

**Federal Republic of Somalia  
Ministry of Health & Human Services**

# **SEMI-ANNUAL HEALTH STATISTICS BULLETIN**

**FROM JAN TO JUN 2023**



MINISTRY OF HEALTH AND HUMAN SERVICES  
**SOMALIA**

SEMI-ANNUAL HEALTH STATISTICS BULLETIN

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JANUARY – JUNE 2023

Ministry of Health has the responsibility to generate, analyze and disseminate health information to facilitate effective policy formulation, management, planning, budgeting, implementation, monitoring and evaluation of health service and program interventions in the health sector by all.

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## Foreword

This semi-annual health statistics bulletin will offer some insights into the country's health status and the progress of government-initiated service interventions. These insights are derived from routine health data collected at various health service delivery points.

The ministry has successfully built an integrated Health Information System (HIS) that is responsible for collecting all health and related information. The Ministry of Health decided to utilize Dhis2 as the exclusive national HMIS platform for collecting and reporting routine health information, including surveillance case-based data. In the 2021 HMIS revision, new systems were integrated into the Routine Health Information Platform: the e-IDSR (Electronic Disease Surveillance and Response) and the Nutrition Module.

After years of dedicated effort with the support of our Stakeholders and the revision of HMIS tools, the ministry has achieved a 95% reporting rate from public health facilities across the country into the national HMIS platform (DHIS2). Notably, around 40% of health information originates from private hospitals. The ministry has taken steps to enhance private sector engagement, resulting in a current reporting rate of 2% from private hospitals to the government platform (DHIS2). The Ministry of Health is actively pursuing greater engagement with the private health sector, striving for good coverage reporting on the national information system platform for the government.

The Ministry of Health's HMIS has exerted significant effort to establish a unified platform for collecting comprehensive routine health information and generating statistical bulletins. This initiative addresses the escalating demand from policy makers, health sector stakeholders, private enterprises, and researchers seeking health data. The Ministry's HMIS remains dedicated to providing and disseminating health information aligned with government, global standards and the principles of official statistics set forth by the United Nations.

The semi-annual health statistics bulletin encompasses a range of variables, including but not limited to: the count of individuals attended to in OPD across all public health facilities over the past six months, the nation's nutritional status, the count of children who have received vital vaccinations to combat early childhood diseases, and updates on notifiable public health emergencies of international significance. It is anticipated that this report will serve as a valuable tool for monitoring health service delivery interventions, assessing investments in the health sector, and prioritizing interventions. Additionally, it will facilitate tracking indicators linked to the global pursuit of achieving the Sustainable Development Goals (SDGs).

The Office of the Director General of the Ministry of Health, along with other senior officials, remains steadfast in their commitment to ensure that all decisions are founded on health information, enabling evidence-based policy-making that caters to our fundamental requirements. The HMIS is dedicated to enhancing the accessibility of all health-related information for the nation, and we highly value your insights and recommendations concerning this report.



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**Dr Gulled Abdijalil Ali**

Director General

Ministry of Health & Human Services- Federal Republic of Somalia

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## EXECUTIVE SUMMARY

The Ministry of Health of Somalia has made significant efforts to align healthcare service delivery with the Essential Package of Health Services (EPHS) framework and improve health services utilization. The OPD (Outpatient Department) consultation rate has shown notable improvement, aiming to achieve universal health coverage and promote the health and well-being of the Somali population.

The OPD consultation rate increased from 0.36 in Jan-Jun 2022 to 0.43 in Jan-Jun 2023, indicating improved accessibility and utilization of health services. The Ministry of Health provided a total of 3.2 million OPD consultations to patients in 578 public health facilities during the reporting period. Females were accounted for 60% of the consultations, while 40% were male.

There was a significant increase in OPD consultations, with 553,804 additional consultations from Jan-Jun 2023 compared to the same period in 2022. This increase aims to promote health, disease prevention, and reduce the spread of pandemics, particularly among vulnerable populations such as women and children.

Child health is a fundamental concern, where from Jan-Jun 2023, 2,090,630 children received OPD consultations across the country. This represents a 12.9% increase (1,178,256 additional children) compared to the same period in 2022. The focus on strengthening access and quality of OPD consultations for under-five children aims to reduce morbidity and mortality rates among children in Somalia.

Diarrhoea cases remain a significant health issue, with 230,790 cumulative cases reported in Jan-Jun 2023. Factors such as poor access to safe drinking water, inadequate sanitation facilities, and the impact of drought and conflict on internally displaced persons (IDPs) contribute to the prevalence of diarrhoea. Out of the reported cases, only 11% were laboratory confirmed. The number of reported diarrhoea cases increased more than twice for Jan-June 2023, compared to the same period in 2022.

Pneumonia cases accounted for 3% of overall OPD consultations during the reporting period. Severe pneumonia cases requiring urgent treatment face challenges due to limited access to oxygen. Oxygen availability is primarily limited to higher-level health facilities and hospitals, while many health centers lack this service.

The report highlights the progress in OPD consultations, particularly for women, children, and under-five children. However, it also underscores the need to address challenges such as diarrhoea prevalence and limited access to oxygen for pneumonia cases. Continued efforts are necessary to strengthen healthcare services, improve access to safe drinking water and sanitation facilities, and enhance the availability of essential medical resources like oxygen.

The routine health information has been made a progress in terms of the number of health facilities reporting to Dhis2, and also, in terms of the data set reporting rate per program, we observed 20% and 17.5% of increase respectively, in Jan-June 2023, comparing the same period in 2022. Additionally, the Ministry had made a progress for reporting the public health notifiable diseases on immediate bases as per the IHR requirement and the FMOH National technical guidelines for IDSR, the current reporting rate (IDSR) of 74% is 6% below the expected completeness rate of 80% as per the Ministry of Health guidelines for immediate reporting. This shortfall can be attributed to the ongoing pilot implementation of e-IDSR (electronic IDSR) for immediate reporting.

## HMIS REPORTING PROGRESS

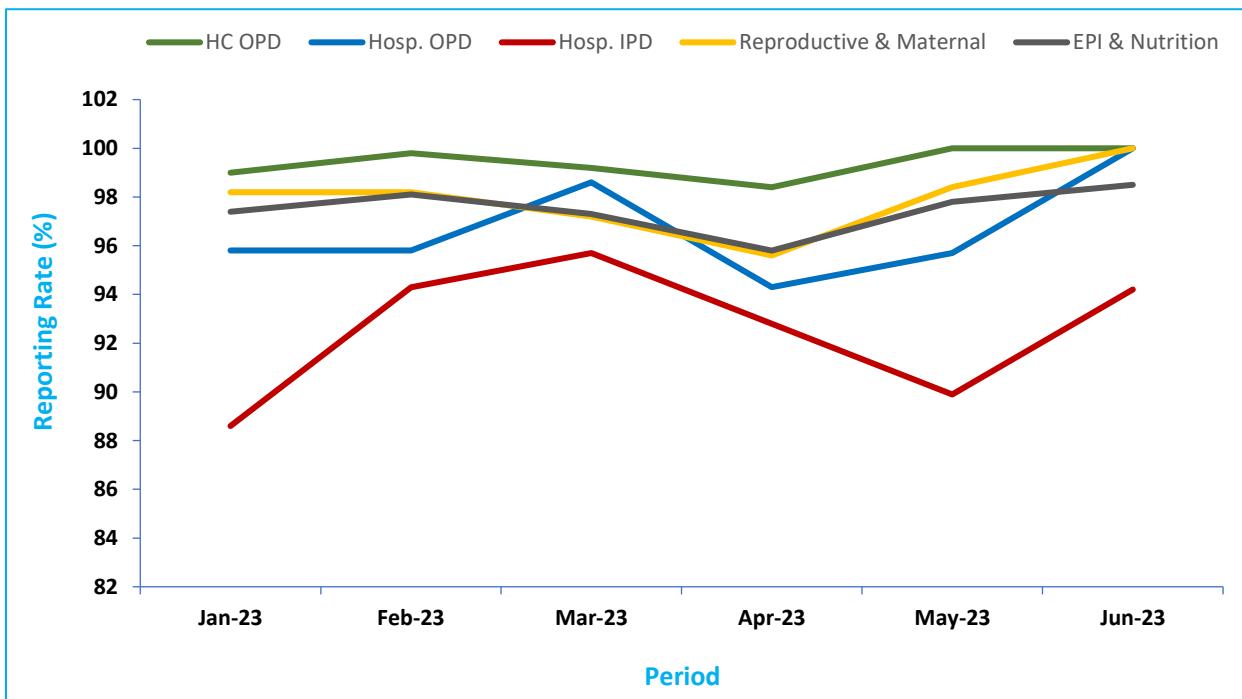
Decision-makers at all levels need reliable, timely and comparable health-related data to make evidence-informed policies and decisions, allocate and manage resources, analyze population health, monitor health systems performance and evaluate health reforms. According to the HSSP III and Investment Case for the Somalia Health 2022–2027, the ministry of Health shall promote a single reporting system using Dhis2 as the national platform in order to avoid the duplication of information and the compatibility of the data sets.

Previously, every report, development plan and review of the health sector in Somalia points to weaknesses in the health information system as mentioned in the HSSP III. Despite to that, Currently, the health information shifts to top under the leadership of the HMIS Section with the support of the stakeholders, revision of the HMIS tools, DHIS2 roll-out resulted in a huge progress in terms of the number of facilities reporting to the DHIS2, and the availability of reliable data in the platform (DHIS2).

The routine health information has been made a progress in terms of the number of health facilities reporting to DHIS2, we observed 20% of increase in Jan-June 2023 (588), comparing the same period in 2022 (486). Also, the Health Information has made a progress in terms of data set reporting rate, aggregate reporting rate shifts to high for 17.5% in Jan-June 2023 (94%), compared to Jan-June 2022 (80%). For the last Six-months, the monthly reporting rate of the all-data sets were above 93%, except the Inpatient data set which is almost above 88%.

It is important to note that only a very small number of private hospitals are included in this data. However, as we continue to produce subsequent additions, we will work to improve the coverage of reporting rates from private hospitals in the report.

*Figure 1: Reporting Rate Per Data Set*



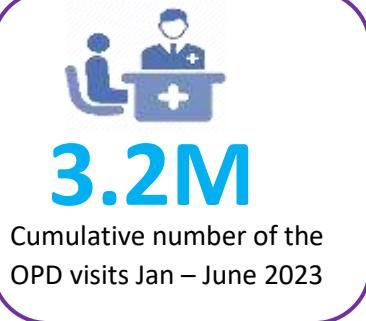
## OUTPATIENT SERVICES

Building upon the revised EPHS 2020 and HSSP3/IC documents, the Ministry of Health, with the support of its partners, has made substantial efforts to ensure that these documents provide clear guidance to all stakeholders and implementing partners. This endeavor aims to align healthcare service delivery with the EPHS framework and enhance public awareness and the utilization of healthcare services.

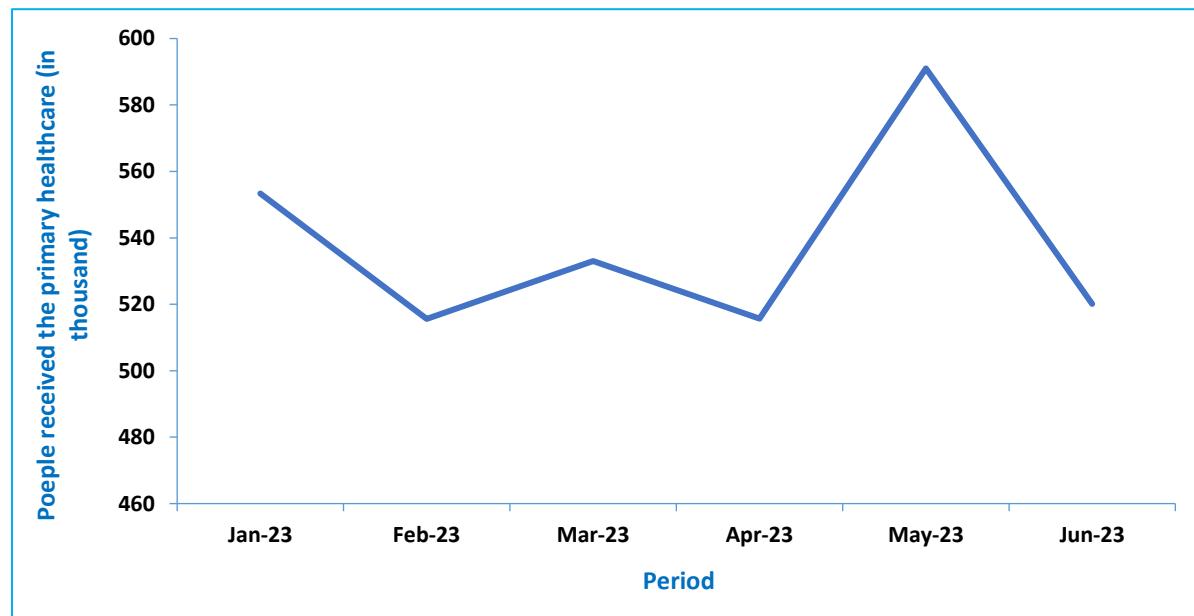
According to the standard threshold for OPD attendance rates, the expected rate is one new visit per person per year for follow-up visits. This rate serves as an indicator of accessibility and the utilization of healthcare services. Based on this, the Ministry of Health has made slight progress in improving the OPD consultation rate, increasing it from 0.36 in January to June 2022 to 0.43 in January to June 2023. These improvements are intended to advance universal health coverage and promote the health and well-being of the Somali people.

From January to June 2023, the ministry of health provided a total of 3.2 million patients OPD consultations in 588 the public health facilities, those received their life-threatening health emergency services include women and children. Additionally, 60% (1,945,297 out of 3,233,527) of the OPD consultations were females.

21% (553,804) extra consultation were seen in January to June 2023, comparing same period in 2022. This is aimed in promoting health, prevent disease, and reduce the spread of Pandemics among the vulnerable people including women and children.



*Figure 4: Number of the people visited the Outpatient Department (In thousands)*

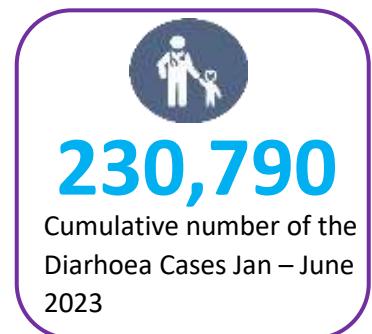


## CHILD HEALTH

Protecting and improving the health of a children is a fundamental principle of every child in this globe. from Jan-Jun, 2023 a total of 209,0630 children received OPD consultations in 588 Public health facilities across the country. this indicates 12.9% (1,178,256) extra children received OPD consultation comparing 912,374 same period in 2022. This is part of the strengthening the access and quality of the OPD consultation among under-five children in the country. this will further avert the morbidity and mortality of 1,178,256 children across the country.

### DIARHOEA

As per the Somalia Health Demographic survey indicate the status of access to safe drinking water and improved sanitation accounted 35% have a poor sources of drinking water, and 43% have poor sanitation facilities in combined with the drought and conflict led IDPs is believed to be attributing 230,790 diarrhea cases reported to DHIS2 from the 588 public Health facilities for routine HMIS data in Somalia. Of these 230,790 reported diarrhoea cases, 11% were laboratory confirmed. This was increased for 108% (119,862) in Jan-Jun 2023, comparing 110,928 same period in 2022.



### PNEUMONIA

A severe case of pneumonia seen in OPD services requiring urgent treatment to survive. Access to oxygen has been unavailable to those who need it. In Somalia, oxygen is only available at higher level health facilities and hospitals while most of health centers not available for this service.

Based on the routine health information reports from the 588 public health facilities, 114,944 of Pneumonia cases were seen across the country, that is 3% of the overall OPD consultations during the reporting period in 2023.

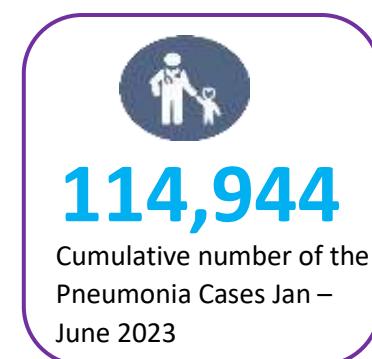
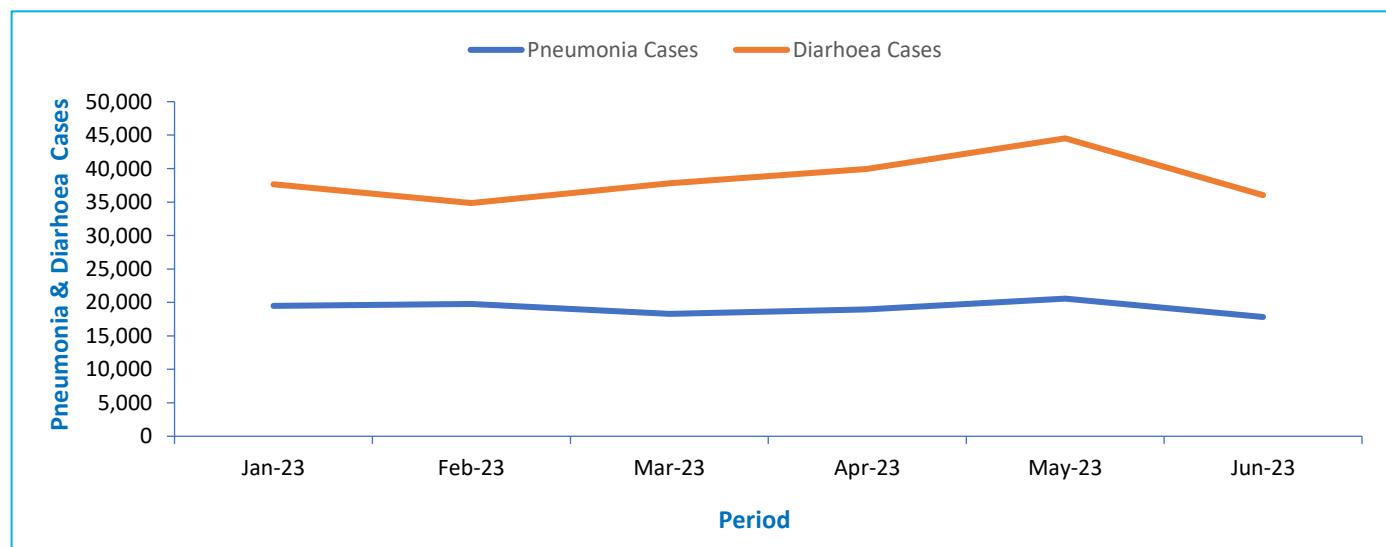


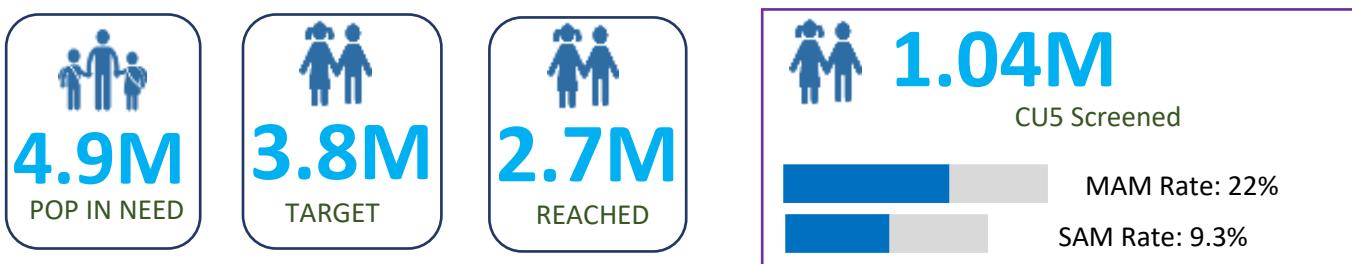
Figure 3: Trend of Pneumonia and Diarrhea Cases Among the Children (In thousand)



## NUTRITION

Due to climate-related issues, including frequent droughts, floods, lack of access to suitable nutrients, and conflict, a total of 1,039,312 children were screened between January to June 2023. Among them, 22% (231,290) were moderately malnourished, 9% (96,401) were severely malnourished, and 0.3% had edema.

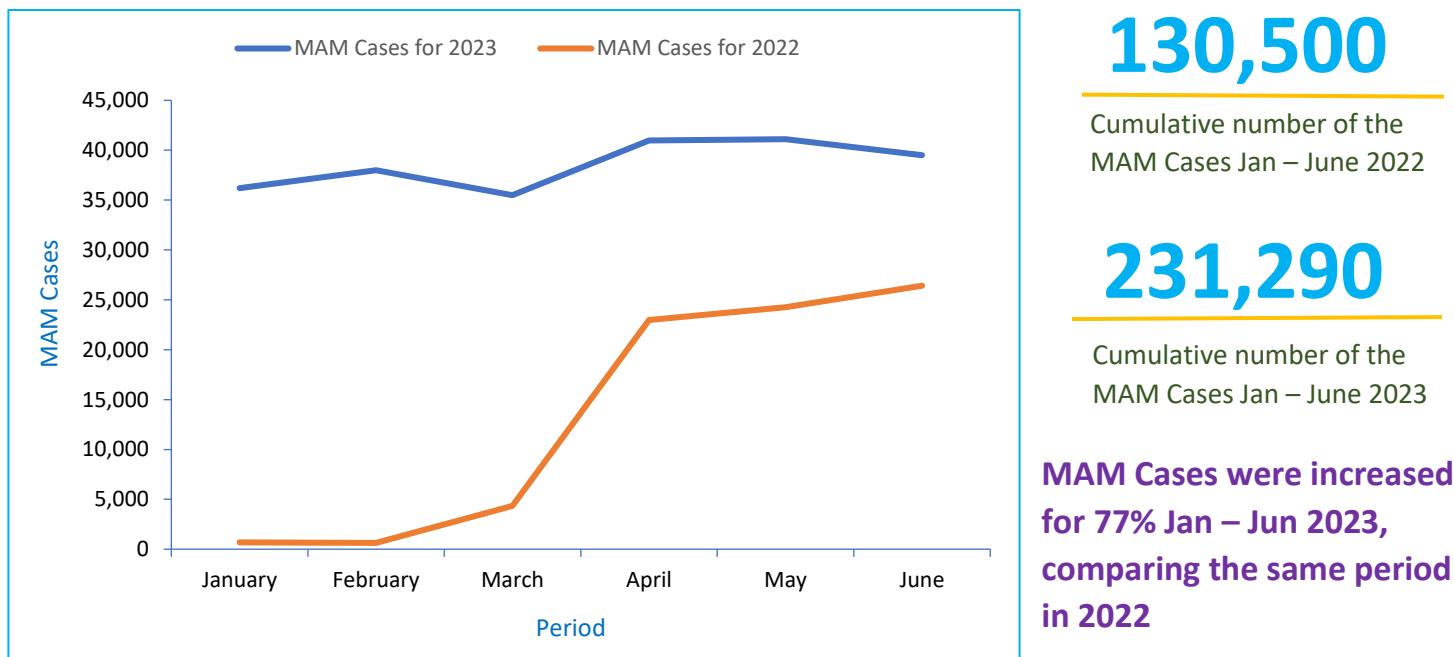
77% of increase for Moderately malnourished children were observed in 2023 (231,290), comparing the same period in 2022 (130,500). Additionally, 72% were increased for sever malnourished children (96,401) in 2023, comparing to 55,937 in 2022. Also, Oedema (3,177) were increased for 53% in 2023, comparing to 2,071 Oedema in 2022. The nutrition situation in the country is worsening based on the Routine data from the public health facilities reporting to the Dhis2 Somalia. This calls attention and the need to conduct nutrition assessment survey to ensure that the situation is under control.



### MAM

According to the routine health information from the health facilities in the last two quarters, the results shows that 231,290 children with MAM were reported. The trends of MAM children showed a sharp increase for 77% in Jan-Jun 2023, comparing 130,500 for similar period in 2022.

Figure 4: Comparing the trend of the MAM cases for 2022/23



## SAM

According to the routine health information from the health facilities in the last two quarters, the results shows that 96,401 children with SAM were reported. The trends of SAM children showed a sharp increase 72% in Jan to Jun 2023, comparing to 55,937 for similar period in Jan to Jun 2022.

Figure 5: Comparing the trend of the SAM cases for 2022/23

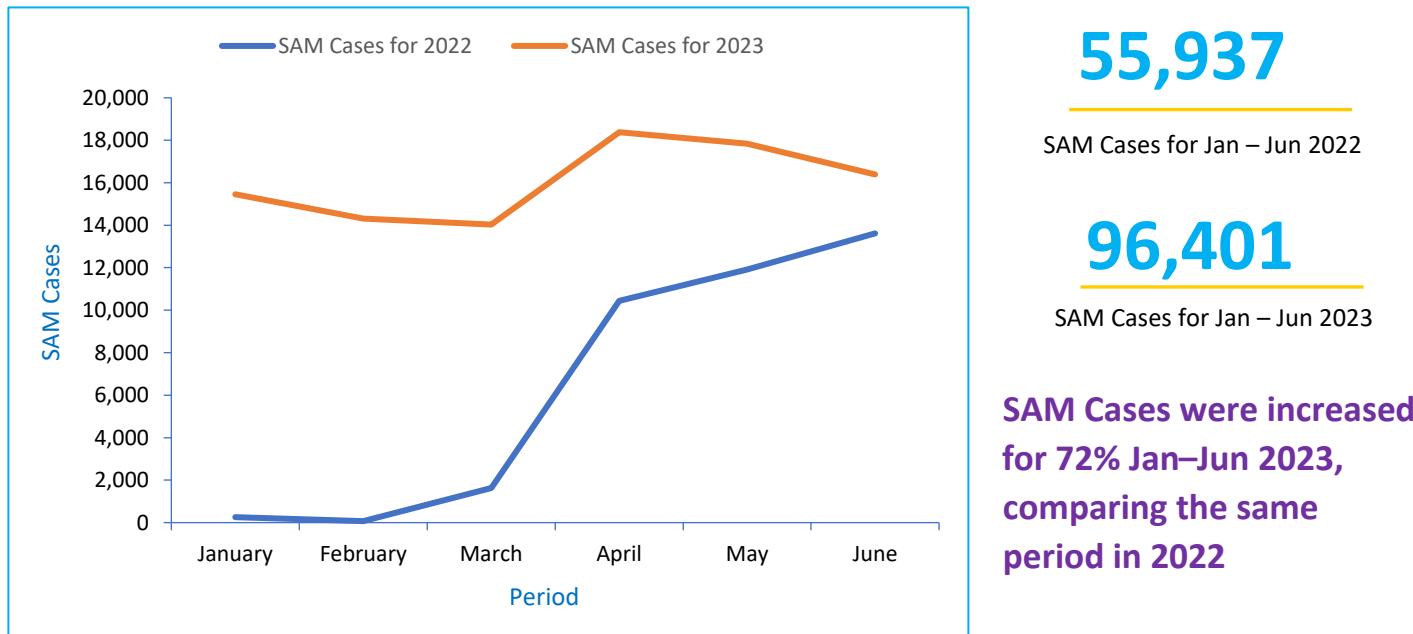


Figure 6: Distribution of SAM Cases among the States

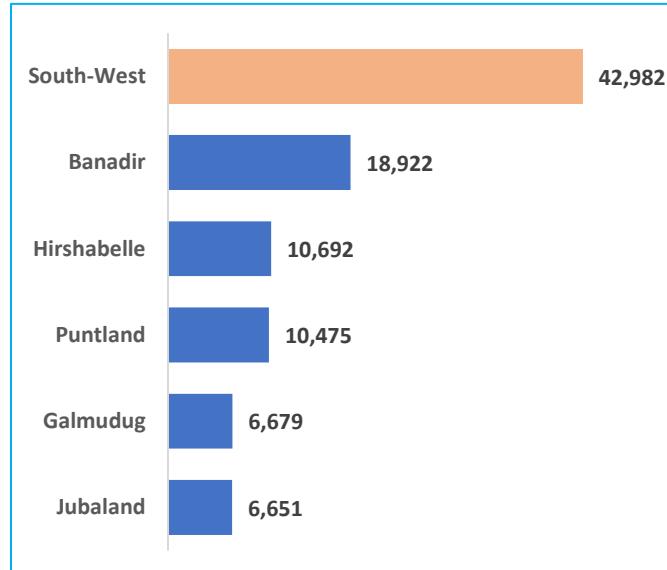
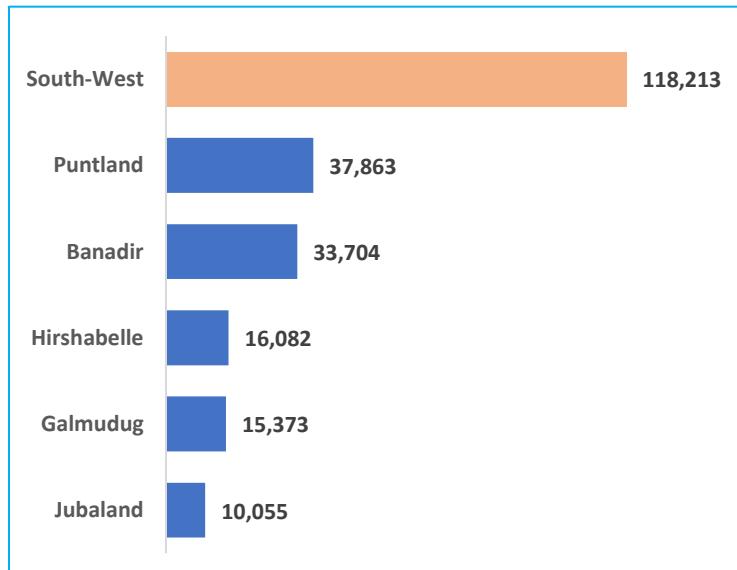


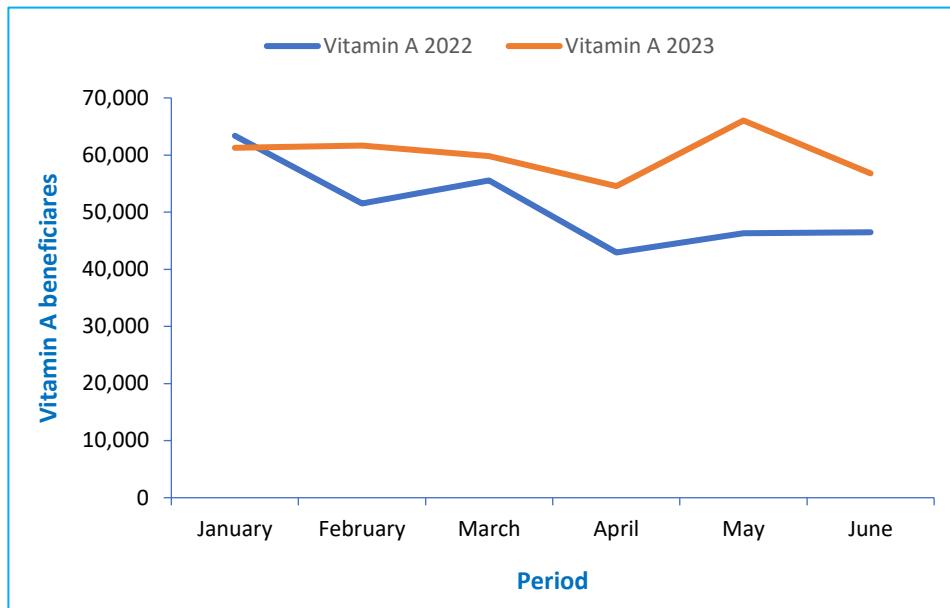
Figure7: Distribution of MAM Cases among the States



## Vitamin A

According to routine Health information from the public health facilities in the last 2 quarters, the results shows that 360,156 of beneficiaries including women & children received for Vitamin A supplementation to prevent Anemia & Under-nutrition. Undernutrition persists in Somalia due to the numerous of the children and their mothers are both lack of Vitamin A

Figure 8: Comparing the trend of the Vitamin A for 2022/23



**306,180**

Beneficiaries of Vitamin A for Jan-Jun 2022

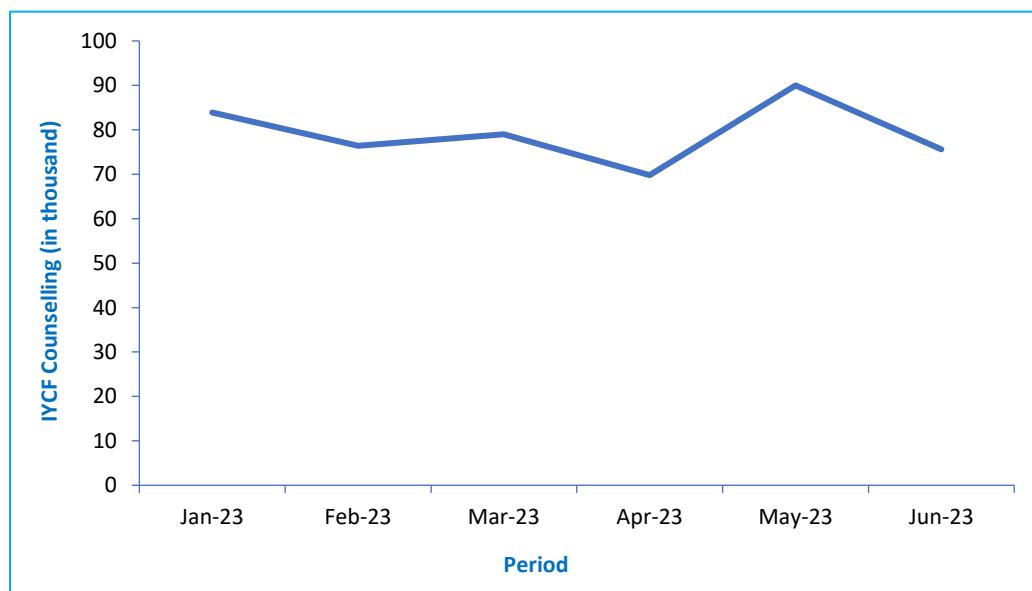
**360,156**

Beneficiaries of Vitamin A for Jan-Jun 2023

Vitamin A were increased for 17.6% in Jan – Jun 2023, comparing the same period in 2022

## IYCF COUNSELLING

Figure 9: Number of the Mothers Received IYCF Counselling (in thousand)



**474K**

Cumulative number of the Mothers Received IYCF Counselling During ANC Jan – June 2023

**289.1K**

Cumulative number of the Mothers Received IYCF Counselling During PNC Jan – June 2023

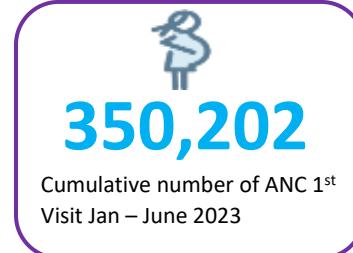
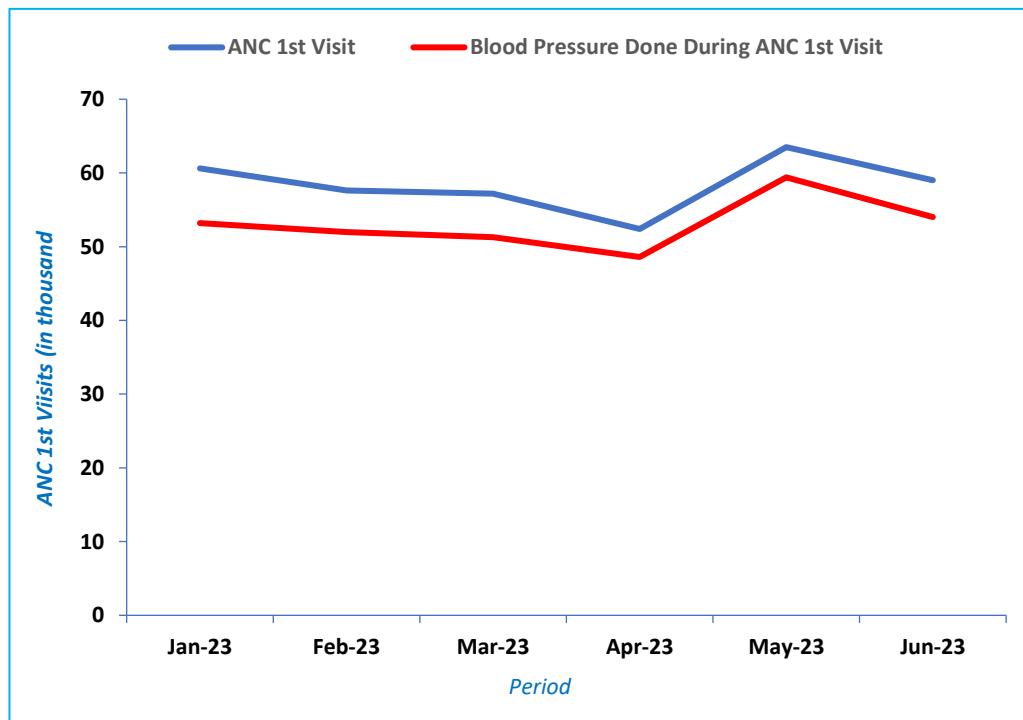
## REPRODUCTIVE AND MATERNAL SERVICES

The Ministry of Health and Human Services is prioritizing the improvement of reproductive health as a key focus while the country is currently undergoing a transition towards recovery and implementing the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) program.

Monitoring the status of reproductive, maternal, and newborn health services, particularly for vulnerable pregnant women and girls in crisis situations, is an essential priority. This is due to the country having the highest rates of infant, child, and maternal mortality, standing at 76.6, 121.5, and 692 per 1000 live births, respectively. Under the strategic guidance provided by the 2020 The Somalia Health and Demographic Survey (SHDS), the Ministry of Health is closely monitoring the health situation of pregnant women and newborns to ensure they receive respectful healthcare services.

During the reporting period from January to June 2023, 578 public health facilities provided 350,202 ANC1 consultations and 107,414 ANC4 consultations. Compared to the same period in 2022, there has been a 29% increase in ANC consultations across these 578 public health facilities. Additionally, every pregnant woman received blood pressure checks during their first antenatal care (ANC) visit, with a 10% variation. This signifies progress made over the last six months in terms of checking the blood pressure of every pregnant woman receiving antenatal care. The data for RMNCH reported through DHIS2 only includes information from a limited number of health facilities in the private sector.

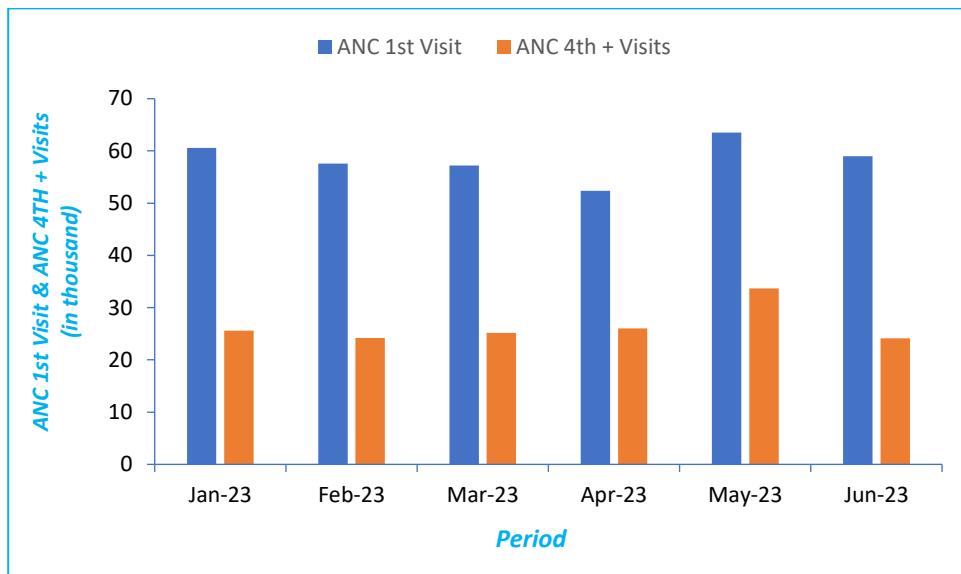
*Figure 10: Number of the pregnant women received Antenatal Care (in thousand)*



**90.9%**

% of pregnant women who received Blood Pressure check during ANC 1<sup>st</sup> Visit

Figure 11: Number of the pregnant women who visited the ANC at least 4 times ANC 4+ (in thousand)

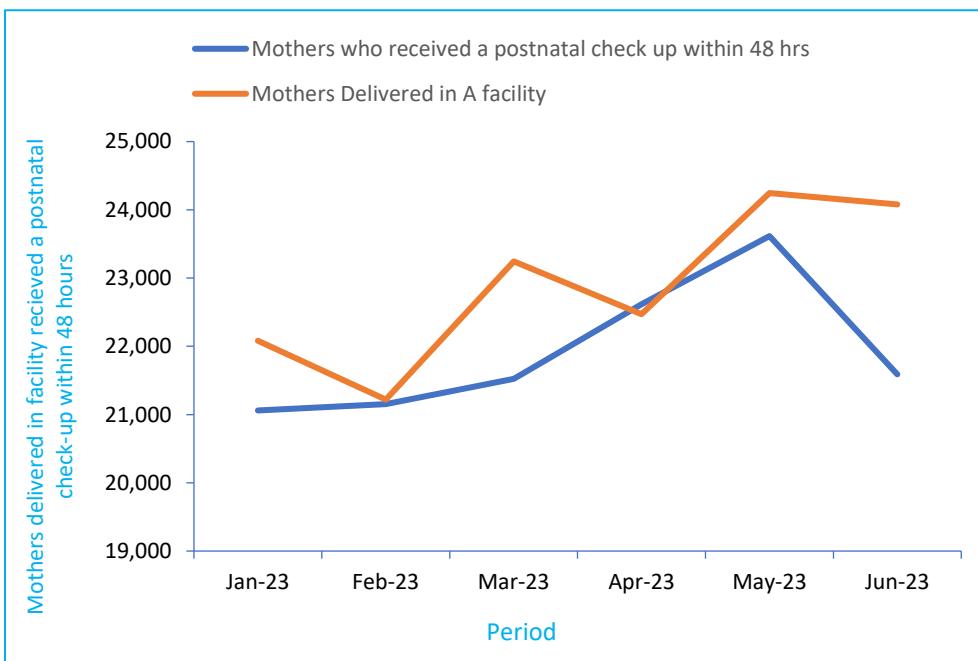


**159.1K**

Cumulative number of ANC 4+ Visits Jan – June 2023

Based on the Dhis2 for the last six-months, indicates that almost 55% of the mothers were received ANC4 +

Figure 12: Number of mothers delivered in the public health facility who received a postnatal checkup within 48 hours of delivery.



**137,396**

Cumulative number of Deliveries in a Facility Jan – June 2023

**95.8%**

% of the mothers who received a postnatal check-up within 48 hours of delivery

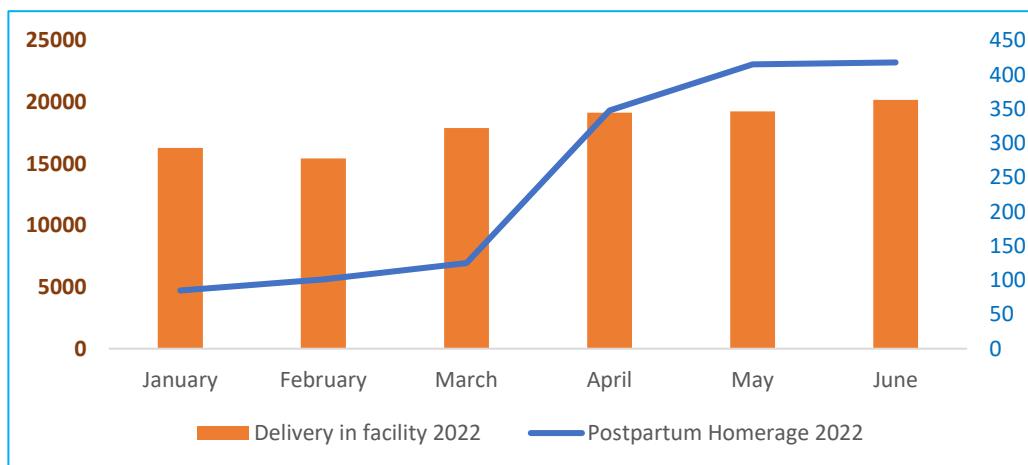
## DELIVERIES IN THE PUBLIC HEALTH FACILITIES

Delivery services are of utmost importance, often requiring urgent attention, and even emergency care in many cases. Pregnancy-related risks and uncertainties about pregnancy outcomes underscore the need for comprehensive maternal health and safe delivery planning. The Ministry of Health is committed to providing all components of maternal health services through the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH) program.

During the reporting period from January to June 2023, a total of 132,456 normal deliveries, 1,005 assisted deliveries, and 3,935 cesarean section deliveries were performed in 578 public health facilities that are currently reporting to DHIS2.

According to DHIS2 data, the government has made slight significant progress in improving maternal health. This is evident in the 27% increase, equivalent to 28,072 additional mothers delivering in public health facilities compared to the same period in 2022, when 104,384 deliveries were recorded. Additionally, the number of cesarean section deliveries increased from 2,778 to 3,935, reflecting a 42% improvement in access to Comprehensive Emergency Obstetric and Newborn Care (CEMONC) and Basic Emergency Obstetric and Newborn Care (BeMoNC) services.

Figure 13: Comparing Postpartum Homereages and Deliveries in the Facility for 2022

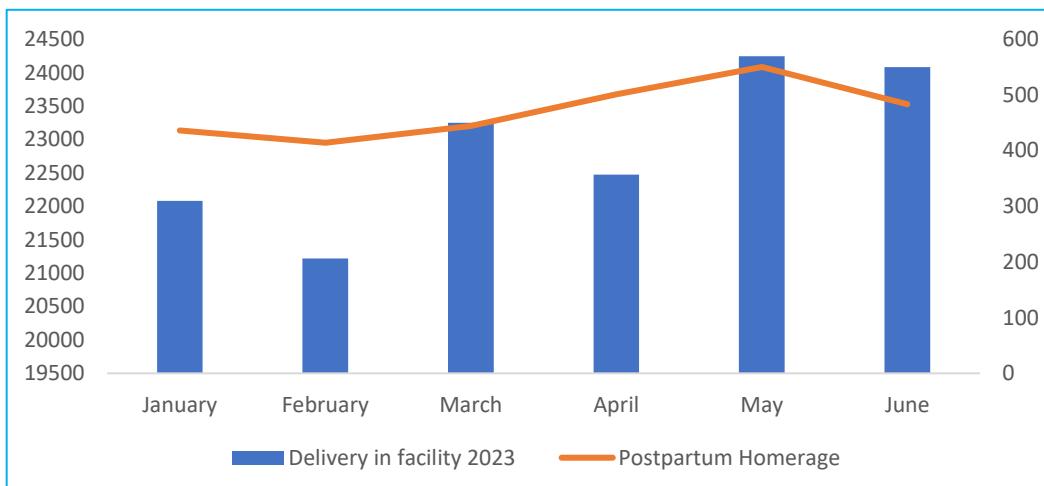


**108.2K**

Total mothers delivered in a public health facility, Jan – Jun 2022

**In Jan – Jun 2022, 1.8% (1,939 out of 108,210) of deliveries were got a postpartum Homereage**

Figure 14: Comparing Postpartum Homereages and Deliveries in the Facility for 2023



**137.4K**

Total mothers delivered in a public health facility, Jan – Jun 2023

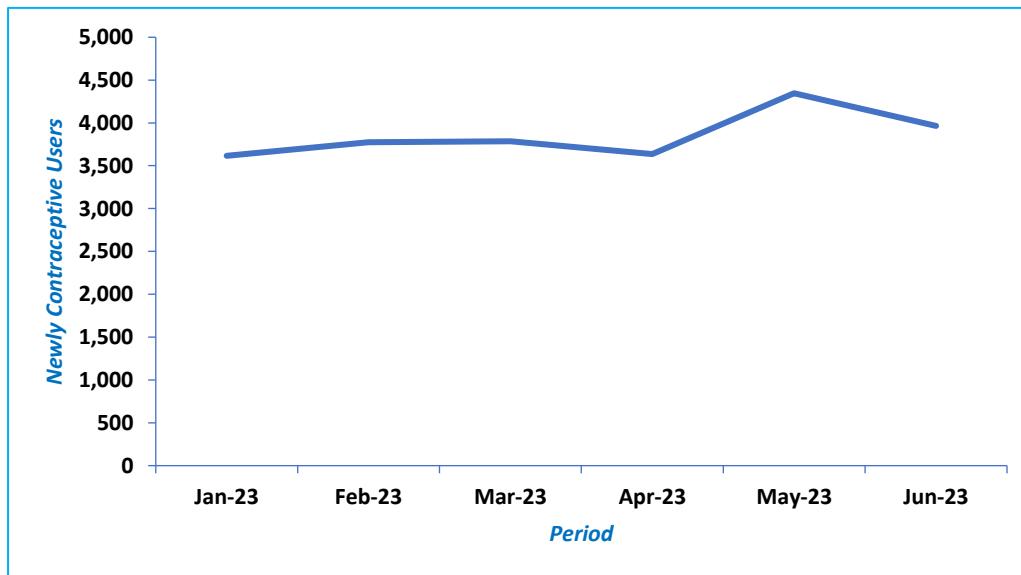
**In Jan – Jun 2023, 1.3% (1,822 out of 137,396) of deliveries were got a postpartum Homereage**

## FAMILY PLANNING

Family planning services are a crucial means to reduce maternal morbidity and mortality, and every mother has the right to access family planning services and education when needed. The Ministry of Health has made somehow progress in the utilization of family planning services over the last two quarters, comparing them to the same quarters in 2022.

From January to June 2023, a total of 23,121 women in the reproductive age group initiated the use of family planning services provided in 578 public health facilities reporting to DHIS2. We observed an increase in the utilization of family planning services compared to the same period in 2022. Specifically, 9,411 women started using oral contraceptives in 2023, compared to 6,529 in 2022, representing a 44% increase (2,882). Additionally, 7,025 women started using implants, which is the second most commonly chosen family planning method in public health facilities, while 3,844 women began using injectables. Overall, family planning services have shown a high uptake when comparing this period to 2022

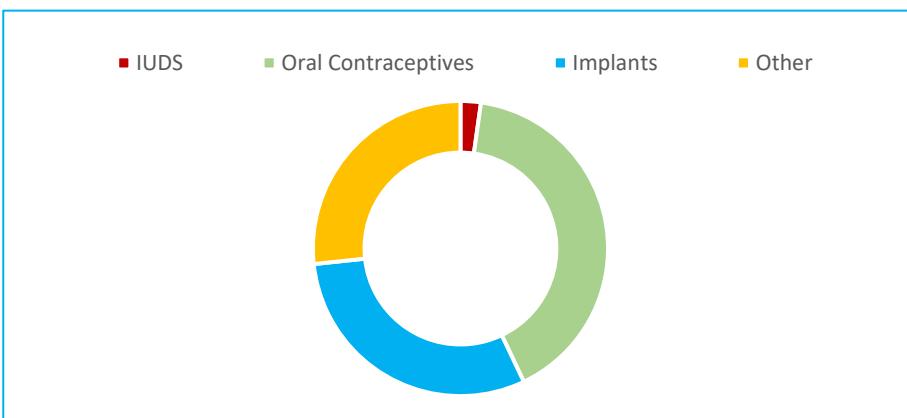
Figure 15: Number of the women in a child-bearing age whose are newly contraceptive users



**23,121**

Cumulative number of the newly contraceptive users for Jan-June 2023

Figure 16: The most commonly used contraceptive method



Based on Dhis2, we found that 41% of the newly initiated contraceptive users started taking Oral contraceptives, followed by Implants (30%)



## IMMUNIZATION

Immunization is one of the most effective public health interventions, giving every child the opportunity to grow up healthy and reach their full potential. FMOH is working tirelessly to make sure that every child - regardless of where they are - has access to the vaccines they need to not only survive, but thrive. According to the last two quarters the ministry of health and human service has been made a huge progress towards an increasing the fully immunization coverage across the country.

The ministry has reached almost 82% of the immunization plan against the Semi-Annual targets. Based on the routine information from the health facilities, the results show that 285K of the children were fully immunized against the population in need (children under 1 year).

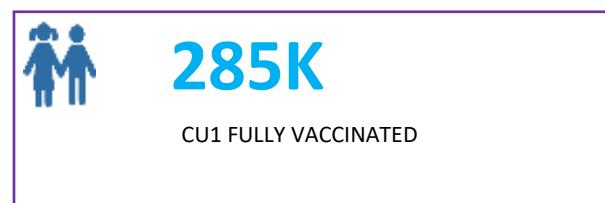
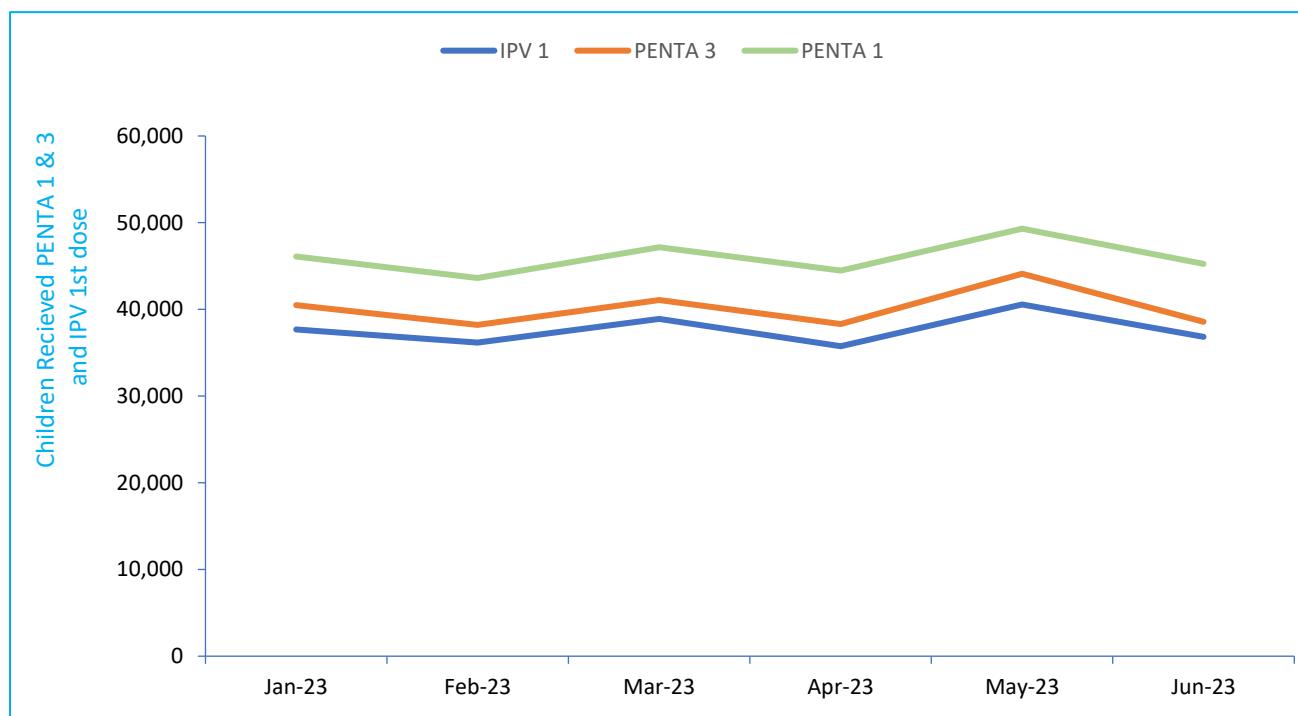


Figure 17: The Trend the of children under 1 year who received PENTA 1st and 3rd Doses, and IPV1



**325,284**

Cumulative number of Children under 1 year who received PENTA 1<sup>st</sup> dose Jan – June 2023

**291,234**

Cumulative number of Children under 1 year who received PENTA 3<sup>rd</sup> dose Jan – June 2023

**285,142**

Cumulative number of Children under 1 year who received IPV 1<sup>st</sup> dose Jan – June 2023

Figure 18: The drop-out rates for Penta 1<sup>st</sup> dose to Penta 3<sup>rd</sup> dose, and Penta 3 to IPV1

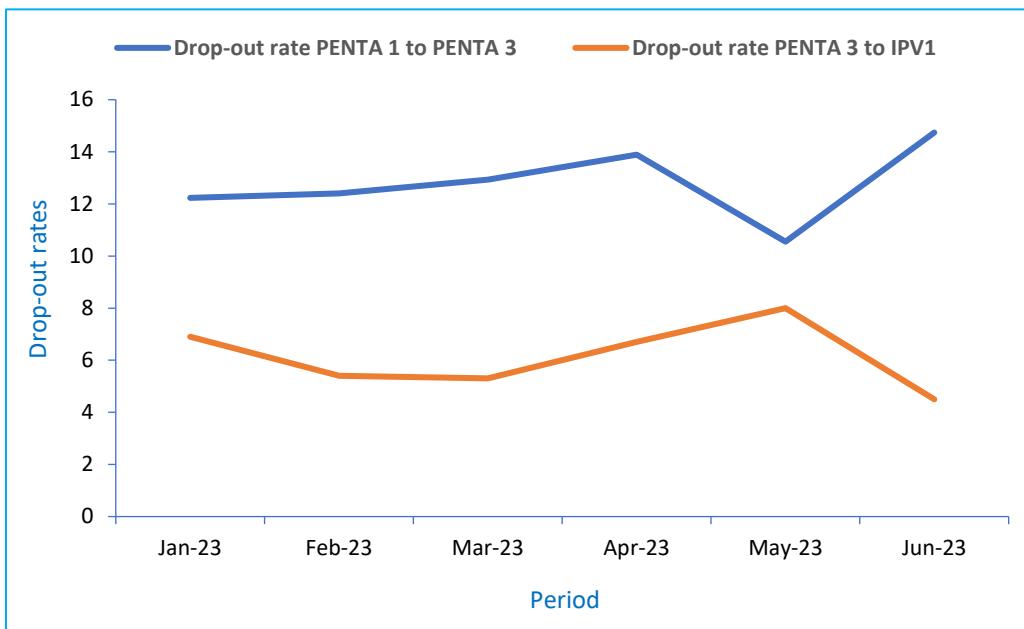
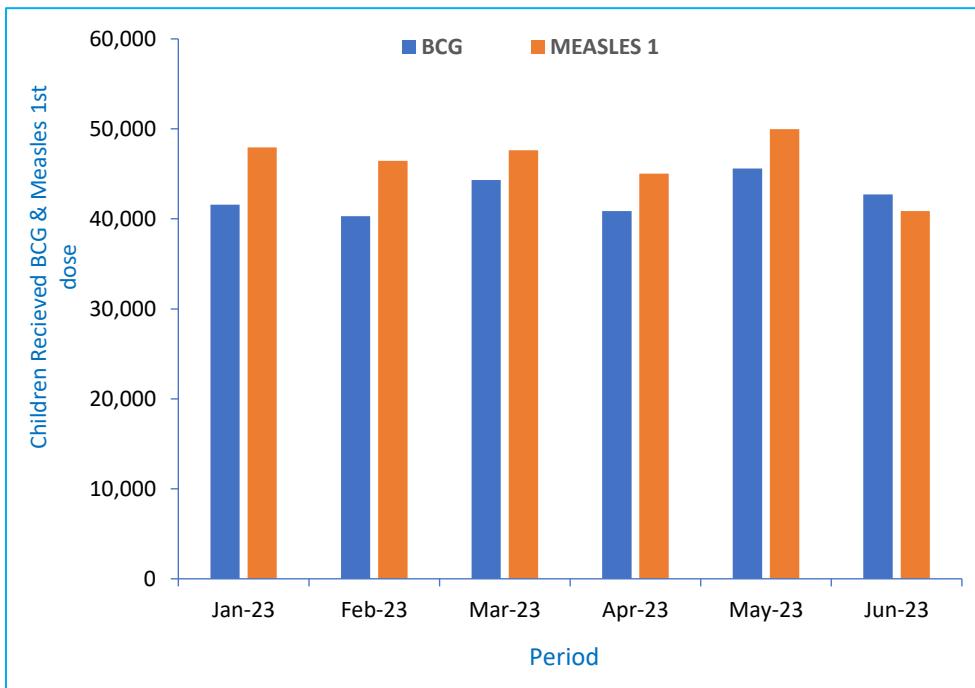


Figure 19: Number of the children under 1 year who received Measles 1<sup>st</sup> dose & BCG.



**12.6%**

Drop-out rates between PENTA 1 to Penta 3

**6.2%**

Drop-out rates between PENTA 3 to IPV 1

**225,398**

Cumulative number of Children under 1 year who received BCG Jan – June 2023

**277,854**

Cumulative number of Children under 1 year who received Measles 1<sup>st</sup> Dose Jan – June 2023

According to the national immunization policy, acceptable drop-out rates between Penta 1 to Penta 3 is less than 10%. But the current drop-out rate of the Penta 1 to Penta 3 is 12.6%, which is much higher than the acceptable rate. And also, when compared to the same period from Jan to Jun 2022 the dropout of Penta 1 to Penta 3 is 14%. That is much higher to the current period.

The government made a progress for reducing child dropouts from PENTA 1 to penta3 through community engagement of the female health workers and CHWs as well as provision of massive education sessions in the health facility and in the community. additionally, the ministry of health significantly managed to achieve 93.8% of the children completed PENTA 3, also received an IPV1.

## IDS-SELECTED PUBLIC HEALTH PRIORITY DISEASES

Given the recurrent epidemics in the country, including cholera, measles, and malaria, the country adopted the Integrated Disease Surveillance and Response (IDS) to enhance early alert detection, investigation, and response. The Ministry of Health leads the response to 22 immediate notifiable diseases and 27 conditions for weekly reporting. IDS facilitates the detection, verification, investigation, and response to outbreaks of priority diseases, events, and conditions in the country.

According to IDS immediate and weekly surveillance report to the Dhis2 in the last Six-Months, indicates that 74% (253 out of 340) of the health facilities submitted the immediate and weekly surveillance reports. With an increase of 12% for the IDS reporting rate in Jan-Jun 2023 (74%), comparing to Jan-June2022 (62%).

Currently we are 6% below the expected completeness rate (80%) as per the MOH guidelines for immediate reporting, this is due to the on-going piloting of the implementation of e-IDS on immediate basis.

During the reporting period 24,032 alerts of Cholera notifiable disease were reported, where 10% of those alerts were investigated, 1.1% tested positive. Additionally, 6,673 alerts of Measles notifiable disease were reported, where 18% of those alerts were investigated, 2.1% tests were positive.

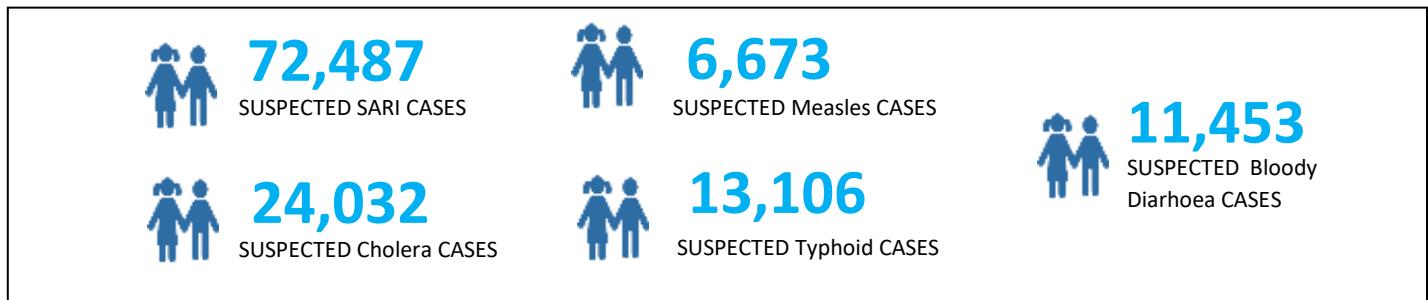


Figure 20: suspected cases of 5 public health priority diseases

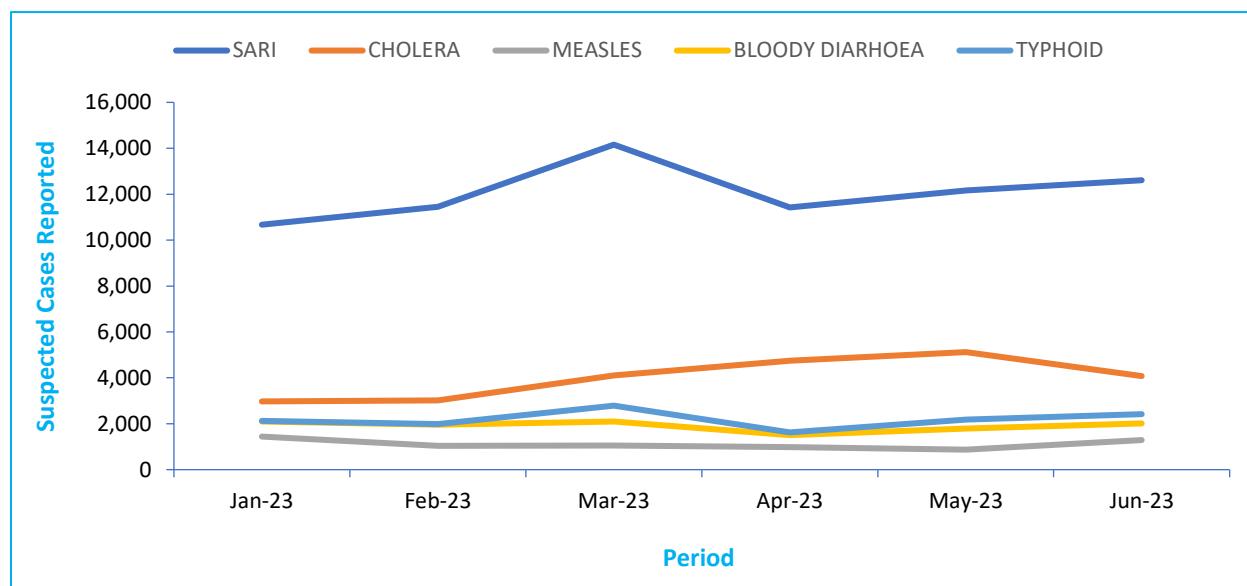
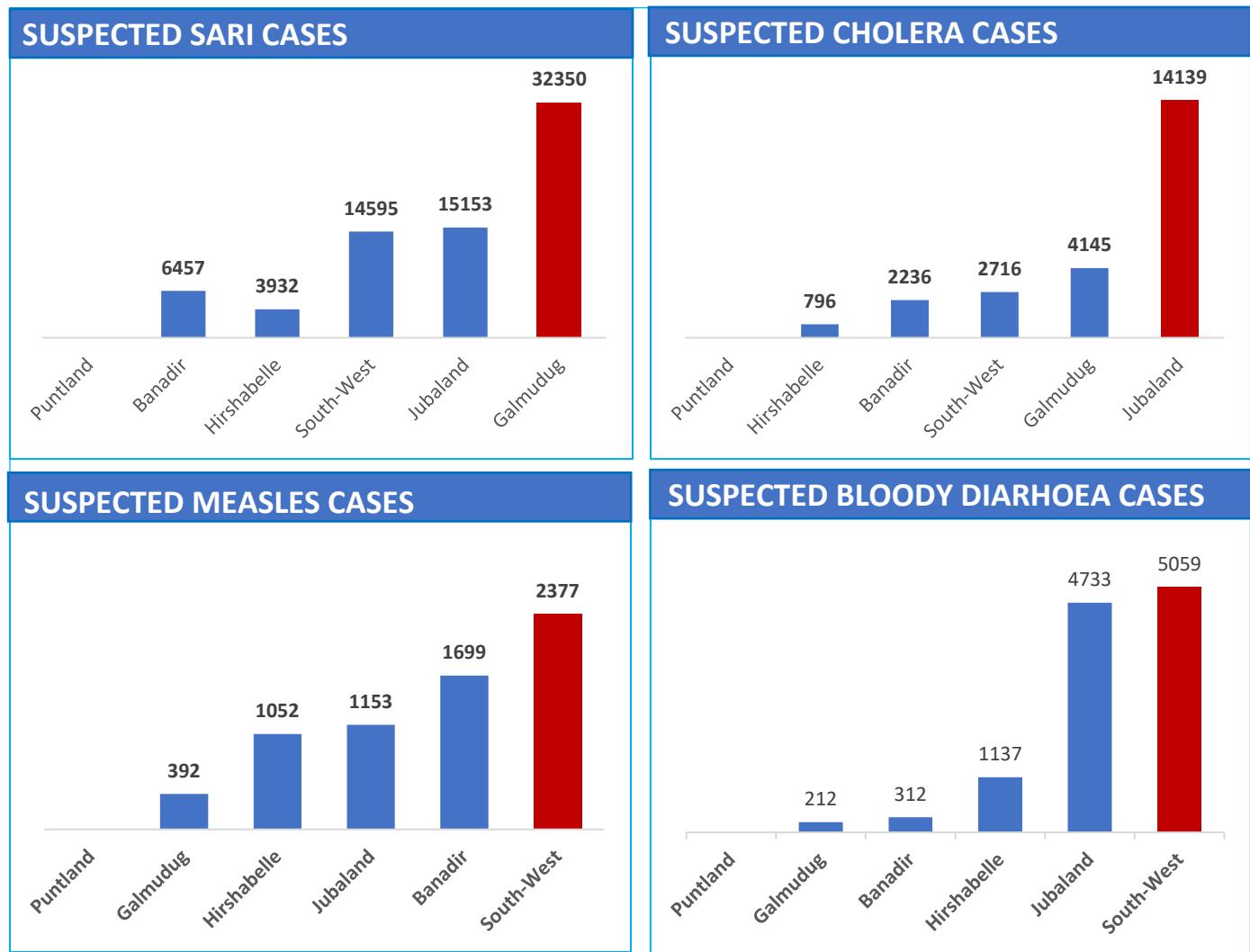


Figure 21: Distribution of Selected public health priority Diseases across the country (Suspected Cases)



Based on the geographical distribution of the alerts from Jan – Jun 2023, a total of 72,487 alerts of SARI suspected Cases were reported across country. The most (44.6%) of the suspected alerts were reported from Southwest State, following by Jubaland State (21%).

The prevalence and cases reported among states and BRA are quite different. Most Cholera suspected Cases were reported from Jubaland State as per the Dhis2. Based on the Laboratory results, the most (86.6%) lab confirmed Cholera alerts were reported from Jubaland State.

The suspected cases reported into dhis2 are significantly different in terms of geographical distribution. Most (35.6%) of the Measles suspected Cases were reported from South-West State. According to the Laboratory information, the most (37%) lab confirmed Measles alerts were reported from Hirshabelle State.

## HIV

The government of Somalia gives a special consideration of the global efforts for control and prevention of HIV. In 1991 all basic social services were distracted due to the collapse of the government, the government re-started the HIV prevention, care and treatment services in 2006. Currently, there are 22 HIV prevention, care and treatment centers across the country.

According to Sentinel Surveillance for 2018/2019, "Somalia is considered to be a low epidemic HIV in comparison with other countries in the region"

Based on the DHIS2 routine report from 171 public health centers across the country, screened 41,065 suspected cases of HIV/AIDs including women and children of which 436 out of 41,065 people tested were confirmed as HIV positive.

This indicates that the HIV detection rate shifts from 41,065 in Jan-June 2023, comparing to 16,112 for the same period in 2022.

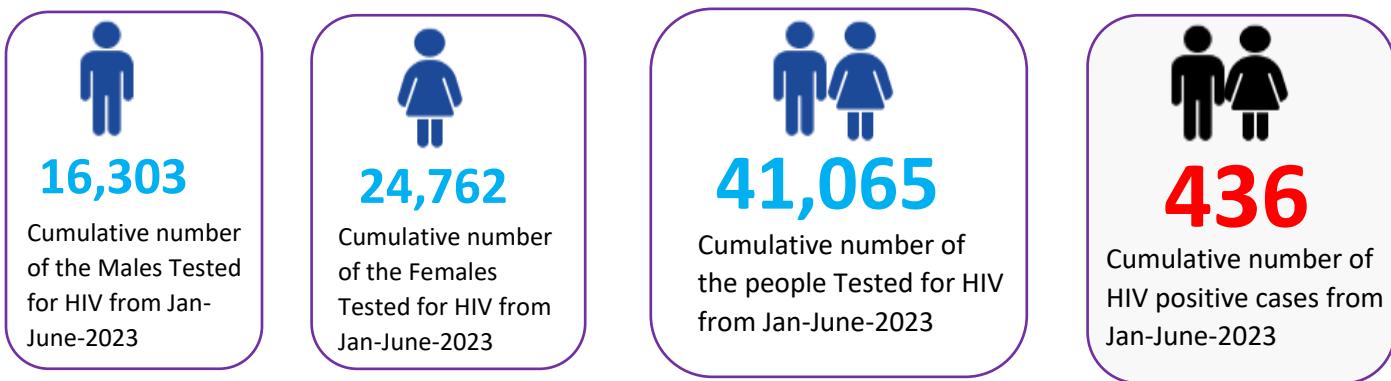
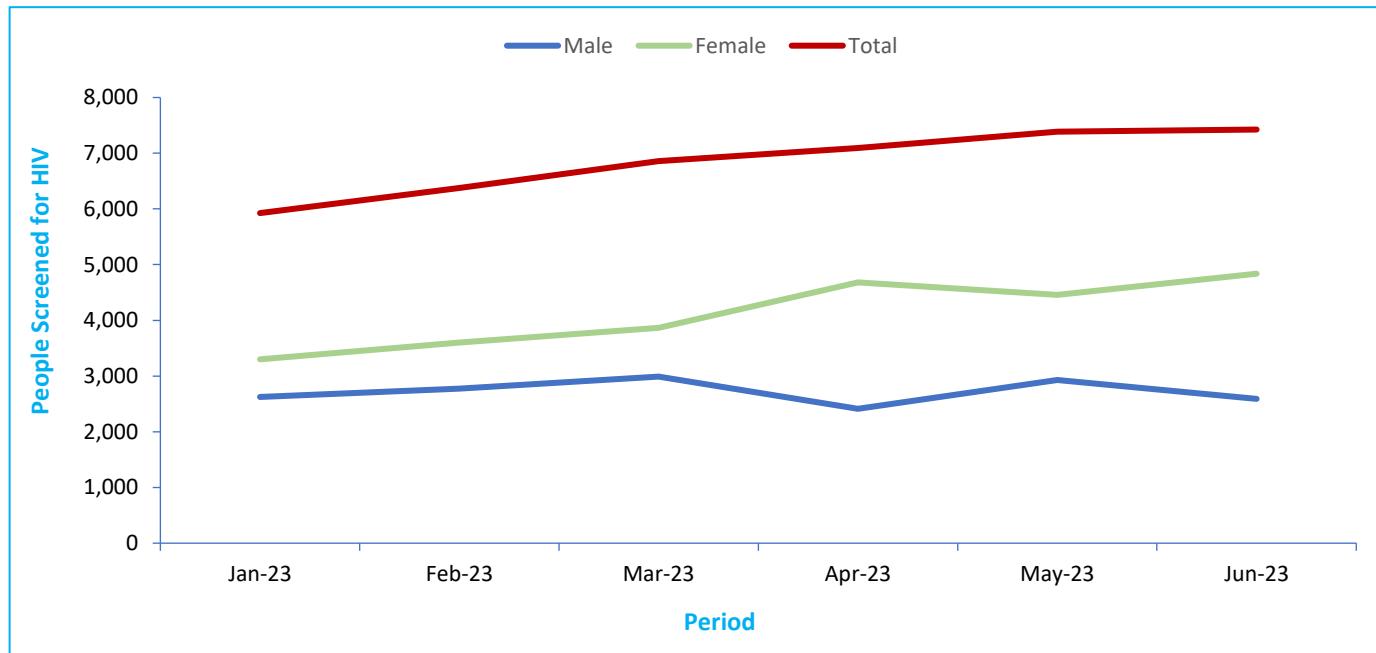


Figure 22: Trend of the people Tested for HIV







Ministry of Health has the responsibility to generate, analyze and disseminate health information to facilitate effective policy formulation, management, planning, budgeting, implementation, monitoring and evaluation of health service and program interventions in the health sector by all.

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