Essential Package of Health Services (EPHS) 2020 in Somalia

Ministry of Health
Federal Government of Somalia

03 December, 2020

Mortality Data

Maternal Mortality Ratio (per 100,000 live births)	692	SDHS
Under Five Mortality Rate (per 1,000 live births)	137	UNIA data
Neonatal Mortality Rate (per 1,000 live births)	40	UNIA data
Infant Mortality Rate (per 1,000 live births)	85	UNI Estimate
Under five Mortality Rate (per 1,000 live births)	137	UNI Estimate
Probability of dying from cardiovascular disease, cancer, diabetes, chronic respiratory disease between age 30 and 70 (%)	20.2	WHO Global Health Estimates
Suicide mortality rate (per 100,000 population)	5.4	WHO Global Health Estimates
Road traffic mortality rate (per 100 000 population)	25.4	Global Health Estimates
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)	212.8	WHO Global Health Observatory

Morbidity data

HIV Incidence among adults (per 1,000 uninfected population)	0.48	UNAIDS WHO
TB Incidence (per 100,000 population)	274	WHO
Malaria Incidence (per 1,000 population at risk)	85.5	WHO
Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years old (%)	10.54	WHO
Total alcohol per capita (≥ 15 years of age) consumption (litres of pure alcohol) (%)	0.5	WHO GISAH

Coverage of services

Number of people requiring interventions against neglected tropical diseases	5,016	WHO
Coverage of Measles	23%	SDHS
Coverage of BCG	12%	SDHS
Coverage of Pentavalent	12%	SDHS
Coverage of tetanus toxoid in pregnant women	22%	SDHD

A sample of essential service coverage- SHDS 2020

Regions	1. Skilled Delivery Coverage	2. Pentavalent 3 coverage	3. Modern Contraceptive Use	4. Vitamin A supplementation	5. ANC 4 Coverage	6. Newborns Receiving Postnatal Care within two days	7. Iron Folic Acid During Pregnancy
Sool	19.2	10.0	0.9	4.7	6.4	10.8	6.0
Bari	47.8	14.5	2.0	14.5	6.6	7.9	13.7
Nugaal	42.3	7.6	1.9	14.6	8.0	21.8	15.4
Galgaduud	46.5	10.7	0.7	9.6	11.7	10.8	16.1
Hiraan	18.5	5.6	0.0	3.9	1.4	0.9	9.1
Banadir	48.6	11.5	0.7	26.5	10.4	6.9	21.8
Bakool	11.6	15.5	1.6	8.7	2.2	2.1	8.1
Bay*	32.4	4.5	0.0	10.4	1.9	12.1	19.1
Gedo	24.1	12.5	0.7	4.6	5.5	4.9	13.4

Note: Bay region to be interpreted with caution as the coverage of the survey is limited to Baidoa town. It was not possible to cover the sampled areas for the rural and nomadic sampled EA's in the Bay region due to volatile security and inaccessibility.

Background of service package in Somalia

- The rollout of the 2009 EPHS faced tremendous coordination and financial challenges.
- Its implementation was inconsistent in terms of content and coverage across the country.
- Some components of the package were not implemented and scarce resources were expended to implement other services that were not part of the EPHS.

Background & lessons learned 2009 EPHS *cont….*

- A desk review conducted in 2018 and 2020 identified the following gaps:
  - Although outpatient services improved in selected EPHS facilities, demand and uptake of health services remained low (0.23 visits/person/year).
  - Lack of services associated with the core continuity and coordination functions of primary health care

Approaches in the revision process of the EPHS 2020

Vision of the FMOH

- To ensure the provision of equitable, accessible, efficient, affordable and quality essential health and nutrition services as close to the communities and families as possible, particularly to the mother and children in nomadic and rural areas and the Internally Displaced Person (IDP).

Approaches in the revision of the EPHS-2020 cont….

- The task force reviewed:
  - The adequacy of the components and the scope of EPHS (2009) against the burden of disease of the country.
  - The evolving health needs of the Somali people, and the increasing strategic emphasis on progress towards UHC and other SDGs by considering:
  - The normative guidance from WHO and Disease Control Priorities(DCP3),

Approaches in the revision of the EPHS-2020 cont….

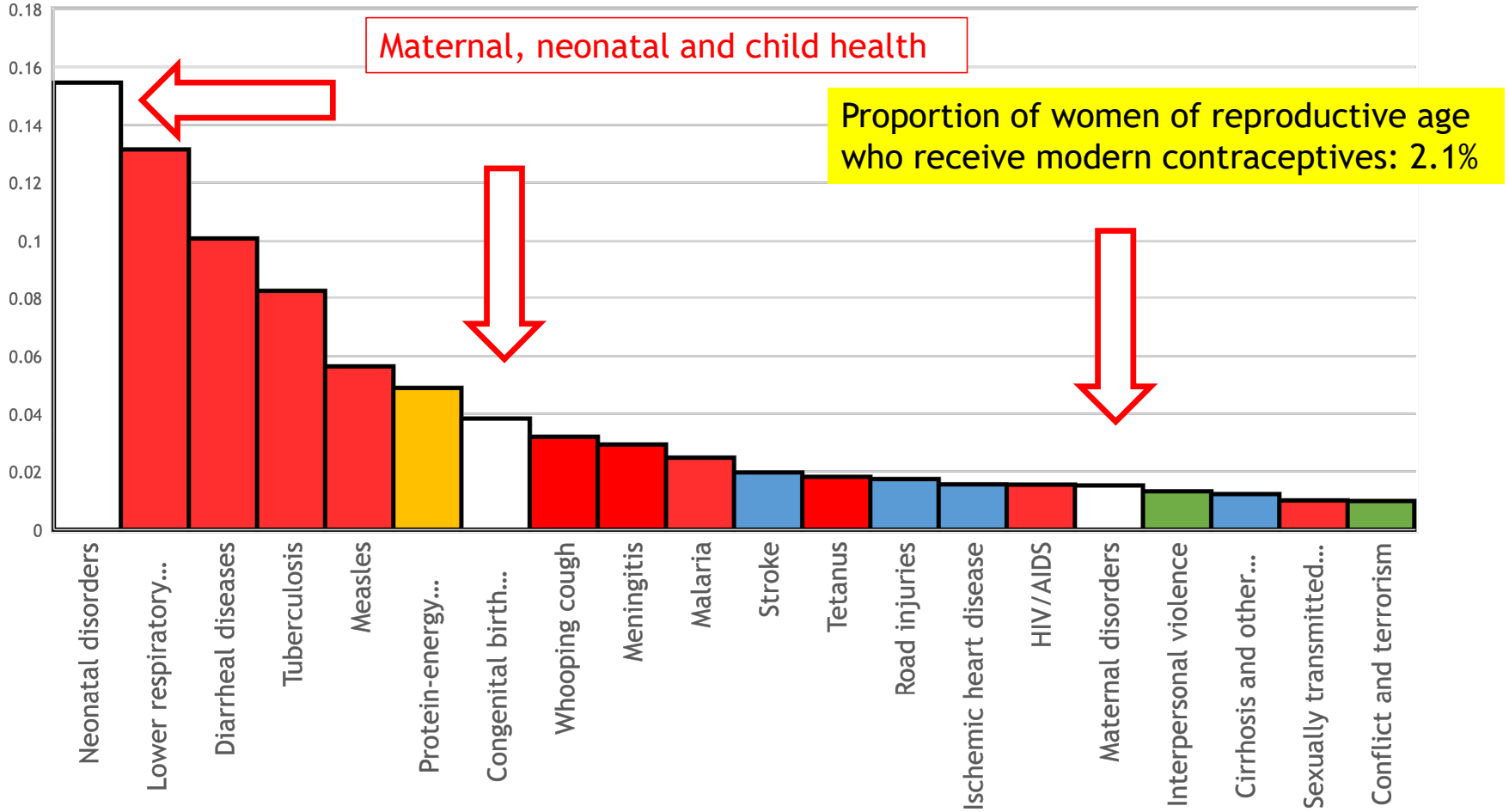
- The gaps identified and the lessons-learned from experience with the EPHS 2009.
- The incorporation of the most recent evidence-based cost effective interventions and tools.
- The recognition that resources are finite and prioritization essential is implicit in this effort.

EPHS Guiding principals

- Ownership & Country-driven
- Inclusive and streamlined
- Evidence-based
- Aligned with national policies, strategies and plans
- Responsiveness

- Results from the Burden of disease analysis. Somalia

20 diseases comprise 85 percent of Years of Life Lost (YLLs) in Somalia (2019)



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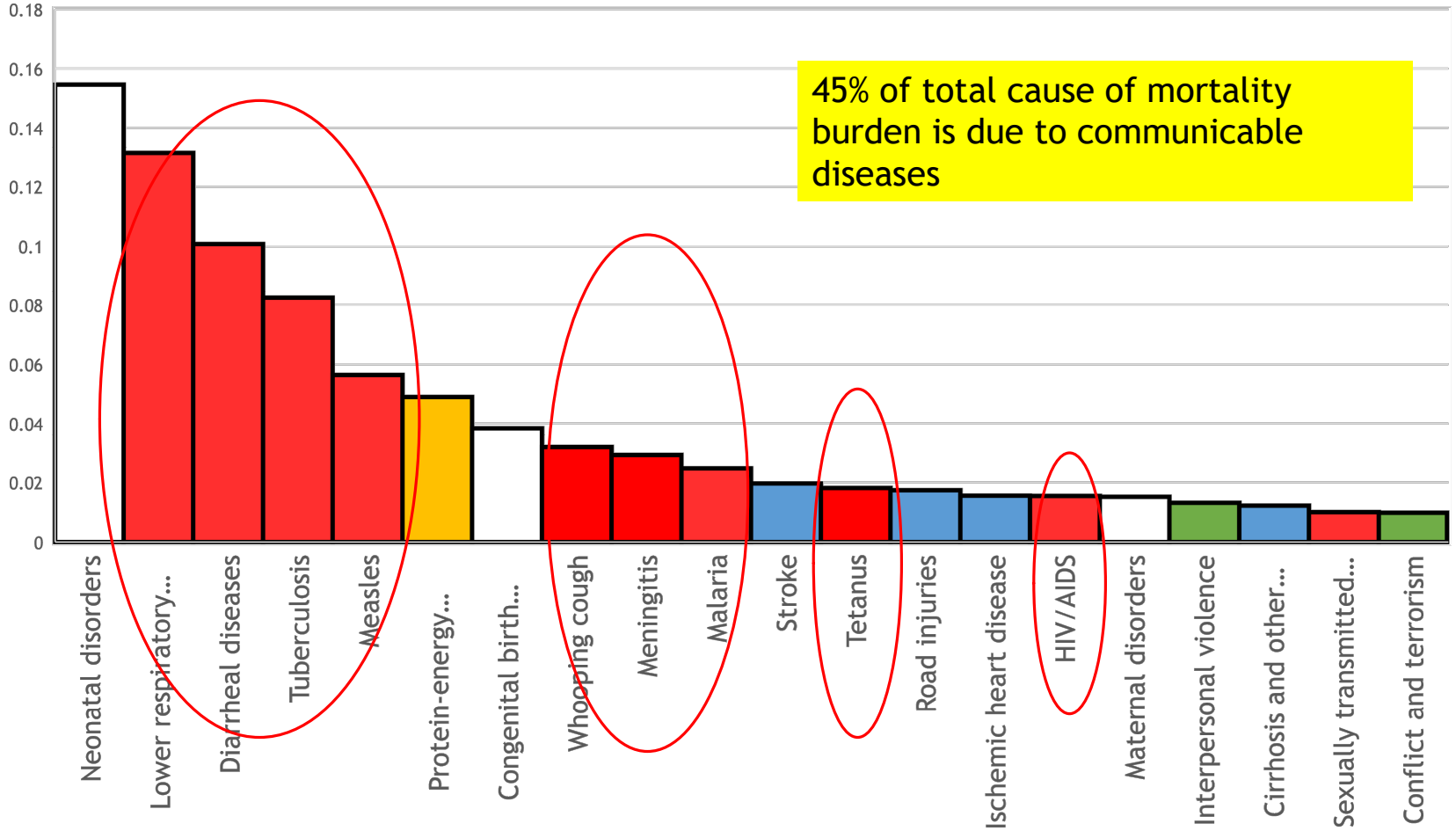

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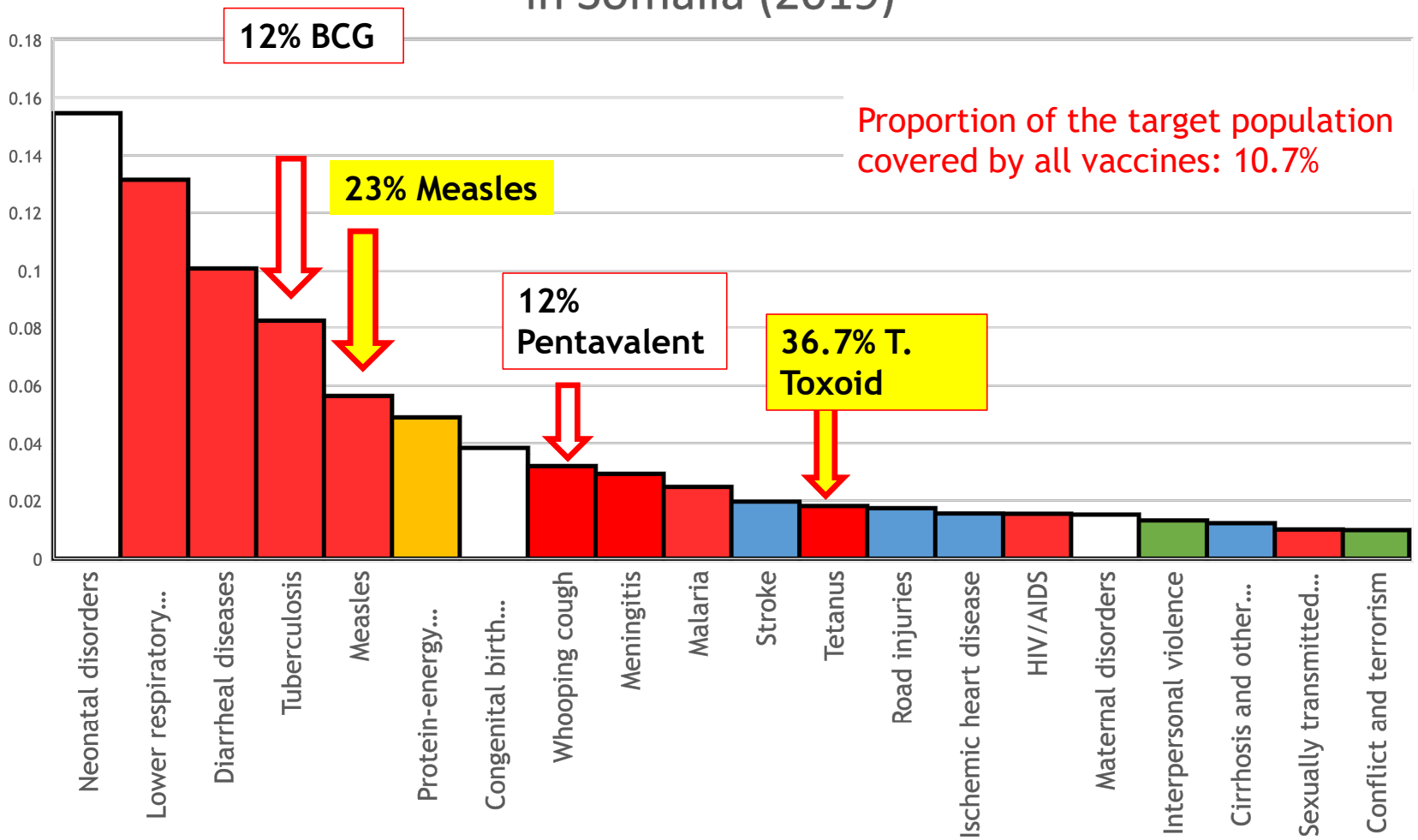
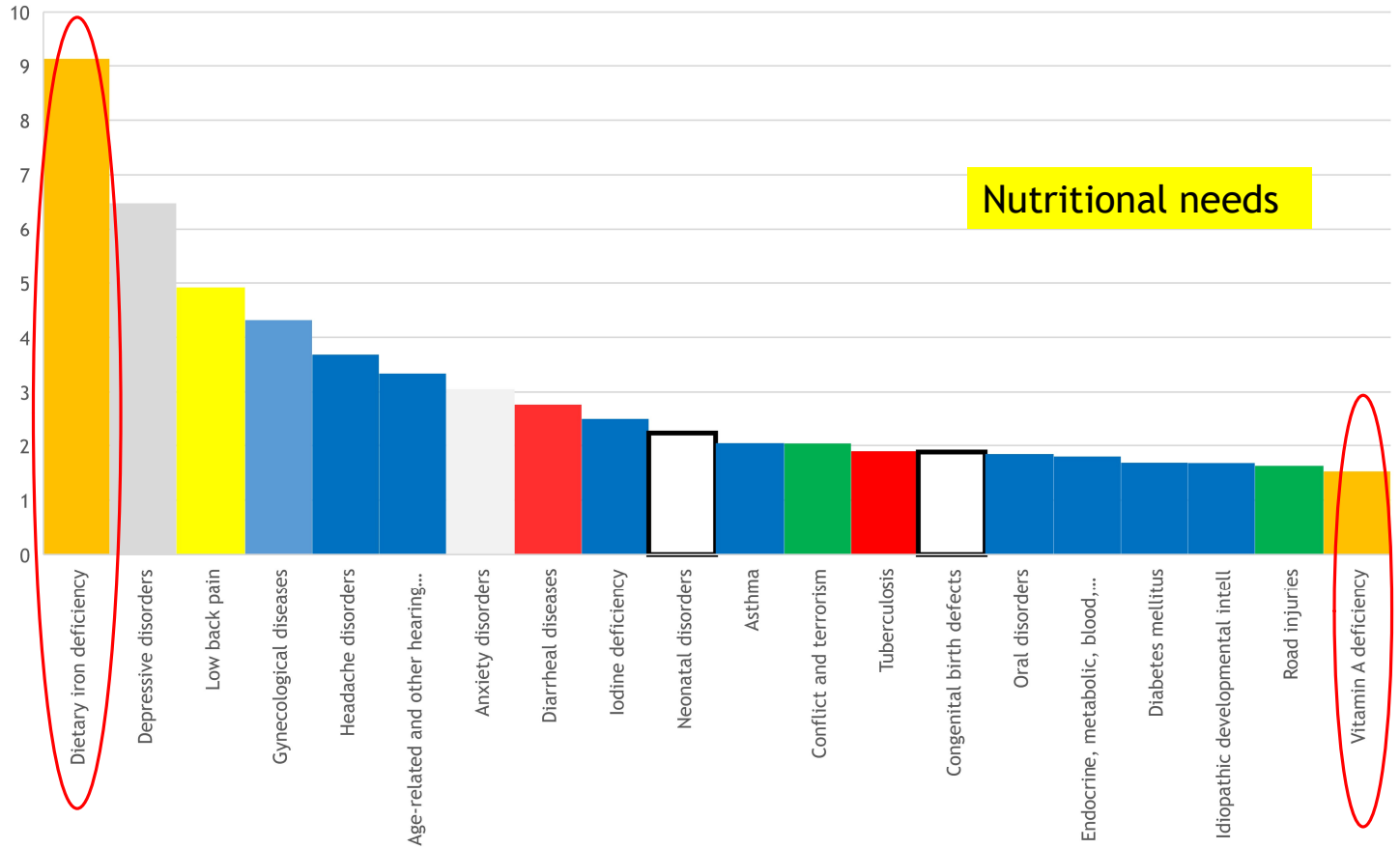


20 diseases causes that comprise 60 % of Years Lost due to Disabilities (YLDs) in Somalia (2019)



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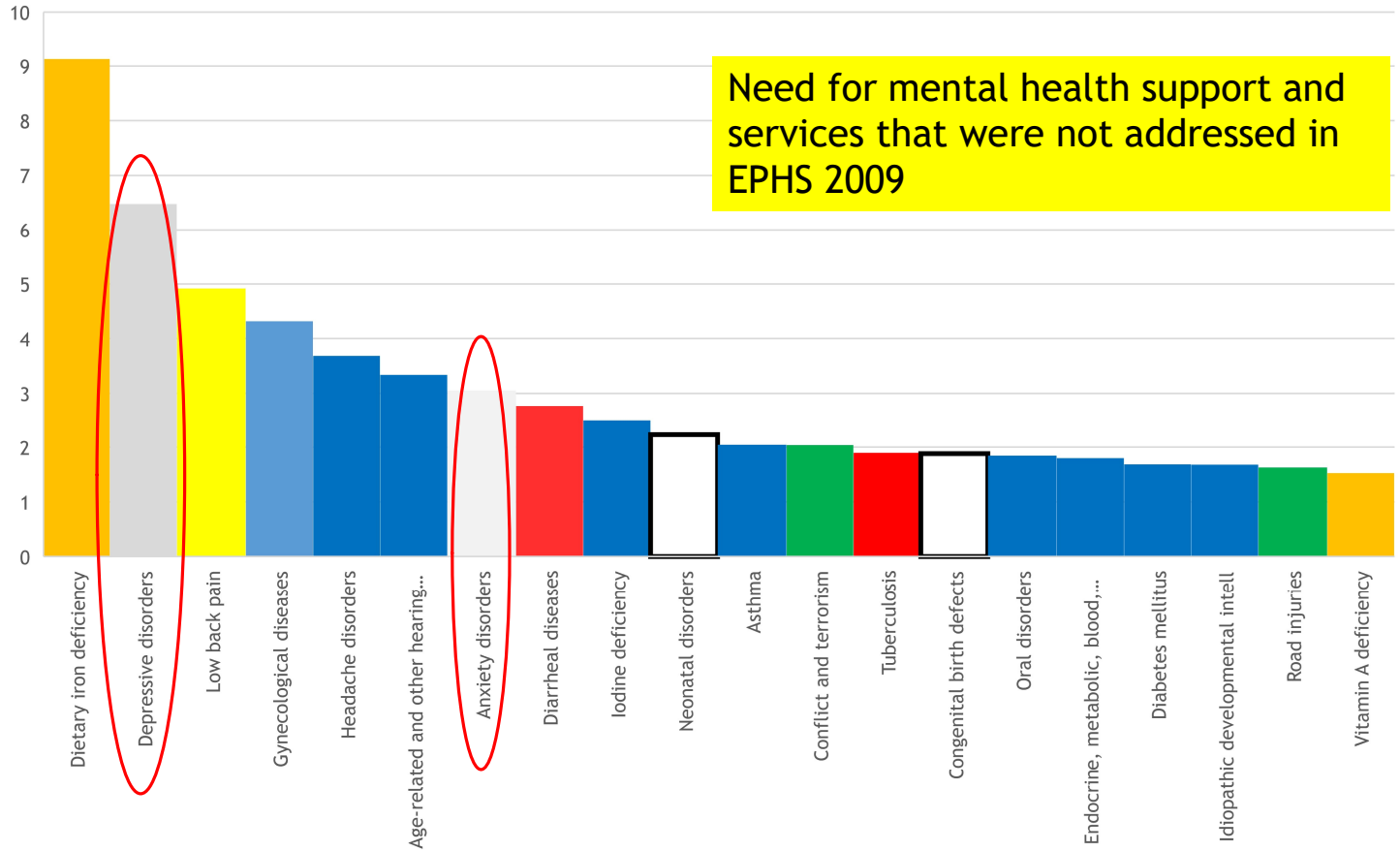
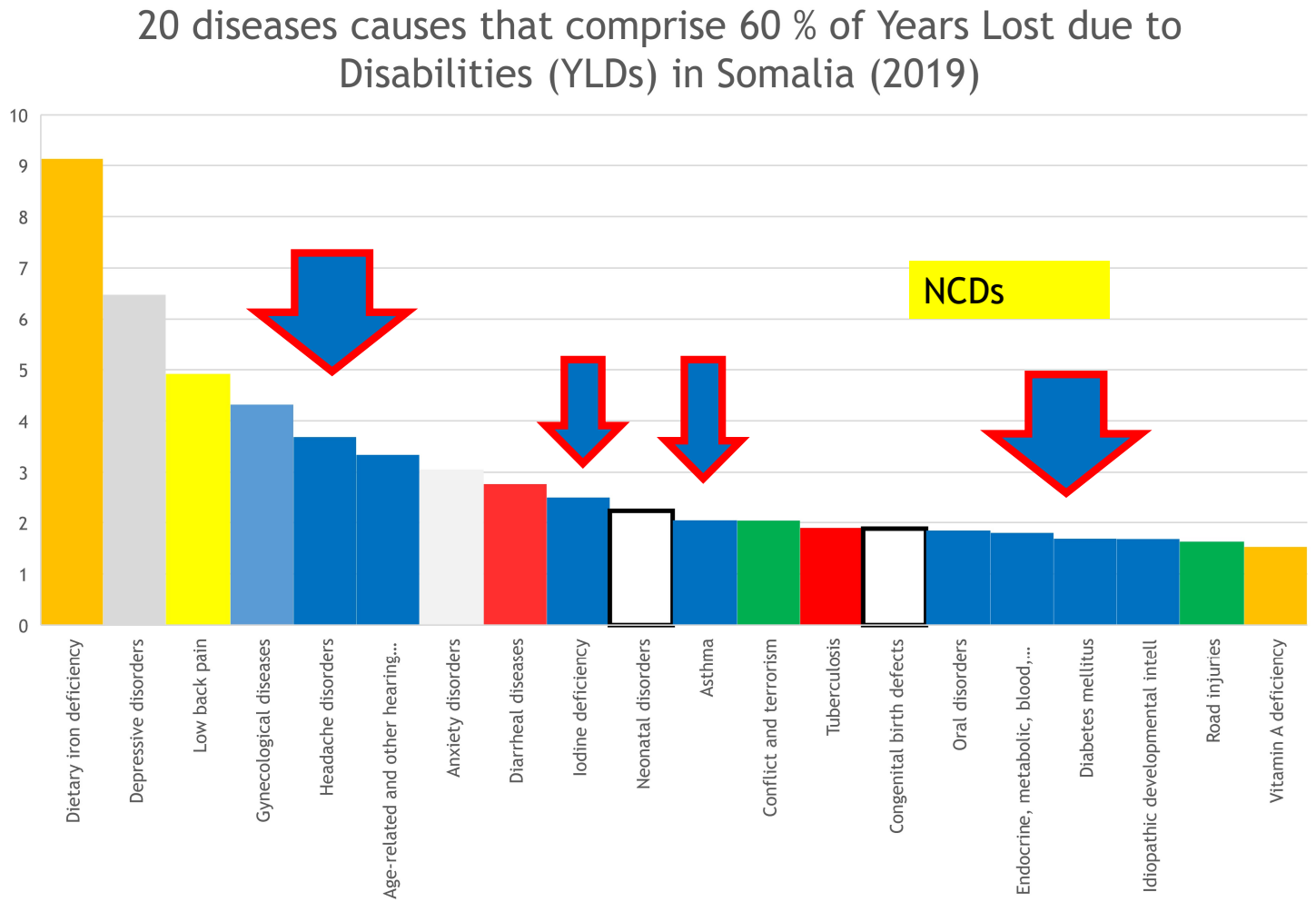


Need for mental health support and services that were not addressed in EPHS 2009


20 diseases causes that comprise 60 % of Years Lost due to Disabilities (YLDs) in Somalia (2019)
10
9
8
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6
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4
3
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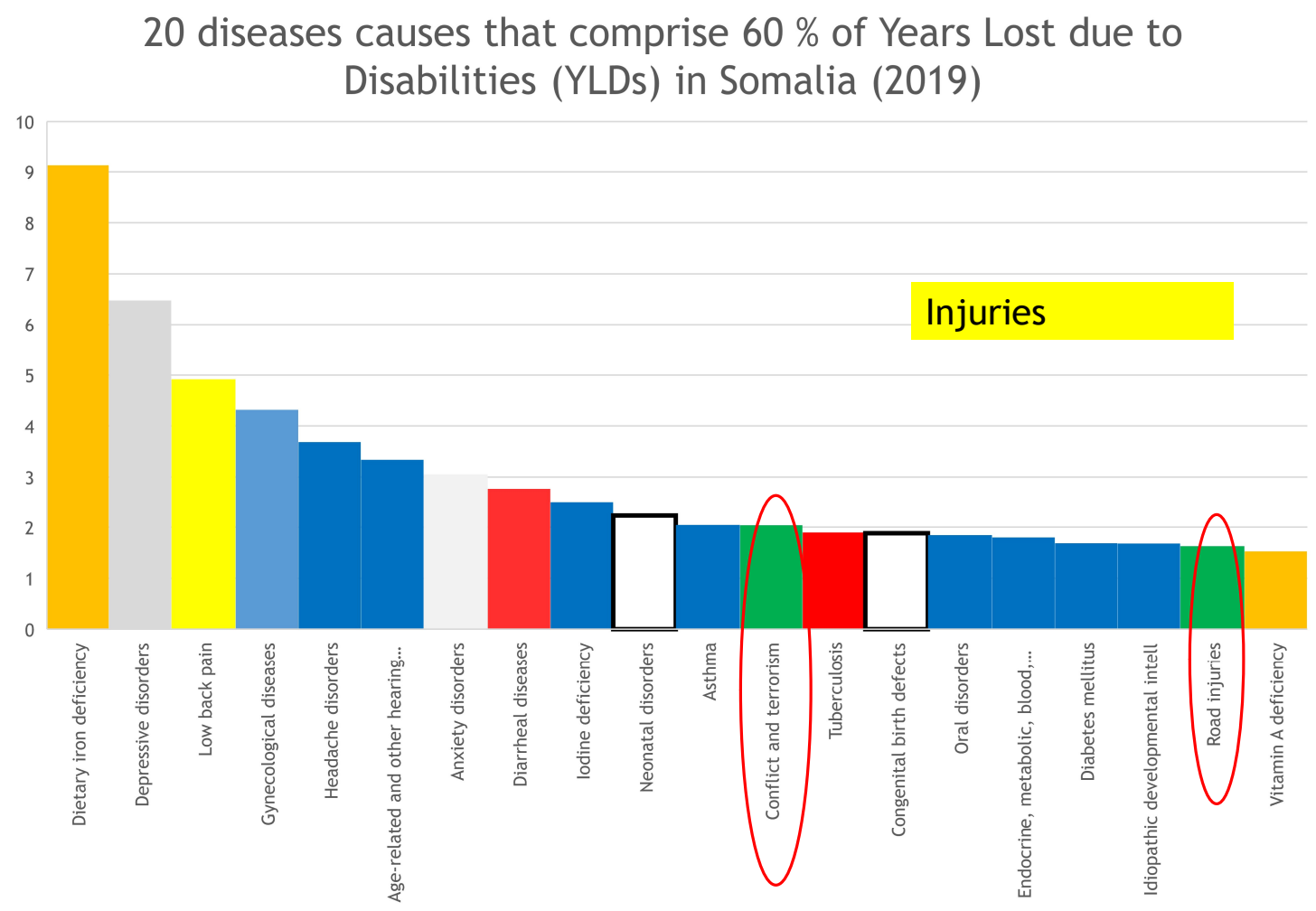
0
NCDs
Dietary iron deficiency
Depressive disorders
Low back pain
Gynecological diseases
Headache disorders
Age-related and other hearing...
Anxiety disorders
Diarrheal diseases
Iodine deficiency
Neonatal disorders
Asthma
Conflict and terrorism
Tuberculosis
Congenital birth defects
Oral disorders
Endocrine, metabolic, blood,...
Diabetes mellitus
Idiopathic developmental intell
Road injuries
Vitamin A deficiency


20 diseases causes that comprise 60 % of Years Lost due to Disabilities (YLDs) in Somalia (2019)
10
9
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6
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3
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0
Injuries
Dietary iron deficiency
Depressive disorders
Low back pain
Gynecological diseases
Headache disorders
Age-related and other hearing...
Anxiety disorders
Diarrheal diseases
Iodine deficiency
Neonatal disorders
Asthma
Conflict and terrorism
Tuberculosis
Congenital birth defects
Oral disorders
Endocrine, metabolic, blood,...
Diabetes mellitus
Idiopathic developmental intell
Road injuries
Vitamin A deficiency

Approaches in the revision of the EPHS-2020 cont…

- A set of evidence-informed, prioritized individual and population-based interventions, including: health services and programs of promotive, preventive, curative, rehabilitative and palliative care, and intersectoral actions, defined through a deliberative process that accounts for **people's health needs**, **economic realities and societal preferences**.

Prioritization criteria applied in selecting EPHS interventions

- (i) services likely to have the greatest impact on major health problems of the Somali people.
- (ii) services that are cost-effective in addressing the problems faced by majority of the population and,
- (iii) services that can be scaled up to give equal access to nomadic, rural and urban populations.

The package organization and structure

- maps interventions to level (community, primary health unit, health centre, District hospitals and Regional hospitals etc)
- links interventions to updated burden of disease
- clearly marks 2009 and new interventions.
- indicates source of any new interventions.
- indicates core and extended version.

The package organization and structure

- Easily supports program reporting in familiar categories and in a simple spreadsheet that can be printed for review and communication
- Allow dynamic adaptation to operationalize the package in variable contexts with distinct delivery platforms.
- Support progressive realization and account for the need to increase service delivery capacity over time as resources become available.

Colors indicate interventions associated with high burden conditions

Community FHW (1 per 600-1000 pop)	Primary Health Unit (n=412) CHW	Health Centre (n=502) Q Nurse (2), Q Midwives (2), Aux Nurse (2), Comm/Aux Midwife (2), Nurse (1), Lab Assistant (1)	Referral Health Centre (District Hospital) Q Nurse (4), Q Midwives (3), Aux Nurse (2), Comm/Aux Midwife (2), Nurse (1), Clinical Officer (1), Doctor (1), Surgeon-Caesarian (1), Aneas Assistant (1), Lab Assistant (2), Lab Tech (2), Pharm Tech (1), Dental Tech (1), Ophth Tech (1)	National / Regional Hospital Q Nurse (10), Q Midwives (4), Nurse (1), Clinical Officer (2), Doctor (4), Surgeon-Caesarian (3), Aneas Assistant (1), Lab Assistant (3), Lab Tech (3), Xray tech (1), Pharm Tech (2), Pharmacist (1), Dental Tech (2), Dentist (1), Ophth Tech (1), Physio (1), Hosp Admin (1)
			⊙ Hypertension – Special programme at RH, DH/RHC level with monthly out-patient visit for medication, review history and examination and individual care	⊙ Hypertension – Special programme at RH, DH/RHC level with monthly out-patient visit for medication, review history and examination and individual care
			⊙ Heart failure Special programme at RH, DH/RHC level with monthly out-patient visit – for medication, review history and examination and individual care	⊙ Heart failure Special programme at RH, DH/RHC level with monthly out-patient visit – for medication, review history and examination and individual care

= Top 20 disability (YLD)

= Top 20 death (YLL)

= Top 20 death & disability (YLL&YLD)

Community FHW (1 per 600-1000 pop)	Primary Health Unit (n=412) CHW	Health Centre (n=502) Q Nurse (2), Q Midwives (2), Aux Nurse (2), Comm/Aux Midwife (2), Nurse (1), Lab Assistant (1)	Referral Health Centre (District Hospital) (n=??) Q Nurse (4), Q Midwives (3), Aux Nurse (2), Comm/Aux Midwife (2), Nurse (1), Clinical Officer (1), Doctor (1), Surgeon-Caesarian (1), Aneas Assistant (1), Lab Assistant (2), Lab Tech (2), Pharm Tech (1), Dental Tech (1), Ophth	National / Regional Hospital (n=??) Q Nurse (10), Q Midwives (4), Nurse (1), Clinical Officer (2), Doctor (4), Surgeon-Caesarian (3), Aneas Assistant (1), Lab Assistant (3), Lab Tech (3), Xray tech (1), Pharm Tech (2), Pharmacist (1), Dental Tech	High disease burden Top 20 death (YLL) Top 20 disability (YLD) ⊛ 2009 Package ✧ Proposed new intervention ← Optimal if moved to lower level when resources allow * Key to integrated service delivery DCP-E DCP3 EUHC DCP-H DCP3 HPP
		✧ Management of epilepsy, including acute stabilization and long-term management with generic anti-epileptics [DCP-H]	⊛ Epilepsy Special programme at RH, DH/RHC level with monthly out-patient visit for medication, review history and examination and individual care	⊛ Epilepsy Special programme at RH, DH/RHC level with monthly out-patient visit for medication, review history and examination and individual care	X-HC, H Management of prolonged seizures or status epilepticus (DCP-P)
			⊛ Care of paralysed people ⊛ Care of elderly after strokes		
✧ Self-managed treatment of migraine [DCP-E]					X-HC Pharmacological interventions for headache disorders (tension-type, migraines) (WHO-UHC) X-HC Acute management of migraines (WHO-UHC) X-HC Migraine prophylaxis (WHO-UHC) X-HC Interventions for medication overuse headache disorders (WHO-UHC)
	⊛ Treatment of dermatitis/eczema ✧Management of scabies [WHO-UHC]				X-HC Management of chronic skin conditions (WHO-UHC) X-HC Management of urgent soft tissue infections (WHO-UHC)
Communicable diseases					
	⊛ Standardised case management, including nutritional assessment & support, Vitamin A, prevention and treatment of complications ⊛ Prevention via routine EPI & 6 month campaigns, with vitamin A ⊛ Weekly reporting (and daily during outbreaks) of suspicious cases by health facility as per WHO protocol and HMIS; clinical diagnosis and laboratory samples sent for confirmation; feedback to facilities ⊛ EPI – routine, accelerated and 6 month vaccination campaigns for measles, polio & vitamin A	⊛ Control of epidemics • Standard response to epidemics as per WHO and MSF guidelines for measles, meningitis, dysentery, cholera and viral haemorrhagic fever. ⊛ Epidemic preparedness – training, stocks, networks, supply lines, communication, coordination; development of preparedness plans isolation area in health facility with dedicated latrines, water supply and waste disposal; public awareness campaigns ⊛ Targeted vaccination for certain diseases			
Management of HIV, TB, Malaria, Hepatitis					
⊛ Promotion at family & community level ⊛ Promotion to decrease stigma ⊛ Prevention services through behaviour change communication, display and dissemination of educational materials, provision of condoms, post-test clubs and community mobilization ⊛ Promotion of use of condoms ⊛ Abstinence, faithfulness education ⊛ Social support ✧ Community-based HIV testing and counseling (for example, mobile units and venue-based testing), with appropriate referral or linkage to care and immediate initiation of lifelong ART [DCP-H]	⊛ Promotion at family & community level ⊛ Promotion to decrease stigma ⊛ Prevention services through behaviour change communication, display and dissemination of educational materials, provision of condoms, post-test clubs and community mobilization ⊛ Promotion of use of condoms ⊛ Abstinence, faithfulness education ⊛ Sharps disposal ⊛ Single needle & syringe use policy	⊛ Nutritional supporti for PLWHA including: ⊛ Promotion of appropriate foods ⊛ Screening & referral for therapeutic care for severely malnourished ⊛ Supplementary food for moderately malnourished ⊛ Social support ✧ Evaluation and management of fever in clinically stable individuals using WHO IMAI guidelines, with referral of unstable individuals to first-level hospital care [DCP-H] ✧ Provider-initiated testing and counseling for HIV, STIs, and hepatitis for all in contact with the health	⊛ Referral health centres and hospitals: ⊛ ART with low CD4 counts & nutrition counselling/support for pregnant womenCounselling and testing; ⊛ Promotion at family & community level ⊛ Promotion to decrease stigma ⊛ Prevention services through behaviour change communication, display and dissemination of educational materials, provision of condoms, post-test clubs and community mobilization ⊛ Promotion of use of condoms ⊛ Abstinence, faithfulness education	⊛ CD4 testing and clinical monitoring (frozen samples sent to CD4 site ⊛ Co-trimoxazole prophylaxis of P carinii infection ⊛ Treatment of opportunistic infections (e.g. antibiotics for pneumonia, oral re-hydration for diarrhoea, treatment of skin disorders, protozoa and fungal disease) ⊛ Clinical assessment for TB ⊛ Appropriate treatment of TB in line with national TB guidelines ⊛ Manage severe HIV associated conditions ⊛ ART centres for people with HIV needing treatment, with adherence	X-RH Failure management including with second and third line antiretorviral therapy (WHO-UHC) X-C Voluntary medical male circumcision (VMMC (WHO-UHC)

Legend of signs and symbols

◉ 2009 Package

✧ Proposed new intervention

⟵ Optimal if moved to lower level when resources allow

* Key to integrated service delivery

DCP-E (DCP3 EUHC)

DCP-H (DCP3 HPP)

DCP-P (DCP3 Packages)

WHO-UHC (UHC compendium)

Thank you.