Health Security (GHSA), the World Bank (WB), UNICEF, and UNFPA who are committed to support HSS national efforts towards UHC. Moreover, this framework is in line with SDGs where HSS efforts are contributing to SDG1 [no poverty], SDG3 [equitable health outcomes] SDG4 [quality education], SDG5 [gender equality], and SDG8 [inclusive economic growth and decent jobs].

This framework highlights the importance of social determinants of health and equity which are key for achieving health system objectives. A policy that does not adequately address these two elements will never achieve its objectives.

8. Policy Objectives:

The NHP objectives of health care delivery is based the on the above-described framework and are summarized as follows:

- To strengthen the national health system moving towards UHC2030 and SDGs
- To improve and strengthen leadership and governance
- To expand and improve service delivery
- To strengthen human resource for health
- To strength health Information system
- To enhance financing for health progressing toward UHC
- To scale up emergency preparedness, disease surveillance, response and mitigation
- Promote social determinants of health

9. Strategic Priorities for the Ministry of Health Development

Given the meager resources, the existing institutional capacities and the current but evolving epidemiological situation the NHP underlines the importance of priority action areas that are necessary for pursuing key policy objectives. Although the MoHD will strive to address its mandate in health care provision yet the needs are massive and significant gaps will be always be there. Nevertheless, the policy supports that the available resources should be rationally and strategically utilized. To this end, the following have been delineated as the strategic priorities for the health sector but are subject for review anytime during policy implementation:

i) Expand essential service delivery
ii) Improve human resource policy and build capable health workforce
iii) Strengthen leadership and governance for health
iv) Improve access to quality essential medicine and health technology
v) Strengthen Health Information system
vi) Enhance Health financing
vii) Strengthen emergency preparedness and response
viii) Improve infrastructure for health
ix) Scale up tackling of social determinants of health and encourage health in all policies

Health System Strengthening for UHC through improved PHC:

As indicated earlier in this document, Somaliland is committed to SDGs and fully supports the pursuit for UHC2030. The ministry of health identified UHC as the top strategic direction for the country during the coming years. It remains central to the national health policy and health sector strategy. The process of developing UHC roadmap for Somaliland has already started. While many challenges are facing the government including COVID-19 pandemic, the commitment to this overarching goal will be remain vital and will further take momentum as we progress towards the UHC goal.

Policy Statement

The national health policy speaks loud and clear and sheds light on the government's decision to place UHC as the top strategic direction for health sector policy. The policy underlines the government's commitment to: develop a UHC roadmap, collaborate with partners, engage the private sector, the academia, and the community for launching, implementing, and delivering the UHC initiative. It strongly advocates for the intermediate objectives of health financing role in moving towards UHC such as: equity in resources distribution, efficiency, transparency, and accountability. The Government will not spare any effort to reduce the gap between need and utilization, improve quality and enhance financial protection.

The policy objectives of HSS for moving towards UHC goal are to:

- Build strong health system based on improved PHC and robust financing structures;
- Create motivated and skilled health workforce to lead and deliver;
- Mobilize domestic resources, using all possible options;
- Mobilize predictable international assistance that is aligned to national policy;
- Study health financing options for UHC initiative and explore experience from other countries;

- Expand and increase access to EPHS to reach out the population with essential, comprehensive, and integrated health services;
- Monitor progress towards UHC by focusing on the proportion of population accessing EPHS, and the proportion of the population that spends large amount of their income on health;

The NHP outlines the following approaches and interventions for launching UHC roadmap that illuminates the course of action through all phases of its planning, implementation, monitoring, and evaluation:

- Sensitize health partners, civil society organizations (CSOs), line-ministries, and communities on UHC2030;
- Ensure high level commitment through policy dialogue;
- Introduce UHC concept, implementation strategies, and operational plans
- Explore UHC financing options with attention to equity principles;
- Promote health-in-all policies approach as a tool to address social determinants of health and reduce inequities in health outcomes;
- Mobilize domestic resources and reallocation of international aid towards health system strengthening.

1. Expand Essential Service Delivery

This is the largest priority area of the NHP in terms of program contents and will briefly focus on major public health programs of the ministry of health. The NHP recognizes that infectious and parasitic infestations continue to be the leading cause of morbidity and mortality. Besides that, the burden of non-communicable disease (NCDs) on public health has been increasing over the last two decades and according to the on-going trend it will overtake communicable diseases in terms of morbidity and mortality in a short space of time. High salt and sugar intakes are common practices which, when coupled with poor diets and limited physical activity increases the risk for chronic diseases that mostly affect urban residents.

This section of the policy briefly focuses on the core programs of EPHS such as reproductive, maternal, neonatal, child, adolescent health (RMNCAH), EPI, communicable diseases (CD), non-CDS, mental health, and nutrition.

Policy Statement:

The NHP reiterates that EPHS responds to essential health services with attention to social determinants of health and key components of health security. Thus, the policy calls for all partners join hands to support our renewed efforts for EPHS implementation, expansion, monitoring, and evaluation. The policy recommends the ministry of health in collaboration with community, private sector, and supporting partners to create collaborative partnership on delivering of essential health

services based on EPHS strategy. It also underlines those bilateral and multilateral donors get together to embark on a coordinated efforts and better harmonization of individual programs to support our "one vision" and the "one tool" i.e. UHC and EPHS.

The policy objectives of EPHS strategy are as follows:

- Tackle the burden of high mortality due to communicable diseases, maternal and child health and the overall increasing burden of non-communicable diseases, mental health and injuries leading the country to progress towards UHC;

- Deliver a set of highly cost-effective, equitable, accessible, and affordable health services that would address priority needs of the population and expand EPHS to all districts;

- EPHS has two-pronged strategy—one which addresses the most immediate public health issues and the second one is that EPHS is tool for laying down the foundation for a resilient health system.

1.1 Public Health Priority Programs in EPHS Package

One of the latest public health scientific methods known as DCP3 (Disease control priorities) which deploys an evidence-based priority setting, policy, and resource allocation for health in low- and middle-income countries tool was used to identify the contents of EPHS for Somaliland. The proposed package is based on cost-effective interventions that are designed to be provided at the five levels of the health care delivery: (i) Community level run by a female health worker, (ii) primary health unit (PHU) one unit serving 600-1000 population, (iii) a health center (HC), serving 20,000-30,000 population; (iv) district hospital serving 120,000-150,000 people; (v) Regional/national hospital. The NHP advises to review the existing structures in Somaliland to ensure that each level can deliver the package.

1.1.1 Reproductive, Maternal, Newborn and Child health (RMNCAH)

While Somaliland has been experiencing reduced rates of maternal, newborn, and child mortalities over the last couple of years, the commitment to scale up efforts to further reduce and indeed sustain the progress is in place. Redesigning the existing care for mothers and children with innovative models and approaches is one of the new directions.

Primary health care facilities, delivering EPHS should be able to provide improved antenatal, postnatal, and newborn services and coordinate care with childbirth facilities as part of the integrated district health system.

Every effort should be made to improve transportation and the referral system to tackle emergency obstetric cases. Engaging communities to raise expectations and provide

high-quality maternal and newborn services is essential and will be instrumental in the redesign of RMNCAH policy. And finally, political leadership and commitment will drive the launching of new models of care and implementation of integrated plans at all levels.

In order to ensure and sustain standard maternal, newborn and child health services at all levels, the NHP recommends a medium-term action plan devised through multisectoral approach with realistic targets and achievable indicators. Monitoring and supervision framework is vital including reporting formats and monitoring checklists.

Policy Statement:

The NHP restates that RMNCAH will remain a top priority for Somaliland and will focus on continuum of care for all Somaliland women of childbearing age, the newborn, young children, and adolescents enabling their access to quality RMNCAH services. These services will be guided by principles of equity, efficiency, sustainability, transparency, accountability, and ownership and will be delivered through the EPHS network. Emphasis will be placed on most vulnerable segments such as the adolescent girls who are exposed to violence and rape, young men who are more susceptible to TB, STI and children under five who represent the largest proportion in terms of morbidity and mortality from malaria and ARI. The NHP underlines the importance of collaborative efforts of partners such as WHO, UNICEF, UNFPA, Donors, NGOS and CSOs in supporting the ministry on implementation of the RMNCAH strategy of Somaliland. It also endorses the multi-stakeholder global partnership, the Global Financing Facility (GFF) that aims to ensure better health for all mothers, children, and adolescents.

The NHP strongly recommends the following policy objectives to address RMNCAH in Somaliland:

- Strengthening Leadership and Governance for RMNCAH programs [with enhanced information system for informed decision-making]
- Enhanced quality and utilization of Antenatal Care (ANC) services
- Improved maternal delivery care through skilled attendant
- Improved access to Emergency Comprehensive Emergency Obstetric and Newborn Care (CEmONC)
- Improved Postnatal Care (PNC) and Birth Spacing
- Enhanced interventions for Neonatal Care
- Focus on Integrated management of childhood illnesses (IMCI) and Child Survival including EPI services for children and women.
- Strengthened Nutrition stabilization efforts
- Adolescent Health with specific attention to Sexually Transmitted Diseases (STDs) Female Genital mutilation (FGM), early pregnancy, and injuries
- Addressing Gender Based Violence (GBV)
- Ensure availability of RMNCAH essential drugs, supplies and equipment
- Monitoring program performance.

The policy reiterates the important of Safe Motherhood Initiatives (SMI), neonatal, infant and child services and women empowerment programs at all levels of service delivery.

1.1.2 Expanded Program on Immunization & Polio Eradication Initiative

Somaliland fully understands the low performance of EPI program, the previous failure of meeting MDGs and the ongoing efforts towards SDGs. To this end, it has decided to revisit the overall country strategy on maternal and child health in order to scale up priority interventions such as the vaccination program. The objective of the program is to deliver immunization services through all health centres and through outreach programs. Supported by strong communication through the media, the message is to reach every child and particularly find the best way to get the missing child. The government will explore all possible sources of sustainable access to predictable funding, quality supply and innovative technologies. The newly developed EPI policy for Somaliland provides comprehensive design in program leadership, delivery, partnerships, and performance. It clearly defines EPI goal, objectives, and strategic interventions. Among others, policy commitment, introducing new vaccines, exploring sustainable funding, enhancing EPI partnership, and coordinating efforts, and improving and maintaining quality data management will be the priority interventions for EPI program. Somaliland Polio Eradication Initiative (PEI) polio is well established with well dedicated and experienced health workers. AFP surveillance system is robust and capable to detect and investigate almost all AFP cases in the country and report on time.

Policy Statement:

The NHP imparts a clear statement on the importance of immunization against certain major childhood diseases. It reaffirms that the overall objective of the immunization program is to decrease mortality and morbidity levels from vaccine preventable diseases through provision of safe and quality vaccines to all eligible target populations in Somaliland. It reminds that immunization has been one the major scientific advances in medical history; it recalls the benefits of immunization in child survival and how it helps eliminate serious diseases and more importantly it reiterates how cost-effective tool it is that protects millions of lives against the scourge of killer diseases. In short, the NHP once again signals that immunization is free and is delivered through the national EPI program against the following childhood diseases: Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Hepatitis B, Meningitis caused by Haemophilus influenza type B, Measles, and Pneumonia.

The major policy objectives for EPI are registered as follows:

- Translate the national EPI policy into action at all levels;
- Bolster program leadership and governance at all levels;
- Ensure effective routine immunization through all possible outlets;
- Ensure EPI service delivery standards at all levels;
- Support community-based initiatives for promoting EPI activities;
- Stronger program supervision and support;
- Integrate program readiness for prevention of future outbreaks and effectively carry out epidemic control strategy;
- Enhance EPI/Polio communication strategies;

- Explore and implement introduction of new vaccines.

High-level oversight bodies and structures for partner coordination are in place such as Health Sector Coordination Committee (HSCC) and Immunization Coordination Committee (ICC) and national EPI working group. The policy recognizes the collaborative efforts of international partners (Gavi, WHO, UNICEF), NGOs and the Government of Somaliland, particularly MOHD for leading an effective program with well-articulated strategic objectives.

1.1.3 Nutrition

Somaliland has developed its nutrition strategy for 2020-2025 which clearly articulates the overall vision, goals, and strategic directions. Prevention of malnutrition through adequate maternal nutrition before and during pregnancy and lactation, optimal breastfeeding in the first two years of life, promoting access to and availability of nutritious, diverse, and safe foods in early childhood, and an enabling environment. It is essential that the nutrition subsector is aligned and functionally integrated with higher level policy frameworks and with evidence-informed national, regional, and global initiatives. Somaliland will continue to be an active partner of SUN (Scaling up Nutrition) movement and has recently developed a roadmap early 2019 with concrete declaration on the key instruments for scaling up nutrition services.

Policy Statement:

The NHP stresses the importance of optimal nutrition which strongly contributes to human development, economic growth, and social-wellbeing. The policy supports the national aspiration for nutrition strategy and its vision that calls: A society that is free from all forms of malnutrition and nutrition-related diseases and achieves the highest attainable standard of health and well-being".
The NHP recognizes that malnutrition in all its forms remain not only a major public health problem but one of the key underlying factors responsible for the unacceptably high maternal and child morbidities and mortalities in this country. Therefore, the NHP supports MoHD mission to ensure the delivery of essential, high impact, cost-effective, evidence-based, and high-quality nutrition services for all people in Somaliland with a focus on women, children, and other vulnerable groups.

The policy objectives are to ensure that the five strategic directions for improving nutrition in Somaliland should be effectively pursued:

- Creating an enabling policy environment for preventing maternal and child malnutrition through high-level political commitment;
- Improving nutritional status through the life cycle with a focus on the vulnerable groups in the population;
- Embarking on innovative approaches and cost-effective interventions to reduce the burden of malnutrition in Somaliland;
- Scaling up national efforts in reducing undernutrition through a results-focused approach that improves program performance and monitoring;
- Building effective partnership with bilateral and multilateral agencies, academia, CSOs and the private sector.

1.1.4 Communicable Diseases (CDs):

Communicable diseases continue to be the leading cause of morbidity and mortality in the country. While significant achievements have been made yet the incidence and prevalence of some of the major CDs are still widespread. The NHP recognizes that immunization is a major tool to control and prevent certain major communicable diseases. To promote immunization update and maintain high vaccination coverage reduces significantly childhood vaccine preventable diseases (VPD). The Government is fully responsible for the immunization program and has to ensure availability of vaccines, accessibility to all with high coverage with sustained efforts to reach the missing child.

Blood banking is wide-spectrum in communicable diseases context, therefore the Minister of Health development is ultimately responsible for the safety and adequacy of the supply of blood and blood products in the country, and shall take all measures to ensure the effective implementation of the National Blood Policy, and the safety of transfusion practice nationwide.

Hepatitis B is a major public health challenge in terms of morbidity and mortality in Somaliland. Hepatitis B vaccination has been introduced in the routine immunization program not long time ago. The NHP supports hepatitis B vaccination for high-risk populations including health workers and screening for both hepatitis B and C among clinical at-risk groups and vulnerable populations. Scaling up efforts on health education through all possible channels will be among the key interventions with detailed methodologies in HSSPIII and certainly in CD operational plans. WASH related programs are so important in terms of waterborne, water-based, and water-washed diseases and therefore, the NHP stresses the need to beef up existing strategies for WASH programs.

Policy Statement:

The NHP underlines the importance of childhood VPDs, the three major global epidemics (HIV/AIDS, TB, and Malaria), Respiratory, and Gastro-intestinal infections, Viral hepatitis, Eye infections and few neglected tropical diseases (NTDs) and reasserts that the fight against these communicable diseases will remain a priority for the nation where necessary efforts will be placed on mobilizing resources internally and externally, on health promotion to minimize and control the spread of diseases within the society, and on strengthening information and intelligence for an informed policy analysis and for evidence-based strategies and operational plans. Attainment of an accessible and adequate blood bank system to easily supply safe and quality blood and blood components collected / procured from a voluntary non-remunerated regular blood donor in well-equipped premises, is major policy priorities of Communicable Diseases prevention. Skill development for health care providers on leadership and management of communicable diseases should be reinforced. The NHP advocates for greater collaboration with partners and the private sector to ensure major communicable diseases program strategies are adequately funded, operational plans are smoothly delivered and programs performance are regularly assessed.

The policy objectives of tackling the threat of communicable diseases in general are outlined as follows:

- Develop integrated CD national strategy with disease-specific interventions standard operating procedures;
- Review existing treatment guidelines for common diseases;
- Develop national Blood Bank Policy that covers the sustainable quality assurance, clinical transfusion practice, code of ethics, the financing of the National Blood Service and the roles of all organizations involved in these processes.
- Strengthen community awareness on prevention, seeking care behavior for targeted diseases;
- Collaborate and engage the private sector on disease prevention, treatment, and on diagnostic methods;
- Bolster the public health laboratory capable of detect, isolating various pathogens and identify appropriate treatments;
- Strengthen staff training on case management and counseling interventions.

1.1.5 Tuberculosis:

TB remains one of the leading causes of morbidity and mortality in Somaliland due to the low socioeconomic situation and poor health seeking behavior among the Somaliland community. While success rate has improved for the last five years and was kept at over 85% there are still concerns on the overall program performance. Thus, the NHP underlines the importance of addressing the existing gaps and maintaining satisfactory level of program performance and better outcomes.

Policy Statement:

In Somaliland TB threat to the overall economic development and social well-being cannot be underestimated. Poverty and malnutrition remain some of major social determinants underpinning the widespread of TB in Somaliland and without tackling these elements disease control efforts will not bring satisfactorily results. The health system itself is a major determinant and as long as service coverage are limited, all program performance indicators will remain below the recommended targets. Thus, the NHP reaffirms that improved stewardship and accountability, with monitoring and evaluation; strong coalition with civil society organizations and communities; protection and promotion of human rights, ethics and equity and adaptation of the strategy and targets at all levels will remain the guiding principles in the fight against the disease.

The policy objectives for effectively containing TB in Somaliland are listed as follows:

- Integrate TB into EPHS, using existing strategy for improving notification efforts;
- Expand TB treatment centers;
- Enhance diagnostic and treatment interventions, increasing detection rate;
- Ensure TB drugs quality and its rational use
- Strengthen health workforce capacities with focus on skill development initiatives;

- Collaborate with partners, engaging the private sector and reinforcing community involvement;
- Improve disease surveillance and;
- Mobilize of domestic and external resources for TB control program.

The NHP calls all partners to join hands and ensure that existing strategies are collectively and harmoniously implemented. It also urges that the ongoing COVID 19 pandemic should not divert the attention of Somaliland traditional partners and donors from keeping up efforts in generating the badly-needed resources.

1.1.6 HIV/AIDS:

In general, Somaliland is considered to have a low-level HIV epidemic at the moment. However, HIV/AIDS is a priority program for Somaliland, and efforts to HIV counselling and testing services have been fully integrated into primary health services. PMTC services are completely available at health centers (counseling, testing, and referral to the care). There are significant challenges which include inter alia: HIV services are not fully integrated into the EPHS levels; weak collaboration with the private sector; high default rate among clients on ART largely due to stigma; Social exclusion and discriminatory attitudes from the community continue to be detrimental for the PLHIV to live normally within community; and program underfunding.

Policy Statement:

Somaliland national health policy recognizes the importance of the global initiatives of tackling the new challenges of the evolving pandemic; better prevention and treatment programs for other sexually transmitted diseases; greater focus on prevention of HIV infection through improvement of women's health, education and status; a social environment giving more support to prevention programs; greater emphasis on the public health dangers of stigmatization of people known to be or suspected of being infected, and of discrimination against them; and increasing emphasis on treatment and care. To this end, it will intensify national AIDS prevention efforts, with commitment and leadership at the highest political level; In addition, the NHP calls for a stronger overall coordination of the HIV response across various sectors which remain under the responsibility of the Somaliland AIDS Commission, with the HIV/AIDS unit within the Ministry of Health Development (MoHD) who is primarily responsible for the health sector response.

The NHP objectives and interventions for HIV/AIDs program and interventions include:

- Advocacy for improved government sector's collective efforts;
- Lead the national response with a focus on prevention and control of the epidemic. Key interventions on tackling transmission of HIV will focus on Sexually Transmitted Infections (STIs) services; Blood safety; Prevention of Mother to Child HIV Transmission;
- Design, development, and distribution of IEC materials; Health education and promotion;
- Voluntary Counseling and Testing (VCT);

- Care of HIV/AIDS patients at both facility level and community home based care;
- Provision of treatment for Opportunistic Infections (OI) and expansion of Anti-Retroviral Therapy (ART)
- Impact mitigation and support to affected and infected individuals and addressing the stigma.

1.1.7 Malaria

Malaria is a priority disease and poses a significant health risk to Somaliland population with an uneven distribution of the disease burden and associated risks across the country. The disease transmission remains highly heterogeneous. The NHP recognizes the importance of doubling existing efforts to fight against this endemic disease through integrated disease control program that is delivered according to malaria strategy and through EPHS framework.

Policy Statement:

Our policy primarily intends to accelerate progress towards malaria elimination and calls for all partners to join hands towards achieving the national targets. The NHP advises that malaria program will continue to provide, promote, and advocate for equitable, comprehensive, cost effective, efficient, and quality malaria control and elimination services for the entire country. Malaria control activity is one of the major components of EPHS and should be implemented at all the delivery levels including the community, primary health care unit, health center, referral health center, district/regional facilities. Somaliland appreciate the collective efforts of the Global fund, WHO, UNICEF and others and strongly urges to scale up existing interventions against malaria.

The key policy objectives of Somaliland Malaria control program were identified as follows:

- Universal access to appropriate malaria prevention and case management interventions.
- Accelerate towards malaria elimination which aims to ensure that “By 2025, at least 10 districts shall be reporting zero local transmission of malaria[21].
- Enhance strategic information generation and use which aims to ensure that “By 2025, malaria M&E, EPR and surveillance capacity.
- Enhance program enabling environment which target that “By 2025, the enabling environment and systems for malaria response in Somaliland are optimally functioning”. Use of ITNs in high prevalence areas, active case findings during outbreaks, managing cases with Artemisinin Combination Therapy (ACTs) or other first-line combinations will remain some of the key interventions of malaria prevention and control.

[21] Somaliland Malaria control and elimination strategy, 2021-2025

- Skill development of health workforce, program integration into the EPHS framework, policy analysis, and a focus on program performance will remain among the policy objectives of malaria control program.

1.1.8 Non-communicable disease

Somaliland NHP alerts its population on the increasing risks of NCDs: Cardiovascular problems, diabetes, cancer, chronic respiratory problems will continue to rise and put a heavy burden on the health system and indeed to individuals and households. Lifestyles are critical in prevention of majority of NCDs. Tobacco use and smoking in all its forms, Khat consumption, high-intake of salt and sugar, less activity especially in women, lack of school physical exercises, poor diet, are the common risk factors for most of NCDs. The plight of cardiovascular diseases cannot be underestimated, driven by unhealthy lifestyles, lack of awareness, poor treatment and under-reporting, the disease is likely to overtake other public health issues in terms of morbidity and mortality if the current trend continues. Cancer is believed to be another threat and has been increasing over the last decades albeit cancer registry is not available and lack of even presumptive data on this disease still poses a significant challenge.

Policy Statement:

The NHP restates that the goal is to reduce the preventable and avoidable burden of morbidity, mortality, and disability due to Non-Communicable Diseases in the country and achieve a healthy and productive population. NCD is a priority and a new approach to focus on prevention and control of these chronic diseases will be developed and pursued. The policy endorses to scale up all existing health promotion services to address the group of modifiable risk factors and their impact on health and well-being through well-defined objectives and interventions.
The Government shall explore all possible channels to reach the population through effective health education and empower people with necessary information on NCDs. Detailed NCD strategic directions and operational plans will be clearly articulated in the national health sector strategic plan.

The policy objectives for non-communicable diseases are outlined as follows:

- Raise the priority accorded to the prevention and control of Non-Communicable Diseases on the political agenda and at all levels through stronger advocacy;
- Multisectoral policies and partnerships;
- Action on NCD risk factors through effective communication with focus on major ones: Tobacco Use, Unhealthy diet; Harmful use of Alcohol and physical inactivity;
- Strengthen cost-effective interventions for cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases;
- Bolster Health Education and Health Promotion unit of MOH;
- Integrate NCDs into EPHS interventions at all health care delivery levels;
- Orient health systems to address the prevention and control of Non-Communicable Diseases and the underlying social determinants through people- centered primary health care and universal health coverage;
- NCD surveillance and research

1.1.9 Mental Health

Mental health diseases continue to be one of the major public health problems in Somaliland and was recognized as a neglected issue for a long time. The widespread of mental health problems were further aggravated by intertwined socioeconomic challenges. Mental illnesses are diseases characterized by social exclusion because of stigma which is deeply rooted and pervasive. Patients and their families face negative attitudes and physical harm from society, leaving many socially isolated and vulnerable.

Policy Statement:

The NHP reiterates that Mental Health is a priority public health issue that has received significant attention over the last few years. The policy encourages to develop, introduce, and monitor a broad range of mental health initiatives to support individuals and families across the range of preventive interventions, primary and secondary service provision, referral, and rehabilitation, with special focus on immediate delivery of the most essential services to those with the greatest needs. The NHP highlights the importance of social exclusion attached to mental health due to the widespread stigma. To this end the policy calls for greater awareness on human dignity and social well-being.

The policy objectives for tackling mental health in Somaliland are to:

- Expand and integrate MH services into all levels of health care delivery including the private sector.
- Promote inter and multi sectoral collaboration for promotion of mental health and prevention of mental disorders;
- Disseminate the revised mental health policy to all regions to ensure better coordination.
- Strengthen capacity development among non-specialist workforce to support mental program at all levels.
- Ensure availability of essential psychotropic drugs in general health care settings at all facility level services.
- Strengthen information, evaluation, and monitoring of mental health program implementation in Somaliland.

1.2 Quality improvement

Now, more than ever, improving quality and delivering better care is critical to strengthening Somaliland's health care sector. Although much has been done over the past decade to restructure the health care system and to improve access across the country the concept of quality care has received limited attention. In Somaliland, the Ministry of Health Development is committed to working with healthcare organisations to scale up service provision through a whole system approach, that ensures sustained improvements in health care quality. Therefore, to create a high-value health care system the current NHP renders the quality agenda essential to achieving improved health of the population, enhanced patient experiences and outcomes and reducing preventable mortalities.

Policy statement

The NHP urges that quality improvement should remain the cornerstone and foundation for all the healthcare programs and services implemented in Somaliland. The policy demands that all the documents related to standardization of services, guidelines, protocols, and legal frameworks that are essential for guiding the quality improvement efforts are to be formulated at national level. The policy, likewise, calls all the stakeholders including the private sector to collaborate better, exchange knowledge and form a coalition body for quality improvement. The policy recommends prioritising regular training in protocols and standards for healthcare staff to adapt their attitudes and practices towards patient safety, performance data and monitoring improvement efforts.

2. Improve human resource policy and build capable health workforce

The health sector recognizes the critical role of human resource in health care in terms of quality, quantity, and distribution. The MOHD is fully aware of challenges in both pre-service and in-service training programs throughout the country. Concisely, the NHP seeks improved investment in the HR policy and planning function, in financing HR, in managing workforce entry (pre-service education), in hiring, workforce performance (supervision, support and accreditation) and in compensation and lifelong learning and professional development.

Policy Statement:

Moving towards attaining effective and sustainable health workforce is central to the NHP implementation with the purpose of building strong and resilient health system. It also aims to optimize performance, quality and impact of the health workforce contributing to healthy lives and well-being of the society. Capable health workforce has a vital role in building the resilience of communities and health system to respond to disasters due to natural or man-made hazards. The NHP advocates for stronger accreditation systems for training institutions, for reducing inequities in access to a health worker, and for enhancing regulatory system to promote patient safety an oversight of the private sector.

The policy objectives for improving HRH are to:

- Sustain the production of adequate health workers with appropriate quantity, quality, and relevance to respond to the needs of health services.
- Improve recruitment, deployment, retention, motivation, and performance of health workers.
- Regulate and manage exits from the health labor market; Strengthen capacity of health workforce structures at all levels.
- Establish and strengthen the regulation of health workforce practice and education to ensure quality response to population needs, public protection and patient safety.

- Identify resources and requirements for health workforce production, recruitment and deployment and decent working conditions that are in line with the national health workforce strategic plans and labor market.
- Mobilize and secure adequate funding for improving the production and employment capacity for, and quality of, health professionals;
- And strengthen health workforce databases, information, and evidence. The NHP seeks the health sector strategic plan will provide detailed intervention for each of these strategies.

3. Strengthen leadership and governance for health

Leadership and governance involve ensuring that a strategic policy framework exists and is combined with effective oversight, coalition-building, regulation, attention to system-design and accountability. It requires overseeing and guiding the health system as a whole, not just the public system, in order to protect the public interest - broader than simply improving health status[22].

Policy Statement:

The NHP underscores strong leadership with strategic vision, motivated, flexible, and capable of inspiring the health workforce with the purpose of spearheading good governance characterized by ownership, inclusiveness, responsiveness, effectiveness, efficiency, equity-oriented, that delivers under the rule of law and with greater transparency and accountability. That ensures the necessary institutional arrangements such as an effective policy and planning unit, comprehensive, timely and accurate health information, and energetic coordination mechanisms at all levels. It also ensures robust and evidence-informed policy analysis, standard setting, and empowering subnational levels through decentralized management, intersectoral action, and enthusiastic partnerships and deploys appropriate tools for mobilizing external and domestic resources for attaining UHC2030.

The policy objectives for leadership and improved governance in health are summarized as follows:

- Setting up strategic policy direction [vision, clear mission, strategy/plans]
- Generation of intelligence for informed policy analysis and development;
- Building coalition/ partnerships;
- Ensuring a fit between policy objectives and organizational structure [The leadership shall ensure small but highly effective organizational structures at national and subnational levels, with functional linkages and with clear roles].
- Ensuring accountability [promoting the role of the press and media in health care delivery; mechanisms adhering to financial and administrative rules are in place;
- Strengthening decentralization of health services;

[22] Siddiqi, Masud, Nishtar, Peters, Sabri, 2009, 90:13-25. Framework for assessing governance of the health system in developing countries: Gateway to good governance. Health Policy.

- Aligning and coordinating health sector strategies and plans aligned among key factors such as the existence of joint annual review and planning processes.

3.1 Partnerships for Health

This governance function is as important as any other priority program in Somaliland health system development. Somaliland health sector has a vast experience in partnership with various entities such as bilateral, multilateral, NGOs, community structures, CSOs, private sector and Government line ministries. The new NHP is to build on existing knowledge on further ameliorating partnership with national and international partners, leading towards the creation of dynamic coalition for the health development. The MoHD is fully aware of the importance of creating and maintaining an enabling environment for health partnership.

Currently, many partners are engaged in EPHS programs, in communicable diseases control, in water and sanitation, in nutrition, in EPI, and in human resources development. The NHP supports Aid-Effectiveness (AE) principles of which alignment, harmonization, mutual accountability, aid predictability and focus on results are essential and should be available for health system strengthening of aid recipient countries; and when all these principles are met, it creates a win-win situation for the government and for mainly external partners and donor countries.

Policy Statement:

The NHP strongly supports the strategic objectives of partnership for health which includes global partnership, regional partnership, and Local partnership. It also endorses equal partnership, coalition building and collaborative relationships dedicated to the pursuit for a shared goal. Furthermore, the NHP supports the guiding principles for an effective partnership such as mutual accountability and better governance.

The policy objectives of health partnership in Somaliland are to:

- Build on country experience on partnership for health with all agencies, institutions, and communities;
- Engage through constructive policy dialogue with all partners to create a common platform;
- Promote inclusiveness in policy/strategy/plans formulation processes;
- Demonstrate ownership by establishing an enabling environment and providing leadership for partners to deliver;
- Mobilize resources for the health system development;
- Promote the concept of equal partnership with all stakeholders;
- Ensure legal frameworks for collaborative programs such as contracting out health services to NGOs
- Ensure better accountability and transparency for collaborative efforts.

3.2 Public-Private-Partnership (PPP)

Engaging the private sector in health system development is one of the strategic directions and a priority action area for the ministry of health. The WHO has recognized the great potential for government engagement with the private sector to deliver Universal Health Coverage (UHC). The organization has recommended six governance behaviors that are critical to engaging the private sector: building understanding, deliver strategy, enable stakeholders, foster relations, align structures, and nurture trust.

The establishment of PPP unit in MoHD was a major stride in health sector development with government commitment to strengthen the role of private sector not only in-service delivery but in policy development and in health promotion and protection.

Thanks to the initiative taken by partners (World Bank, UNICEF, and the Global Fund) on drafting the first strategic guidance for engaging the private sector in 2020. Given the multi-dimensions of private sector, the NHP intends to promote the for-profit and non-for-profit entities. The gap in health services provided by the public sector has been to some extent filled in recent years by private providers (both for profits and non-for-profits), which is vast, encompassing traditional practitioners, clinics, hospitals, pharmacies, and drug sellers. The main issues facing the Somaliland health sector are the lack of consistency in access and quality, poor regulation, counterfeit drugs, shortage of trained health workers and a fragmented private sector[23].

Policy Statement:

The role of private sector in service provision is well acknowledged and will continue to flourish. Partnering with private sector is needed more than ever and will accelerate national efforts towards UHC goal. It will certainly enhance accessibility and quality of equitable services. However, their role should be reinforced with capacity development and better regulation. The NHP advocates for improved public-private-partnership guided by the values and principles of the health sector in Somaliland.

The policy objectives on PPP are briefly outlined as follows

- A stronger, reliable, and effective PPP for health system strengthening;
- For not controlling but exploiting their huge capacities in service delivery, in consumer's protection, in quality service provision and in resource generation;
- Promoting contracting-out and contracting-in services with NGOs to deliver essential services such as EPHS and others through performance-based agreements;
- NHP underlines the importance of scaling up the role and capacity of PPP unit and create and enabling environment in order to provide the necessary leadership of this challenging area.

[23] Strategic guidance for engaging the PS, 2020

3.4 Coordination

Coordination is a governance function and has multiple purpose in health service development: It is an instrument that plays a major role at policy and programmatic levels. At policy level, it creates common vision, it ensures inclusiveness, coalition building, alignment, and better allocation of resources. At programmatic level, it guides the collective efforts of partners, it reduces duplication of inputs and resources, it supports periodic joint reviews, and it safeguards coherence and harmony among stakeholders.

Coordination occurs at different levels and between various actors in the area of health policy and strategy development, and in health services delivery. High-level coordination between donor agencies and the government usually focuses on external assistance for health and health-related projects. Programmatic coordination and technical working groups takes place at national, regional and district levels to ensure synergy among actors in that thematic area.

Policy Statement:

The policy fully supports health sector coordination led by the MOHD, guided by fundamental principles which include inter alia: Ownership by the Government, equal partnership, inclusiveness, mutual accountability, transparency, results-focused, and alignment to national vision, and harmonization of collaborative programs. The MOHD is committed to create an enabling environment for the sector coordination and reaffirms its adherence to the principles of Paris Declaration of Aid-effectiveness.

The NHP reiterates that all health sector coordination activities are led by the MoHD with the purpose of ensuring ownership in the first place and of bringing all actors (development partners, implementing agencies, CSOs and communities) together for joined-up efforts to achieve better health outcomes.

Somaliland seeks a high-level health sector in-country coordination that:

- Provides guidance on resource mapping, expenditure tracking, gap identification, prioritization, mobilization of resources to fill the gap and allocation of resources for equitable services;
- Upholds the principles of effective coordination of external assistance;
- Collectively assess program performances against the high-level benchmarks, targets, and indicators;
- Jointly review country progress towards health-related SDGs.

At national level the following coordination forums will continue to operate in the form of technical working groups where applicable:

- Health and Nutrition Sector Coordination
- RMNCAH-N Technical Working Group

- Supply Chain and Commodity Security Working Group
- HIV-TB-Malaria Technical Working Group / GFSC.
- Immunization Coordination Committee (ICC)
- EPHS Service Delivery Working Group.
- Community Health Systems Technical Working Group
- Health Information Systems (HIS) working group –
- Regional health & Nutrition coordination Health, Nutrition and WASH.

4. Improve access to quality essential medicine and health technology

Somaliland has a National Medicines Policy (NMP) and recently finalized Essential Medicines List (EML). The National Medicines Regulatory Authority (NMRA) was established and Standard Treatment Guidelines (STGs) for health care facilities were developed and launched in 2017. The existence of these three elements is very significant under the health technology building block of the health system. Nevertheless, the functionality of NMRA and the use of EML need to be thoroughly examined. The technology and medicines pose a daunting challenge to the administration and requires sustained efforts to purse the NMP. Counterfeit and sub-standard drugs are widespread and seriously undermining health care outcomes and rather creating dangerous problems that thrives antimicrobial resistance (AMR).

Policy Statement:

Access to quality medicines and vaccines, regular supplies of essential medicines based on the priority public health problems, rational use of drugs, improved regulatory mechanisms to ensure, quality, safety and efficacy, fair and affordable prices, and stronger partnership with relevant stakeholders are identified to be the key milestones for the NHP that are effectively implemented through the interventions outlined in the national medicines policy. The NHP calls for innovative approaches to improve the pharmaceutical sector where qualified professionals are fully responsible in dispensing drugs to consumers. The policy calls for better monitoring and evaluation of the national drug policy including external evaluation of the impact of the NMP.

The NHP objectives of national medicines program are as follows:

- Tackle the concerns over quality, patient safety, escalating cost, technology selection and assessment;
- Strengthen the national regulatory authorities and instruments;
- Action on counterfeit and substandard drugs;
- Ensure availability of essential medicines at all EPHS levels;

- Ensure appropriate warehouses for drug storage, supply, and distribution
- Capacity building for program managers, pharmacists, and biomedical technicians.
- Build on Good Governance for Medicine (GGM) initiative to provide comprehensive program leadership at all levels.
- Improve national and subnational integrated monitoring system as part of GGM.

5. Strengthen Health Information System

HMIS is a management tool for informed and evidence-based decision-making and is a key instrument for the leadership to devise robust policies and plans. The NHP acknowledges the significant improvements made in health data collection from across the health facilities in all six regions. It also recognizes the importance of SLHDHS which provided up-to-date information on health indicators related to RMNCAH, nutrition, chronic diseases, awareness, and behaviors regarding HIV/AIDS and other sexually transmitted infections.

Policy Statement:

Improving data generation, compilation, analysis and synthesis, and communication and use will be central to national HMIS efforts. The NHP underpins efforts to collect data from different sources [individual, facility, population, and public health surveillance] for the purpose of improving decision-making process through country's health system. The NHP reaffirms the importance of using the electronic platform called district health information system (DHIS2). The DHIS2 platform has been established in all the regions and are currently sending the routine data through the DHIS platform. The policy predicts to improve/strengthen the following HMIS functions and objectives. The NHP encourages to use core indicators for assessing the performance of health information system. These core indicators are the indicators related to data generation using core sources and methods (health surveys, civil registration, census, facility reporting, health system resource tracking); and indicators related to country capacities for synthesis, analysis, and validation of data.

Key policy objectives for health management information system are delineated as follows:

- Redefine information needs and objectives such as core indicators, HMIS plans and strategies;
- Ensure timely, complete, and accurate data collection to data to monitor notifiable diseases;
- Ensure timely, complete, and accurate data collection from service record data, from infrastructure, equipment, and facilities, from human resources;
- Strengthen data management [coordinating and integrating from programs];
- Enhance data quality assurance;
- Improve data analyzing and synthesizing to produce useful information;
- And disseminate health system information to policy making, managers, providers, and relevant partners.

6. Health Financing

When people have to pay most of the cost for health services out of their own pockets, the poor are often unable to obtain many of the services they need, and even the rich may be exposed to financial hardship in the event of severe or long-term illness[24]. Pooling funds from compulsory funding sources (such as government tax revenues) can spread the financial risks of illness across a population. UHC emphasizes not only *what* services are covered, but also how they are funded, managed, and delivered. The financing function of the health system is indeed complicated in resource-poor setting like Somaliland. However, the Government is committed to explore all possible options for better financing in order to minimize the widespread catastrophic expenditure in this country. Somaliland fully understands the role of domestic resources and despite the impact of the ongoing pandemic it will devise strategic directions for generating domestic resources and for mobilizing external assistance to health sector.

Policy Statement:

The NHP stresses that revenue raising, pooling and strategic purchasing will remain the strategic direction for the government to pursue its UHC goal. The health policy reinforces the financing objectives that allows people to use needed services without the risk of severe financial hardship. Strong governance is required to safeguard the financing policy as part of a functioning health system and a sustained commitment at the highest level to promote financial protection is equally important and should be one of the strategic directions for a better financing policy.

The policy objectives for health financing are the following:

- Develop a financing strategy for the health sector with a detailed government approaches to health care funding;
- Devise advocacy tools for mobilizing domestic and external resources including some form of taxation, ways of increasing predictability of public funding, and means of reducing fragmentation and duplication of resources;
- Strengthen partnership with private-sector for financing and for contracting out of health services where possible;
- Attention to financial protection as well as equity concerns (e.g. level and distribution of catastrophic and/or impoverishing out-of-pocket payments);
- The government will strengthen efforts to monitor the health system performance against financial protection in order to prevent people from being pushed to poverty by the system.

7. Strengthen emergency preparedness and response

Epidemics and outbreaks of communicable diseases are frequent in Somaliland. Acute watery diarrhea, vaccine preventable diseases (measles, polio, pertussis); upper respiratory viral and bacterial infections, TB, HIV and Malaria are of major

[24] Countries' progress towards UHC, WHO, 2020

concern and some of these diseases flares up almost every year These outbreaks are further aggravated by poor access to health services, recurrent drought, poor sanitation, and lack of safe drinking water. Health emergencies due to road and traffic accidents are on the rise and presents itself as a major public health issue and development crisis. Injuries due to car accidents and sometimes to violence put heavy burden on the meager hospital and health centers' resources.

The ongoing COVID-19 pandemic has tested the existing local capacities in terms of preparedness, response and mitigation and has provided great opportunities to learn from. As a matter of policy, the national efforts will continue to do testing, tracing, and treatment of this devastating disease. Cross-border collaboration (Djibouti, Somalia, Ethiopia, and Yemen) and implementation of International Health Regulations (IHR) will further be reinforced. National COVID-19 emergency response plan (NRP) has been formulated as part of the ongoing interventions against the pandemic. In collaboration with Gavi and other partners securing additional COVID-19 vaccines will remain a top priority for the Government. Emphasis will be placed on persuading people to create positive attitudes towards vaccination. Significant steps have already been taken in mobilizing domestic resources to finance the NRP and efforts on risk communication and community engagement has been revitalized albeit it has not been fruitful.

Policy statement:

The policy recognizes that safeguarding, maintaining, and restoring the health and well-being of the people remain one of the guiding principles for emergency preparedness and response. A ministry that is fairly equipped, and a system that is resilient are critical to respond to both natural and man-made disasters and public health emergencies. The policy reiterates that preparedness requires sustained political commitment, partnerships, and funding. Emergency preparedness is a shared responsibility that requires coordination between communities and national and international actors. The policy underlines ownership to ensure better management combined with strong community participation in preparedness and response. It directs to provide timely, effective, and efficient technical and operations support to regions and districts to ensure that emergency-affected populations have access to an essential package of life-saving health services. The NHP policy recommends that an updated national strategy for EPR, well received all levels should be in place. It also supports for a stronger collaboration with international partners and promotes cross-border collaboration to ensure collective action and it highlights the importance of the lessons-learned from the previous emergencies and the ongoing pandemic in capitalizing for future emergency operations.

The policy objectives for the EPR program are to achieve:

- Establish and operationalize fully equipped public health operation center
- Operational readiness to respond to emergencies;
- Building a resilient health system;
- Sustained political commitment partnerships and funding;
- Risk management approach to emphasize prevention measures and avoid hazard;
- Disease Early Warning Systems (DEWS) and strong surveillance;
- Fully equipped functioning public health laboratories;
- Health workforce with necessary capacities, technical skills, and effective leadership;

- Collaboration with the National Disaster Management Office
- Community engagement; and
- Good governance.

Further details including strategic interventions, approaches, and operational tasks will be provided in the upcoming national health sector strategic plan.

8. Improve infrastructure for Health

Infrastructure refers to physical structure of health facilities, water, electricity, and communication technology. In addition, Medical and non-medical equipment, access roads, ambulances are all essential in health services and significantly contributes to quality-of-service provision and the health outcomes.

Many health facilities of different capacities have been built over the last decade, nonetheless the quality of these structures is indeed required to be improved. Furthermore, their maintenance is either weak or non-existent. The NHP recommends to strengthen MoHD unit responsible for planning, designing and maintenance of health facilities and equipment. It supports public-private partnership joint initiatives on infrastructure and it urges higher commitments in terms of policy support and in terms of resources mobilization.

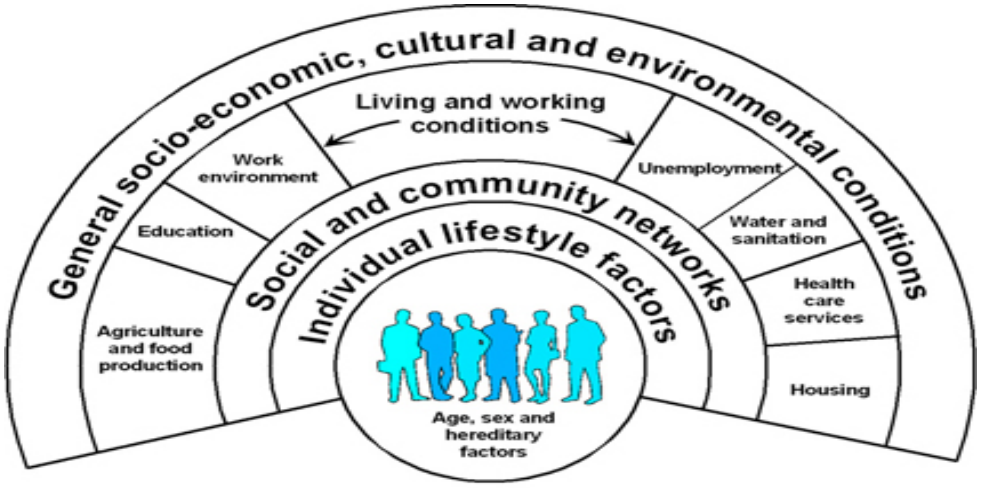
The NHP recognizes the community including the diaspora contributions to primary health care infrastructure, it underlines the role of local governments and INGOs for their relentless support on health infrastructure. It also calls the attention of all partners to the existing shortages of basic health centers and health posts in rural areas.

9. Tackling Social Determinants of Health through Intersectoral Action (ISA) and Health-in-All-Policies' (HiAP) approach

Creating the conditions in which people can lead a flourishing life is critical for human development. There are two categories of social determinants of health[25]:

- structural – "fundamental structures of social hierarchy and;
- Intermediate - "socially determined conditions in which people are born, grow, live, work and age".

[25] Social Determinants of Health, WHO's Global Commission Report on SDH, 2000



The common social determinants of health in the country are listed as follows:

- Generalized and persistent Poverty
- Unemployment
- High illiteracy, especially in the female population
- Persistent food insecurity leading to malnutrition (stunting, wasting, low weight
- Patriarchal society – limits access to services for women
- Occupation – nomadic population with very limited access to health care]
- Unhealthy lifestyle: Smoking, substance abuse, Khat use, sedentary life, car accidents
- Early age at marriage
- Lack of social protection

These determinants are societal conditions that affect health and development. They are the fundamental causes of inequalities in health outcomes that are avoidable. Closing the gap through action on SDH is the onus of every nation and every government that should always be at the top of national agenda.

Policy statement

The new NHP sheds light on the importance of SDH, it warns the detrimental effects of these determinants such as—inequalities in health outcomes—and it illuminates the three major areas of action to tackle the problems of SDH in order to improve the health status of the population as a whole and move towards closing the gap between the various segments. The policy recapitulates that health and illness follow a social gradient---the lower the social position, the worse the health of the individual. Therefore, this unacceptable social injustice can only be addressed through action on SDH which in turn requires the action of all relevant sectors. In other words, the whole-of-government, and whole-of-society is critical to ensure that the common SDH in Somaliland are effectively targeted. This is the only means that the underpinning elements of SDH, i.e. health inequities and right to health are genuinely addressed. The policy reiterates that addressing SDH is not the responsibility of one sector alone and it is not indeed the task of only certain institutions but it is a common agenda for all and at all levels.

The recommended policy objectives for tackling the Social Determinants of Health are as follows:

- Develop a common national strategy that clearly furnishes the national strategic directions and a roadmap for the country;
- Establish SDH high-level national coordinating structure to do policy setting, advocacy, resource mobilization and oversight;
- To launch intersectoral action for SDH involving relevant government institutions and civil society organizations and community structures
- To reinstate Health-in-All policies approach to ensure the recognition that the population health is not merely a product of health sector activities
- To formulate national monitoring framework, training tools and research.

10. Female Genital Mutilation/Cutting

FGM is nearly universal, estimated at around 98% among females in their reproductive age with a pharaonic type being the dominant (60-70%) of all types. FGM/C includes all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Key motivating forces behind continuing the practice of FGM/C is the pressure of conformity to traditional and social norms. Above half (63% for women aged 15-49 and 62% of girls 0-14 years) of female genital cutting procedures are been performed by traditional circumcisers[26]. The recent study found that 53% of women aged 15-49 want FGM/C practice to continue. In addition, it documented that the proportion of women circumcised is higher in nomadic settings at 100 percent, compared to rural and urban settings at 99 and 97 percent respectively.

Policy statement:

The NHP supports national efforts for tackling these harmful practices against women that endangers their health for life. Both immediate and long-term FGM complications are debilitating and may lead to a fatal outcome. The policy supports for scaling up the on-going efforts and calls for a stronger partnership between stakeholders to establish a common ground for addressing one of the major health and social problems of women and it calls for greater participation by women to move the FGM agenda forward. The MoHD has been and will be very keen to provide all necessary health perspectives, both social and medical effects required to support the process of reviewing and/or renewing government laws on FGM.

The policy objectives for tackling the dangers of FGM are outlined as follows:

- Advocate for sustained commitment of government at all levels to the successful implementation of the policy, as well as to legislation and enforcement;
- Enlighten and support the public through Information, Education and Communication network;

[26] SLDHS, 2020

- Capacity Building through training of trainers, including peer educators and health workers, as well as ensuring the availability of suitable training packages/information manuals/kits on the dangers and consequences of female genital mutilation;
- Promote research to generate current information, and to monitor and evaluate intervention programs to determine attitudinal changes;
- Promote alternative skills acquisition, credit mobilization, and income generation for practitioners of female genital mutilation.

10.1 Gender-Based Violence

Gender Based Violence (GBV), or sometimes referred to as Sexual and Gender-based Violence (SGBV), is any harmful act of physical, sexual, mental, or emotional violence that is perpetrated against the will of women and girls. Violence against women can be fatal and may lead to depression, anxiety disorders, permanent injuries, post-traumatic stress disorder, sleep difficulties and sometimes death. The situation is further aggravated by the cultural sensitivity where women are not comfortable discussing domestic violence openly and/or complain to any formal entity. The extent of the problem is very significant as documented by the recent SLDHS study, where 12% of women aged 15-49 years have experienced physical violence at least once since age 12 and 30% of ever-married women reported that they have experienced physical injuries.

Policy statement:

The Government of Somaliland is committed to tackle Gender-based violence (GBV) and enforce the rule of law to ensure that vulnerable segments of the population are protected. This sexual and gender-based violence (SGBV) is global issue which has no social, economic or cultural boundaries. Under the UN Sustainable Developments Goals (SDGs), goal five calls for the elimination of all forms of violence and discriminatory acts against women and girls. The NHP fully supports the SDG goal related to GBV and strongly advocates that this health-related goals should be fully integrated into health policies and programs at all levels. It also urges the use of multisectoral approach to ensure that all its dimensions are effectively and comprehensively addressed.

The policy objective for GBV is to fully attain the following:

- As the overarching goal, the health sector has improved capacity to deliver services to GBV survivors and to enhance prevention;
- Increase awareness among the health professionals and partners;
- Capacity development on health response to GBV and its impact;
- Enhance coordination of efforts among various sectors;
- Strengthen monitoring of GBV to establish proper medical care and address under-reporting;

- Support initiatives for developing laws and policies.

11. Health Research

The quest for evidence-informed policies, strategies and plans for health system development has been a priority area for MoHD which has led the ministry to establish a research unit under the Department of Policy and Planning. The unit is expected to carry out both operational research and health systems research. Operational research aims to develop solutions to current operational problems of specific health program or specific service delivery components of the health system, e.g. Low EPI coverage in one region, or poor performance of a region/district. Heath systems research Health addresses health system and policy questions that are not disease-specific but concern systems problems that have repercussions on the performance of the health system as a whole. It addresses a wide range of questions, from health financing, governance, and policy to problems with structuring, planning, management, human resources, service delivery, referral, and quality of care in the public and private sector.

Policy Statement

Building and maintaining strong institutional capacity for health operational research, and health systems research to support the multidimensional strategies for health system strengthening will guide the work of the MOHD on this important function. The policy supports skill-development initiatives on research through in-service programs for example, field epidemiologists and health system experts to help organize and conduct regular research activities on health care delivery and on health systems issues. Both domains are critical for health system strengthening and for monitoring program performances.

The policy objectives for public health research are the following:

- Identify and prioritize research topics based on their feasibility and need;
- Enhance research capacities of various categories of public health professionals;
- Ensure research funding;
- Collaborate with academia and other relevant institutions;
- Strengthen public health research principles and research ethics.

12. Monitoring and Evaluation

The establishment of M&E unit under the Policy and Planning department has been a major stride in health system strengthening efforts and is expected to grow in terms of capacity and effectiveness. The primary aim is to have a strong M&E system that should address all components of the health system framework and lay the foundation for regular reviews during the implementation of the health sector strategic plan and should be conducted harmoniously within all programs and subsectors and at all levels. The use of an integrated monitoring tool by all actors should be encouraged to

ensure that the policy objective is pursued systematically. The Monitoring and Evaluation system will review the existing framework and will adjust to the evolving situation as dictated by the pandemic and other re-emerging diseases, it will attune to the national UHC realization initiative and it will rectify its functions according to the newly revised EPHS.

Policy statement

The NHP declares that effective monitoring and evaluation has been identified as the only instrument that can generate reliable information on major domains of M&E, i.e. inputs, processes, outputs and outcomes and impact. It also illuminates the overall performance of the health system.
Somaliland supports the global operational framework of country health system surveillance (CHeSS) whose main goal of is to improve the availability, quality and use of the data needed to inform country health sector reviews and planning processes, and to monitor health progress and system performance. This platform brings the work of all disease-specific programs together (TB, HIV, Immunization etc. etc..) with cross-cutting efforts like human resources, logistics, procurement, and it also serves the subnational, national, regional, and global reporting.

The key policy objectives for strengthening the M&E function of the ministry of health are defined as follows:

- Demand and use of information such as the main country processes for review of progress and performance to inform annual and longer term planning (For example, annual meetings with domestic and international stakeholders, special processes to review progress and develop new strategic plans) ;
- Supply of data and statistics such as health facility data, Demographic Health Surveys and producing of updated monitoring data and reports
- Institutional capacity for data quality assessment, analysis and synthesis in preparation for annual reviews and;
- global reporting e.g. SDGs and major disease programs and how well is the global reporting aligned with country processes of health systems progress and performance assessment.

13. ANNEXES

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13.2 SOMALILAND SUSTAINABLE DEVELOPMENT GOALS PROGRESSION

Sustainable Development Goal Indicators

SLHDS 2020 VS. SDGs PROGRESSION

	Sex		
Indicator	Male	Female	Total
2. Zero hunger			
2.2.1 Prevalence of stunting among children under 5 years of age	20.6	20.7	20.7
2.2.2 Prevalence of malnutrition among children under 5 years of age	13	14.9	13.5
a) Prevalence of wasting among children under 5 years of age	12.8	14	13
3. Good health and well-being			
3.1.1 Maternal mortality ratio[1]	na	396	na
3.1.2 Proportion of births attended by skilled health personnel	na	39.6	na
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	na	2.5	na
3.7.2 Adolescent birth rates per 1,000 women b) women aged 15 -19 years[2]	na	86	na
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	14.3	1.1	7.3
3.b.1 Proportion of the target population covered by all vaccines included in their national programme	12.9	12.4	12.7
4. Quality education			
4.3.1 paricipation rate of youth and adults in formal and non-formal education and training in the past 12 months			
a) Net Attendance Ratio (Primary)	30.4	28.9	29.6
b) Net Attendance Ratio (Secondary)	12.8	8.7	10.7
4.6.1 Percentage of Population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
a) Adult literancy[3]	na	40.7	na
5. Gender equality			

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months[4,5]			
a) Physical violence	na	11.6	na
c) Psychological violence	na	1.9	na
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18			
a) before age 15	na	8.8	na
b) before age 18	na	23.2	na
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting	na	98.1	na
5.b.1 Proportion of individuals who own a mobile telephone [6]	na	75.7	na
6. Clean water and Sanitation			
6.1.1 Percentage of population using safely managing drinking water services	na	na	40.9
6.2.1 Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water			
a) Proportion of population using safely managed sanitation services	na	na	31.6
b) Proportion of population using a hand-washing facility with soap and water	na	na	20.1
	Residence		
7. Affordable clean energy	Urban	Rural	Total
7.1.1 Proportion of population with access to electricity	84.1	22.4	50.3
7.1.2 Proportion of population with primary reliance on clean fuels and technology [7]	10.7	1.2	6
	Sex		
8. Decent work and economic growth	Male	Female	Total
8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider [8]			
a) Proportion of adults (15 years and older) with account at a bank or other financial institution	na	2.9	na
b) Proportion of adults (15 years and older) with a mobile - Money service provider	na	57.4	na
16. Peace, justice, and strong institutions			
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months.			
a) Percentage of women aged 15 - 49 who have experienced physical violence in the last 12 months [9]	na	6.4	na
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	7.5	5.2	6.4
17. Partnerships for the goals			
17.8.1 Proportion of individuals who used internet in the last 12 months [10]	na	24.4	na

na = Not applicable

[1] Expressed in terms of maternal deaths per 100,000 live births in a year

[2] Equivalent to the age-specific fertility rate for women age 15-19 expressed in terms of births per 1,000 women age 15-19

[3]Data are available for women age 15-49
[4]Data are available for women age 15-49
[5] In the SLHDS, psychological violence is termed emotional violence
[6] Data are available for women aged 15-49 only
[7] Measured as the percentage of the population using clean fuel for cooking
[8] Data are available for women aged15-49 who have and use an account at bank or other financial institution; information on use of a mobile-money-service provider is available
[9] Data are available for women aged 15 - 49
[10] Data are available for women aged 15-49 who have used the internet in the past 12 months

13.3 List of contributors

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