SOMALIA

People in need[1]

6 MILLION

People targeted[1]

4.6 MILLION

Funding requirement

US$ 38 MILLION

[1] Global Humanitarian Overview 2025 – Figures represent People in Need and People Targeted for overall humanitarian assistance from the Global Humanitarian Overview 2025. Data specific to health assistance will be available following the publication of the Humanitarian Response Plan for this emergency.

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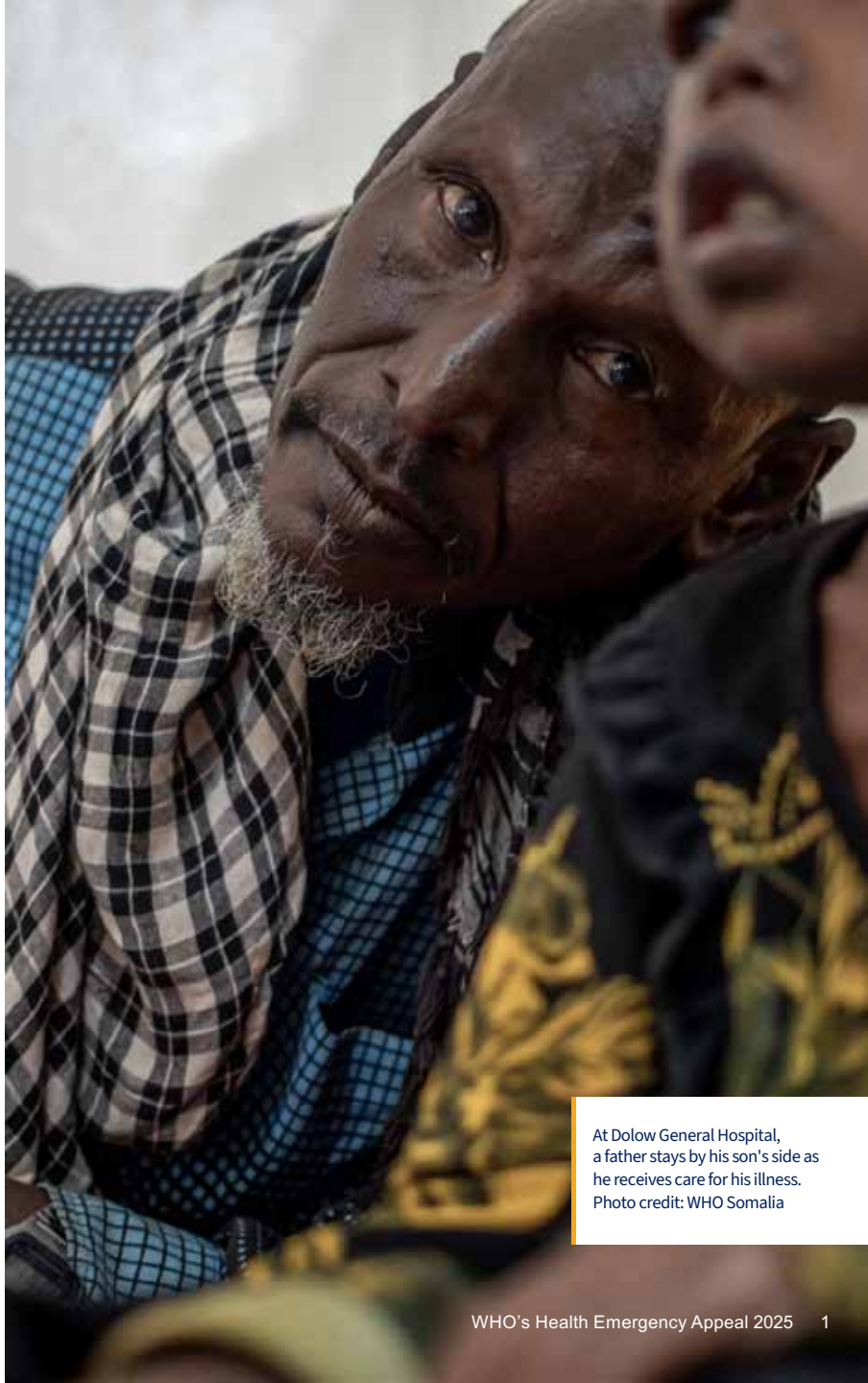
CONTEXT

Somalia faces four principal shocks that contribute to excess mortality and morbidity: conflict, drought, flooding and disease outbreaks. Displacement is a secondary effect caused by one or more of the primary shocks.

Somalia's humanitarian crisis stems from over three decades of armed conflict, which have severely weakened its health system. Despite recent progress towards stability, challenges persist due to the influence of non-state armed groups and the fragmented health system, which struggles to meet the population's needs. Extremely low childhood immunization rates, a sparse health workforce, and limited access to universal health services have resulted in poor health outcomes, especially for children under five. Somalia also has one of the world's highest maternal mortality rates, highlighting the urgent need for sustainable health interventions.

Somalia has faced severe climatic shocks in 2023 and 2024, including droughts and flooding, which have disrupted food production, increased food insecurity, and led to widespread severe acute malnutrition. These compounded crises of conflict, systemic health challenges and climate shocks underline the critical need for immediate and sustained health interventions across the country. Somalia is also prone to infectious disease outbreaks, including cholera, measles, and diphtheria, the effects of which are amplified during drought and flooding. Areas of Somalia which have not experienced cholera for years have recently been affected and the disease is now considered endemic in other areas due to its continued circulation. In addition, vector-borne diseases including dengue fever and malaria are also spreading to new districts as a direct result of flooding. The consequences of these conflict, climatic and disease-related events is displacement: in 2024, almost 4 million people were displaced from their homes, often living in conditions that are far below acceptable standards.

The outlook for 2025 is concerning, as the La Niña weather pattern is expected to induce drought across extensive regions of Somalia. This will likely lead to further displacement, deterioration of food security, an associated rise in severe acute malnutrition rates, and an increase in infectious diseases. The security situation is expected to remain highly volatile, with a possible rise in attacks by non-state armed groups and inter-clan conflicts due to a security vacuum associated with the African Union Transition Mission in Somalia (ATMIS) drawdown and transition.



At Dolow General Hospital, a father stays by his son's side as he receives care for his illness. Photo credit: WHO Somalia

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen inter-sectoral coordination and collaboration:** WHO will enhance coordination at national and sub-national levels, working closely with the government, the health cluster, and inter-cluster partners to ensure effective risk analysis and a coordinated response to Somalia's complex emergencies.
2. **Deliver life-saving health interventions**: WHO will prioritize sustaining and delivering essential, life-saving health interventions to Somalia's most vulnerable and marginalized populations, adopting a people-centered approach.
3. **Enhance health system resilience**: Build and enhance the health system's resilience to cope with future climate and conflict shocks and humanitarian and public health crises.

> WHO's commitment to the well-being of Somalia's people remains unwavering. Amid escalating challenges – from climate shocks to health emergencies – we are strengthening health systems, ensuring life-saving care, and building resilience against future crises. With your continued generosity, we can reach the most vulnerable, combat disease outbreaks, and provide essential services to those in need. Together, we can make a profound difference in securing a healthier, more stable future for Somalia.
>
> **Dr Renee Van de Weerdt, WHO Representative to Somalia**

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A child patient and his mother receiving care at Dolow General Hospital, as the healthcare teams work tirelessly to support their recovery.
Photo credit: WHO / Ismail Taxta

WHO 2025 RESPONSE STRATEGY

WHO will continue to support Federal Member State Ministries of Health to improve their coordination and response capacity for managing health emergencies. In the event of a severe incident, WHO's Incident Management Team (IMT) will be deployed at national and sub-national levels to coordinate with health authorities at district and state levels. The coordination ensures that interventions align with national strategies and system-strengthening efforts to support the government's priorities.

WHO will continue to support the ministries to sustain the capacities of essential public health functions that were built during the COVID-19 pandemic response, covering collaborative surveillance, coordination, community protection, laboratory analysis, access to safer care, and access to medical countermeasures in the event of any major health emergencies in the country. WHO will also continue to strengthen critical trauma care services in Somalia, including through capacity-building for first responders.

Where there are gaps in essential health service delivery, WHO will work with the Ministry of Health and partners at the federal and state levels to ensure the provision of essential health services to vulnerable and marginalized populations. This will occur through the training of healthcare workers at both the health facility and community levels, and, when necessary, the procurement and distribution of interagency emergency health kits and medicines, particularly to address the effects of disease outbreaks and severe acute malnutrition.

OPERATIONAL PRESENCE

WHO Somalia operates with a workforce of over 200 personnel across all Member States, with the main office located in Mogadishu and sub-offices in Garowe (Puntland State), Hargeisa (Somaliland) and Baidoa (Southwest State). Additionally, WHO has a liaison office in Nairobi, Kenya, and maintains a presence in Jubaland, Hirshabelle and Galmudug through satellite offices. To support immunization campaigns and other critical fieldwork, WHO Somalia deploys a district and regional polio workforce, serving as a vital link between field locations and Mogadishu. WHO also manages three warehouses in Mogadishu, Garowe and Hargeisa, strategically stocked with essential and emergency medical supplies for rapid distribution to districts and communities during emergencies.

WORKING WITH PARTNERS

In Somalia, WHO works closely with the Ministry of Health at federal and state levels and is coordinating partners as the health cluster lead to address the health needs of the Somali population by supporting the government in strengthening health systems, responding to health emergencies, and improving health outcomes across the country. WHO coordinated the efforts of around 50 active partners at the national and federal Member State levels. As of August 2024, this included 18 international non-governmental organizations (NGO), 28 national NGOs and 4 United Nations agencies. WHO's role in localized coordination in the health sector ensures that services are delivered effectively, duplication is avoided and critical gaps in healthcare for affected and vulnerable populations are addressed.

Reducing childhood pneumonia through community dialogue.
Photo credit: WHO Somalia

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A cholera treatment unit at Dayniile IDP camp in Mogadishu, Somalia.
Photo credit: WHO / Ismail Taxta

KEY ACTIVITIES FOR 2025

In 2025, WHO Somalia aims to enhance its health emergency response capabilities through agile and needs-based actions tailored to the country's unique challenges. In this context, WHO Somalia will:

- **Coordinate closely with the Ministry of Health and cluster partners**, providing operational support and conducting thorough public health situation analyses for outbreaks, severe acute malnutrition, and other public health events. Data analysis and sharing will be a critical component of WHO's strategy to inform decision-making and improve outcomes.
- **Conduct updated risk analyses** to identify priority areas and vulnerabilities.
- **Strengthen surveillance systems** and establish robust early detection mechanisms for public health threats.
- **Enhance laboratory capacity** to support timely diagnosis and response.
- **Provide comprehensive case management training** to healthcare workers in critical regions.
- **Preposition critical medical supplies** in collaboration with health cluster partners to ensure rapid deployment during emergencies.
- **Coordinate closely with the Ministry of Health and health cluster partners** to streamline response efforts and conduct detailed public health situation analyses to address outbreaks, severe acute malnutrition and other emergencies.
- **Carry out data collection, analysis and information sharing** to inform decision-making and optimize response strategies
- **Provide operational support for outbreak control**, including surveillance and response coordination.
- **Prepare and respond to mass casualties and trauma related injuries**, through provision of critical care material and training of emergency medical staff.
- **Implement targeted interventions to prevent sexual exploitation, abuse and harassment (PSEAH)** in Somalia. These efforts include awareness and sensitization initiatives aimed at communities, partners and government stakeholders, alongside regular assessments to identify risks and gaps. Additionally, WHO will support the development and implementation of the Inter-Agency Standing Committee (IASC) PSEAH Network Action Plan, reinforcing its commitment to safeguarding the rights and dignity of all individuals during health emergencies.

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ACHIEVEMENTS IN 2024

WHO AND ACTION AGAINST HUNGER PROVIDE LIFE-SAVING HEALTH AND NUTRITION SERVICES IN DROUGHT AFFECTED REGIONS OF SOMALIA

Health workers and community staff in Baidoa step up to support flood-affected families, delivering critical healthcare and aid to those impacted by the devastating floods in Southwest Somalia.
Photo credit: Ismail Taxta.

Abdia Adan returns to Garasbaley Health Centre, in the heart of Kahda district, Banadir Region, for her 8-month-old son's final follow-up at the facility. Following the doctors' diagnosis of pneumonia and malnutrition, and thanks to the attentive medical care received at the facility, his condition has significantly improved.

Living in the Sodonka camp in Kahda, Abdia's family has faced numerous challenges. The living conditions in the camp are harsh, and limited access to basic services, such as water, sanitation, food and health services, increases the risks of disease outbreaks and malnutrition. There are more than 1 000 000 people displaced from their areas of origin into internally displaced person camps in Mogadishu due to conflict, drought and floods.

To address disease outbreaks, severe acute malnutrition and to improve access to health and nutrition services, the WHO in Somalia initiated an emergency response, working with Action Against Hunger, an international NGO, as well as the Juba Foundation, a local partner in Lower Shabelle Region. Working together enabled WHO and Action Against Hunger to avoid service duplication and support smooth referral between community and facility-based care.

The project supported dedicated disease surveillance teams and community health workers and improved the availability of services at the Garasbaley Health Centre, as well as other facilities. As a result, young Mohamed received the necessary medical attention and care, including amoxicillin, paracetamol, vitamin A and ready to use therapeutic food, leading to his improved health and wellbeing.

The project reached almost 15 000 people affected by drought in the Banadir, Bay and Lower Shabelle regions, with the provision of essential health and nutrition services in health facilities, such as outpatient consultations, safe delivery services, vaccination, antenatal care and postnatal care, nutrition support and mental and psychosocial support.

FOR MORE INFORMATION

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Talking with the community to reduce childhood pneumonia.
Photo credit: WHO Somalia

A child patient and his mother receiving care at Dolow General Hospital, as the healthcare teams work tirelessly to support their recovery.
Photo credit: WHO / Ismail Taxta

2025 FUNDING REQUIREMENTS

SOMALIA HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ '000)
Collaborative surveillance	**10 911**
Surveillance, case investigation and contact tracing	6236
Diagnostics and testing	4675
Community protection	**1190**
Risk communication and community engagement	786
Travel, trade and points of entry	319
Infection prevention and control in communities	85
Safe and scalable care	**9325**
Infection prevention and control in health facilities	2550
Case management and therapeutics	918
Essential health systems and services	5857
Access to countermeasures	**11 525**
Operational support and logistics	11 100
Research, innovation and evidence	425
Emergency leadership	**5119**
Leadership, coordination, PSEAH and monitoring	5119
Grand Total	**38 070**

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