

## BACKGROUND

Crucial to the success of the UKPHS is alignment with national plans and health system strengthening priorities. Between March and August 2020, a robust country-centred scoping assessment was conducted in Somaliland 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 (UHC). 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 Director General, Ministry of Health and Development representatives and participants from a number of health system strengthening organisations was undertaken 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 Somaliland.

## OVERVIEW OF FINDINGS

In Somaliland, the Health Sector Strategic Plan (HSSP II) 2017-2021 provides the guiding framework and strategic direction for the detailed planning and implementation of health sector activities. It guides various health stakeholders to direct their 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.

According to the Health Sector Strategic Plan (HSSP II), despite commendable socio-economic development over the past decade or so, Somaliland remains a low-income country with clear disparities between regions, urban and rural communities, and the poorest and the relatively rich classes. Consequently, 49.9% of the urban population are categorized as poor (living below the poverty line), whereas 62.9% of the rural population and 55.3% of internally displaced persons live below the poverty line. Life expectancy at birth is 51.6 years for males and 55 for females. Despite the collapse of health systems during the civil war in 1988, Somaliland has been relatively peaceful and politically stable for almost three decades, and the government of Somaliland has successfully re-established the national health system with partially functioning primary and secondary services with limited finance. The government is committed to improving coverage, access, staffing and service delivery.

Overall, gains have been made in improving health outcomes, particularly in the areas of reproductive health, maternal, neonatal and child health, and capacities of public institutions have improved. However, health systems challenges remain, including, financial constraints, human resource capacity, limited infrastructure, donor dependency and fragmented health systems. In addition, recurring drought results in malnutrition and there is an inadequate focus on the prevention of NCDs.

## GLOSSARY OF ACRONYMS

- AU - Amoud University
- CPD - Continuing Professional Development
- EPHS - Essential Package of Health Services
- EPI - Expanded Programme on Immunisation
- FCDO - Foreign Commonwealth and Development Office
- GESI - Gender Equality and Social Inclusion
- HCW - Health Care Worker
- HF - Health Facility
- HGH - Hargeisa Group Hospital
- HMIS - Health Management Information Systems
- HP - Health Partnership
- HRH - Human Resources for Health
- HS - Health Systems
- HSS - Health System Strengthening
- HTI - Health Training Institutions
- IST – In-service Training
- LMICs - Low- and Middle-Income Countries
- LSTM - Liverpool School of Tropical Medicine
- MoHD - Ministry of Health Development
- NHPC - National Health Profession Commission
- NOM - National Oversight Mechanism
- SLNMA - Somaliland Nursing and Midwifery Association
- SMA - Somaliland Medical Association
- SOPHA - Somaliland Pharmaceutical Association
- THET - Tropical Health and Education Trust
- UKPHS - UK Partnerships for Health Systems
- UOH - University of Hargeisa

## 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 Somaliland should be:

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### GOVERNANCE AND LEADERSHIP

The MoHD identified two key activities under this health system component:

- Strengthen leadership and governance and sector coordination capacity.
- Develop legal and regulatory frameworks.

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### HEALTH EMERGENCY AND PREPAREDNESS

The MoHD identified two priorities under this health system component:

- Strengthen/develop protocols and guidelines on different health emergencies and risk mitigation.
- Develop and strengthen planning and systems for coordinating a multisectoral emergency response.

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### HUMAN RESOURCES FOR HEALTH

The MoHD identified three priorities under this health system component:

- Strengthen in-service training and continued professional development (CPD) systems and delivery and align these with performance management and accreditation systems.
- Improve the quality of in-service and preservice training, with emphasis on accreditation and assessment.
- Review and revise the pre-service Midwifery curriculum.

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### HEALTH INFORMATION SYSTEMS

The MoHD identified two priorities under this health system component:

- Develop monitoring and evaluation tools to monitor achievements, progress, and gaps.
- Strengthen research capacity and conducting operational research.

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### SERVICE DELIVERY

The MoHD identified one priority under this health system component:

- Support Quality of Care (QoC) initiatives and scale up/roll out to lower level facilities, training and tools aligned with supportive supervision processes.

## SOMALILAND PRIORITIES | INITIAL THEORY OF CHANGE

