Ministry of Health
Federal Republic of Somalia

The EPHS Implementation Strategic Plan

1- Background and Context (1)

Somalia's Key Health Indicators

Indicator	2006	2016	2019
Maternal mortality ratio per 100,000 live births	1040	865	692
Neonatal mortality rate per 1,000 live births	45.1	39	N/A
Infant mortality rate per 1,000 live births	103.3	80.4	N/A
Under-five mortality rate per 1,000 live births	170.5	128.4	N/A

1- Background and Context (2)

Somalia's Health Outcome Data

Indicator	Somalia Average	Puntland	Somaliland
Total fertility rate	6.9	6.8	5.7
Stunting	27.8%	25.6%	20.7%
Births attended by skilled personnel	32%	33%	40%
Births at health facilities	21%	19%	33%
Pregnant women receiving at least one ANC visit	31%	26%	47%
Children fully immunized	11%	9%	13%

2- The Essential Package of Health Services (1)

- In 2009, Somalia developed its first Essential Package for Health Services (EPHS).
- The EPHS 2009 was comprised of six core programs: maternal, reproductive and neonatal health, child health, communicable disease surveillance and control, first aid and care of critically ill and injured, treatment of common illness, as well as HIV, STIs and TB.
- The four additional programs were management of chronic disease and other diseases, care of the elderly and palliative care, mental health and mental disability, dental health, and eye health.

2- The Essential Package of Health Services (2)

- 2009 EPHS implementation started in 2013 through the Joint Health and Nutrition Programme (JHNP) and the Health Consortium for Somali People.
- However, the full package was not delivered under the JHNP due to limitations in available financing and implementation capacity.
- According to 2017 WHO figures, approximately 47 out of 89 districts (5.7 million people) were covered by part of the EPHS, representing 41% of the population.

2- The Essential Package of Health Services (3)

The 2009 EPHS Challenges:

- Limited institutional capacity and stewardship role of MoHs
- Inefficient, inadequate, and unsustainable level of financing
- Inadequate human resources
- Limited and inequitable access to services
- Poor quality of services
- Limited coordination and harmonization between key stakeholders
- Weak health information system

2- The Essential Package of Health Services (4)

- In 2020, the MoH revised the EPHS, developing a comprehensive package of health services.
- Programmatic areas in the EPHS 2020 are:
- Access to care
  - Continuity, care planning and coordination
  - Emergency care
  - Approach to common signs and symptoms
- Reproductive, maternal and new-born health
  - Maternal and new-born care
  - Sexual and reproductive health
- Life-course, growth and development
  - Childhood and adolescence including nutrition
  - Older age and adults

2- The Essential Package of Health Services (5)

- Non-communicable diseases
  - Health promotion and disease prevention
  - Cardiovascular and pulmonary diseases
  - Diabetes
  - Cancer
  - Mental health and substance use disorders
  - Injuries
  - Other NCDs
- Communicable diseases
  - Immunization
  - Management of HIV, TB, Malaria and Hepatitis
  - Neglected tropical diseases
  - Respiratory infections
  - Gastrointestinal infections
  - Other infections
  - Outbreak surveillance)
- Rehabilitation

3- Expanding the EPHS and Criteria for Sequencing (1)

- The MOH do not have the resources (domestic and external) required to implement all of the EPHS elements simultaneously.
- The MOH and NGOs technical and operational capacity to implement all elements of the EPHS are limited.
- Therefore, the 2020 EPHS implementation requires a sequenced and integrated approach

3- Expanding the EPHS and Criteria for Sequencing (2)

MOH used four criteria to help expand the health services in a sequencing order. They are:

- Technically effective services that address major causes of morbidity and mortality in Somalia.
- Cost-effective services that can be delivered successfully in the country.
- The need for equity in ensuring that critical health services are provided to all, especially the poor.
- Sustainability of the services in the long-term as donors reduce support in the years ahead, taking into consideration the government’s ability to maintain a basic level of health services.

4- Expanding the Coverage and Sequencing strategy (3)

Applying the sequencing criteria, the EPHS shall be implemented in two phases.

- The initial phase might take approximately four to five years.
- Following the initial phase of implementation, additional interventions can be incorporated in the next phase subject to capacity of implementation, availability of additional resources, and meeting the targets set in the initial phase.

4- Geographic harmonization

To improve accountability, efficiency and economies of scale, the MOH will consider:

- Geographic assignments of financer as one donor shall be responsible for a specific region or larger.
- Geographic assignment of EPHS implementers as one service provider shall be responsible for one region.
- Other donors that support vertical programmes related to EPHS shall align and coordinate their support with the MOH and the EPHS donors to avoid fragmentation and duplication of services and to meaningfully complement the EPHS services.

5- Harmonization of Delivery Systems

- Integrate differing implementation modalities and programs and harmonize delivery systems.

- The mechanism of integration three diseases (HIV, TB, and Malaria) in the EPHS shall follow the "Strategic Plan for the Integration of HIV, TB and Malaria Services in the EPHS in Somalia".

- For other vertical services, the MOH shall work closely with the concerned development partners to develop strategic directions.

6- Harmonization and expansion of community-based programme

- Marwo Caafimaad Female Health Workers (FHWs) constitute the Community-based health workers program in Somalia. The MOH and Development Partners shall strengthen the Marwo Caafimaad programme by deploying more Marwo Caafimaad especially to areas with poor access to health facilities through a phased approach.
- The MOH shall prepare a rollout plan based on the areas where Marwo Caafimaad are most needed.

7- Harmonization of referral system

- The MOH will analyse the existing referral models used by some partners (full ambulance system, cost sharing with community, donkey carts, Tuktuks ambulance, conditional cash transfer to local transporters, etc.) to develop a sustainable referral system.
- The MOH will provide flexible contracts to NGOs to allow them propose innovative interventions to strengthen the referral system.

8- Rationalization of the EPHS services in Rural, Urban, nomadic and IDP settings (1)

- The MOH will explore various urban health models.
  - E.g. the MOH shall engage the private sector to provide EPHS services to urban population.
  - Similarly, the MOH shall explore the possibly of expanding the urban immunisation strategy to reach especially vulnerable group of population

8- Rationalize EPHS services in Rural, Urban, nomadic and IDP settings (2)

Nomads and IDPS

- Community-based programme (female health workers)
- Mobile clinics and outreach by the nearest health facility
- Fixed clinics
- Humanitarian Assistance
- The MOH will also provide flexible contracts to NGOs to allow them propose innovative interventions

9- Standardization of essential medicines and equipment

- The MOH with the support of development partners shall develop a standard core list of minimum needs of medicines, supplies and equipment of the EPHS for different level of services.
  - The list shall include the most efficacious, safe and cost-effective medicines for priority conditions.
  - The list shall consider the epidemiological needs of each region to ensure equitable distribution of essential medicines.

10- Rationalization of human resources

- The EPHS recommended staffing has to be driven by the utilization of services at each health facility level.
  - NGOs shall be allowed to recruit (and redistribute) minimum number of staff for each facility based on the utilization of services to gain efficiency.
  - Staff shall be gradually increased as much as the utilization of services are increased.
  - NGOs shall identify training needs for the regions
- The MOH supports the strategy of training midwives and nurses in rural areas.
- Development partners shall support midwifery and nursing training programmes.

11- Funding and contractual arrangement

- Purchaser-provider split model.
  - The MOH shall act as the steward of the purchasing function of EPHS while NGOs and private sector will take the role of health service providers.
  - Development Partners shall closely work with the MOH to strengthen the MOH systems in term of financial management, procurement, contract management, health management information, monitoring, coordination, and aid management.
- Regularly conduct RMET (Resource Mapping and Expenditure Tracking) for improving efficiency and identifying financial gap.
- Regularly conduct National Health Accounts.

12- Improving quality of EPHS interventions

- Develop Quality Improvement Strategy
- Develop health facility performance and quality assessment
- Introduce a culture of quality

13- Enhancing coordination and engagement of actors

- Somalia Health Sector Coordination Committee (S-HSCC)
- Regional Health System (RHS)
- District Health System (DHS)
- Quarterly review meetings with NGOs
- Joint Annual Reviews (JAR)

14- Health Information System

DHIS2

- Harmonize the existing various information systems to avoid duplication of efforts and to ensure they work together.
- Development partners shall provide resources to strengthen the HMIS within the MOH and subnational level.

Monitoring

- Annual HFA
- Standard monitoring checklist

Evaluation

- HHS (Third Pary) in three years
- DHS in five years