

BACKGROUND

Crucial to the success of the UKPHS is alignment with national plans and health system strengthening priorities. A robust country centred scoping assessment was conducted in Somalia between March and August 2020 in order to ensure that the programme and health partnership work are developed in the context of national needs and capacities to optimally support the achievement of Universal Health Coverage. Due to the outbreak of COVID-19, the scoping activities were undertaken remotely.

DESK REVIEW AND SCOPING VISIT:

A desk review and remote scoping exercise, involving the input of the Federal Ministry of Health (FMoH) representatives and participants from the key health system strengthening organisations, was undertaken in order to understand the health system strengthening priorities and identify which of these could be best addressed by the Health Partnership model and be the focus for support via UKPHS in Somalia.

OVERVIEW OF FINDINGS

In Somalia, the Second Phase Health Sector Strategic Plan 2017-2021 (HSSP II) provides the guiding framework and strategic direction of health sector activities, guiding health stakeholders' efforts and initiatives towards the attainment of the national health priorities, including Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG), particularly SDG 3.

The HSSP II sets 12 key targets against nine strategic priorities: Health Service Delivery, Human Resource for Health, Leadership and Governance, Essential Medicine and Supplies, Health Information, Health Financing, Health Infrastructure, Health Emergency Preparedness and Response, and Social Determinants of Health, each with its own list of strategic objectives.

Overall, the political, security, economic and social situation in Somalia has improved compared to its status a decade ago. Somalia has shown some recent achievements in health, with improving maternal and child health and a significant decline in the death rate in recent years. Despite these achievements, a number of challenges remain to be addressed. Overall, the health system in Somalia is impacted by weak regulatory frameworks and enforcement, insufficient health financing, along with repeated humanitarian crises and disease outbreaks. A 2020 Baseline Study and Human Capital Development Strategy found that healthcare services in Somalia were highly inadequate, with the health workforce lacking the skills, knowledge, legal instruments and the necessary resources to do their jobs (Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, 2020).

CONCLUSIONS AND PRIORITIES FOR UKPHS

Based on a detailed analysis of the key priorities, a review of current gaps in support, and assessment of where the health partnership model could add most value, the stakeholders have agreed that the overall focus of the UKPHS programme in Somalia should be:

HUMAN RESOURCE FOR HEALTH

HUMAN RESOURCES FOR HEALTH (HRH) REGULATORY FRAMEWORKS

Four key areas were identified in this area, including: developing HRH regulatory norms related to certification, accreditation, registration and licensing in coordination with national health professional associations; establishing a human resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms in coordination with professional associations; reviewing the current structure of health professional associations and support strengthening the organisational leadership and capacity of professional associations; and supporting networking relationships with professional regulatory bodies in UK as well as strengthening and widening National Health Professional Council (NHPC) experience through study visits to the neighbouring countries.

TRAINING OF HEALTH WORKFORCE AND DEVELOPMENT OF COMPETENCIES

This includes reviewing and standardising curricula for medical, nursing and midwifery, and other health professionals in public and private health training institutions, strengthening the capacity of the FMoH Training Units, and equipping staff with the skills to develop

training plans, coordinate and manage training, and monitor and evaluate the outcomes of the training. The introduction of on-the-job training, mentorship and skills development programme for all technical and managerial skills was also identified as a priority.

HR PERFORMANCE AND MANAGEMENT

Five priorities were identified in this area: designing HR performance management tools to monitor and improve HR performance; collection and analysis of gender-sensitive HRH data disaggregated by sex and other social stratifiers (e.g. age, location, cadre); supporting inventory and headcount of all health workers disaggregated by age, sex, location, cadre, seniority, qualification and develop projections for the next 10 to 15 years; support the implementation of the developed HRH deployment policy and empowering FMOH to monitor and evaluate health workforce deployment processes; developing tools for mapping human resources at all levels, from community to national level; and increasing women's representation in HRH leadership positions.

SERVICE DELIVERY

IMPROVE ACCESS TO AND UTILISATION OF HEALTH SERVICES

In this area, four priorities were identified: developing an action plan to reach the marginalised and underserved populations – including provision of Essential Package of Health Services (EPHS) to nomadic people, migrants, refugees, women, children, and other vulnerable groups; increasing access to and utilisation of cost-effective, quality and gender-sensitive health services especially for these vulnerable groups; increasing stakeholder involvement in the planning, delivery and review of services, with representation of women and most vulnerable communities; and conducting a gender analysis of barriers to health service access and use.

EXPAND COVERAGE OF ESSENTIAL SERVICES UNDER UHC

This involves strengthening prevention and control of Non-Communicable Diseases (NCDs).

ENHANCE THE QUALITY OF SERVICES

Three key areas were identified in this area, including: developing quality improvement tools for health service delivery and supporting implementation; developing quality monitoring evaluation tools for health service delivery and support implementation; and improving and expanding the capacity of laboratory and blood transfusion services.

GOVERNANCE AND LEADERSHIP

STRENGTHEN MANAGEMENT AND COORDINATION

In this area, the programme will prioritise: strengthening the capacity of FMOH to produce and publish periodic health sector reports by developing reporting tools and templates; creating standardised monitoring and evaluation tools for measuring outputs and outcomes to improve the quality of performance and operational productivity; increasing citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states, with representation of women and most vulnerable communities; and increasing the representation of women and other key groups into decision-making bodies.

REGULATION

Three priorities were identified in this area: supporting the establishment of NHPC, building the capacity of accreditation systems in public and private health care facilities and ensuring compliance with the professional code of ethics; creating opportunities for clients to present or submit complaints, compliments and suggestions about the services rendered, with the establishment of health system procedures for investigation, action and feedback; developing and strengthening guidelines that substantiate the Client Service Charter's key principles and operational norms and educating the public to enhance their knowledge about the services provided by the health system in order to improve the populations' care seeking behaviour.

HEALTH EMERGENCY PREPAREDNESS

This involves establishing a comprehensive emergency preparedness and response plan that contains hazard, vulnerability analysis and risk mapping as well as increasing the participation of key stakeholders, including women, in the design of emergency preparedness and planning strategies – and in the delivery and review of services – to ensure services meet the needs of all.

SOMALIA PRIORITIES | INITIAL THEORY OF CHANGE

Human Resources for Health

Leadership & Governance

Service Delivery - Quality Improvement (QI)

Health Emergency Preparedness

Indicative Activities

- Strengthen design and delivery of in-service training & Continual Professional Development (CPD) for technical & managerial cadres.
- Review & standardise curricula for medicine, nursing, midwifery & allied health professionals.
- Strengthen leadership & management capacity of FMOH Training Unit.
- Design performance management system & tools.
- Strengthen HRH regulatory frameworks.
- Support design of health workforce mapping & audit tools.
- Strengthen FMOH capacity to monitor & evaluate health workforce deployment policies.
- Strengthen organisational leadership & capacity of health professional associations.
- Collect & analyse gender-sensitive HRH data disaggregated by sex & other social stratifiers.

- Strengthen FMOH management & coordination capacity – including reporting & M&E.
- Strengthen health sector regulation structures (NHPC) & accreditation systems.
- Develop client satisfaction feedback mechanisms.
- Develop guidelines to operationalise Citizens Charter to improve health seeking behaviour.
- Increase citizens' participation, civil society dialogue & interaction with governments.
- Increase representation of women & other key groups into decision-making bodies.
- Collect & report data disaggregated by sex, age, and other relevant social stratifiers.

- Support the collection & reporting of data disaggregated by sex, age, & other relevant social stratifiers.
- Development of QI tools (including development of M&E tools to monitor QI).
- Develop strategy /action plan to reach marginalised & underserved populations.
- Strengthen prevention & control of Non-Communicable Diseases.
- Improve & expand the capacity of laboratory & blood transfusion services.
- Increase stakeholder involvement in planning, delivery & review of services, with representation of women & most vulnerable communities.
- Conduct a gender analysis of barriers to health service access & use.
- Develop & implement gender sensitive health services.

- Establish comprehensive emergency preparedness & response plan.
- Increase participation of key stakeholders, including women, in the design of emergency preparedness and planning strategies, & delivery & review of services, to ensure services meet the needs of all.
- Collect & report data disaggregated by sex, age, & other relevant social stratifiers.

Indicative Outputs

- HRH Regulatory body established and functioning.
- HRH Regulatory Framework strengthened in consultation with relevant stakeholders, & regulatory bodies capacitated to ensure, sustain & improve professional standards.
- FMOH Training Unit has leadership & management capacity to monitor & evaluate HWF.
- In service training (IST) & CPD systems, informed by training needs assessments & aligned with performance management & accreditation systems & processes in place & in use.
- Quality & gender sensitive health workforce data available for decision making for HR planning management & development.

- No. & range of M&E tools & mechanisms developed and in use within FMOH.
- Health sector reports produced regularly.
- NHPC established with new/ strengthened accreditation systems for public and private care facilities.
- Existence and use of service user feedback systems and tools.
- Citizens and civil society organisations participating in meaningful dialogue and interaction with governments, including parliamentarians, finance ministers, & heads of states, with representation of women & most vulnerable communities.

- No. of QI tools developed/ rolled out.
- M&E tools to monitor QI designed & utilised.
- No. of facilities implementing QI initiatives.
- No. of initiatives developed & implemented to strengthen NCD prevention & control.
- Interventions designed & implemented to strengthen laboratory & blood transfusion services.

- Comprehensive gender sensitive plan, guidance & protocols for health emergency preparedness & response at all levels developed with meaningful participation of key stakeholders, including women & representatives of the most vulnerable groups, developed & in use.
- No. of stakeholders – including women & representatives of the most vulnerable groups – included in the design of emergency preparedness & planning strategies, & delivery & review of services.
- No. of data systems which collect & report data disaggregated by sex, age, & other relevant social stratifiers.

Indicative Outcomes

- Supply & availability of health workers & midwives with appropriate knowledge, skills and competencies.
- Improved health worker performance management.
- Improved identification of poor performance.
- Improved satisfaction of health workers working within clearer quality standards.

- Improved FMOH leadership & management of public and private health services.
- Improved regulation of public & private health services (providers meeting agreed standards etc).

- Improvements in quality of services.
- Improved availability for marginalised/ under served populations of cost effective, quality & gender sensitive health services.
- Increased availability & access to quality NCD services.
- Increased availability & access to quality laboratory & blood transfusion services.

- Improved preparedness of health systems & health system leaders.
- Emergency services meet the needs of all.

Potential Impact

Improved access to and use of health services for the poor and most vulnerable.