SOMALIA

People in need - Health[1]

5.0 MILLION

People targeted - Health[1]

2.4 MILLION

Funding requirement

US$ 16.1 MILLION

[1] Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

World Health Organization

CONTEXT

Somalia continues to face one of the world's most complex and protracted humanitarian crises, driven by a convergence of conflict, climate shocks, disease outbreaks and widespread displacement. Over three decades of armed conflict have fragmented the health system, leaving it under-resourced and unable to meet population needs. The country has some of the highest maternal mortality, childhood malnutrition and vaccine-preventable disease rates globally, exacerbated by poor health infrastructure, extremely low immunization coverage and a critical shortage of health workers.

Between January and September 2025, cholera affected more than 8180 people and caused nine deaths (a case fatality rate of 0.1%), primarily in areas with poor water, sanitation and hygiene (WASH) conditions. During the same period, a resurgence of measles resulted in nearly 8512 reported cases, largely due to high numbers of unvaccinated children under five, widespread malnutrition and limited access to primary healthcare in conflict-affected areas. A diphtheria outbreak further underscored the collapse of routine immunization, infecting over 2445 people - mainly unvaccinated children - and causing more than 116 deaths. Additionally, flooding facilitated the spread of vector-borne diseases such as malaria, dengue and chikungunya into previously unaffected districts.

Furthermore, 95% of Somalia's health budget depends on external financing. Funding cuts mean that 618 health facilities - 51 district hospitals, 413 health centers and 154 primary health units - will likely close their doors in 2026. These facilities are lifelines, especially in regions that are hard-to-reach, prone to climate shocks and report the highest rates of malnutrition. Without renewed partner investment, Somalia risks reversing critical public health gains, increasing the likelihood of large-scale disease outbreaks and preventable deaths across the country.

Humanitarian access further deteriorated in 2025, particularly in Lower Juba, Gedo, Hiraan and Banadir, where conflict, inter-clan violence and administrative impediments have limited the delivery of health services. Armed clashes, road blockages and insecurity along main supply routes disrupted aid delivery and forced more than 20 health facilities to close following non-state armed group advances. In several districts, movement restrictions delayed the deployment of medical supplies and health personnel, and these access constraints continue to undermine WHO and partner operations.

Somalia's Grade 3 emergency reflects the scale, complexity and sustained intensity of health needs, requiring system-wide surge, leadership and coordination. In 2025, nearly 6 million people required humanitarian and protection assistance, yet only 20% of the Humanitarian Response Plan (US$ 1.42 billion) was funded. Sustained investment will be critical to consolidate gains in epidemic control, maternal and child health and nutrition, and to prevent the further deterioration of health outcomes in 2026.

A woman and her child during an immunization campaign in Baidoa. *Photo credit: WHO*

WHO'S STRATEGIC OBJECTIVES

1. **Ensure access to essential and life-saving services:** Deliver comprehensive healthcare, including medicines and medical supplies, through the minimum service package for affected populations.

2. **Support risk-informed, all-hazard preparedness and emergency response:** Anticipate and manage multiple, overlapping hazards, including conflict, climate shocks and displacement, through preparedness, contingency planning, early action and coordinated emergency response.

3. **Strengthen disease surveillance, early warning and outbreak response:** Detect, investigate and control epidemics and public health threats through surveillance, laboratory networks, rapid response teams and infection prevention and control.

4. **Strengthen health leadership and coordination capacity:** Build national and subnational capabilities, fostering sectoral coordination and collaboration with health partners.

> In recent weeks, we've seen more mothers arriving with severely malnourished children, especially as nearby clinics have shut down. Thanks to our partnership with WHO, we've been able to keep going in Baidoa. Their emergency supplies are a lifeline, but with major funding gaps ahead, we urgently need support to keep these services running.
>
> **Dr. Mustafa Mohammed, Baidoa Stabilization Centre**

World Health Organization

A doctor checks two-year-old Maryam's nutrition status at Bay Regional Hospital in Baidoa, Somalia. *Photo credit: WHO / Ismail Taxta*

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO will adapt its operational approach in Somalia in line with the Humanitarian Reform and Reset priorities, focusing on life-saving interventions in 21 reprioritized districts.

As funding constraints are causing many health partners to scale down or withdraw, WHO is reinforcing its leadership to sustain coordination among the 62 Health Cluster partners and expand operations to address critical service gaps. WHO is strengthening preparedness, surveillance and early detection capacities, supporting epidemic and emergency response, ensuring the continuous provision of essential medical supplies and providing technical and operational support to partners to sustain life-saving health services for affected populations.

At the same time, WHO will accelerate localization efforts by strengthening partnerships with national non-governmental organizations (NGOs) and district health authorities, channelling a greater share of resources and responsibilities through local implementers. These adjustments also align with global funding trends and reflect the impact of regional instability, which have together reduced the footprint of humanitarian actors across Somalia.

In this evolving landscape, WHO's continued presence and leadership are essential for sustaining critical health services, preventing outbreaks and strengthening Somalia's fragile health system through a more focused, localized and sustainable response model. As more health partners and NGOs are forced to scale down or cease operations, pressure on WHO continues to increase to fill critical gaps, maintain essential services and ensure that health gains are not reversed.

> "In Somalia, it's often a race against time: getting cholera kits to flood-hit areas, ensuring health care workers have supplies before roads are cut off. This diligent coordination with the Ministry of Health, health cluster partners and Somali health workers, keeps services afloat, saves lives and it relies on continued support."
>
> **Dr. Renee Van de Weerdt, WHO Representative in Somalia**

World Health Organization

Safia holds her one-year-old daughter Sahra at Bay Regional Hospital in Baidoa, Somalia.
Photo credit: WHO / Ismail Taxta

WHO 2026 RESPONSE STRATEGY

As Somalia enters 2026 amid persistent humanitarian pressures and constrained resources, WHO will prioritize sustaining essential health services and preventing the further deterioration of health outcomes. In response to a contracting partner footprint and rising needs, WHO will intensify collaboration with the Federal Ministry of Health and Federal Member State Ministries of Health and will work closely with United Nations agencies to deliver integrated, efficient and evidence-based health responses.

Through strengthened coordination, emergency preparedness and joint action, WHO aims to safeguard critical health gains and support a more resilient health system for Somalia's most vulnerable populations.

In anticipation of health emergencies, including disease outbreaks, climate-related shocks and conflict-driven displacement, WHO will maintain robust surveillance systems for early detection and rapid response. The Country Office will strengthen inter-cluster coordination across the health, WASH, food security and livelihoods sectors to ensure the sustained availability, pre-positioning and timely delivery of essential emergency health and nutrition supplies.

As part of localization efforts, WHO will invest in capacity-building focused on data management and rapid response, including strategies to retain health workers. Technical guidance, training and reporting tools will strengthen the ability of local health personnel to respond swiftly and effectively to emerging threats.

WHO Somalia remains committed to preventing sexual exploitation, abuse and harassment through awareness and sensitization initiatives, regular assessments and capacity-building with implementing partners. WHO will support the development and implementation of the Inter-Agency Standing Committee Prevention of Sexual Exploitation, Abuse and Harassment Network Action Plan, reinforcing commitments to safeguarding rights and dignity in health emergencies.

The response plan addresses urgent humanitarian needs while strengthening Somalia's health system for the future, combining immediate action with longer-term capacity-building to enhance community resilience. Financial requirements for 2026 are realistic and aligned with Health Cluster priorities and WHO delivery capacity to ensure a focused and effective response. WHO Somalia remains committed to safeguarding health through timely, inclusive and resilient emergency responses, while strengthening public health infrastructure for the long term.

OPERATIONAL PRESENCE

WHO Somalia operates with about 200 staff. The main office is in Mogadishu, supported by sub-offices in Garowe, Hargeisa and Baidoa, alongside a liaison office in Nairobi and satellite offices in Jubaland, Hirshabelle and Galmudug, which also function as subnational Health Cluster coordination platforms. WHO regularly deploys staff at regional and district levels and manages warehouses in Mogadishu, Garowe and Hargeisa to enable the rapid distribution of supplies during emergencies.

As the context evolves and funding constraints affect partner footprints, WHO is monitoring implications for its presence and programme delivery. Sustained support is needed to maintain operational reach, particularly in underserved or hard-to-access areas.

WHO leads the Health Cluster in Somalia, coordinating approximately 62 active partners at national and state levels. This coordination ensures efficient service delivery, minimizes duplication and addresses critical gaps to meet the health needs of affected and vulnerable populations.

World Health Organization

A child receives vaccines during an integrated immunization campaign. *Photo credit: WHO*

Dr Said Yusuf treats malnourished children at Bay Regional Hospital in Baidoa, Somalia.
Photo credit: WHO / Ismail Taxta

KEY ACTIVITIES FOR 2026

Against escalating needs and declining funding, WHO Somalia's 2026 strategy will sustain essential and life-saving services and will reinforce system resilience by:

- **Improving emergency preparedness:** Completing national and state multi-hazard risk assessments using the Strategic Tool for Assessing Risks (STAR); developing or updating preparedness and response plans for all Federal Member States with the Federal Ministry of Health and partners; training at least 60 emergency focal points on STAR and emergency planning.
- **Strengthening disease surveillance and early detection:** Expanding Integrated Disease Surveillance and Response to all districts by 2026 with facility staff training; integrating event-based surveillance and community reporting in all state hubs; instituting weekly reporting, analysis and feedback bulletins.
- **Strengthening emergency operations capacity:** Operationalizing national and state Public Health Emergency Operations Centres with training, simulations and equipment; conducting at least two exercises annually; developing standard operating procedures for activation and incident management aligned with WHO's Emergency Response Framework.
- **Strengthening epidemic response:** Maintaining trained Rapid Response Teams in all six states; conducting joint investigations for measles, diphtheria, cholera and polio within 48 to 72 hours of alerts; prepositioning investigation kits and equipping teams for immediate deployment.
- **Enhancing immunization coverage:** Intensifying routine immunization in districts with less than 80% coverage; improving microplanning and cold chain in all states; monitoring coverage and dropout through quarterly reviews of the Expanded Programme on Immunization .
- **Scaling up management of severe acute malnutrition:** Expanding stabilization centres in at least 10 high-burden districts; training frontline and nutrition staff on WHO guidelines; providing monthly supervision and quality checks.
- **Strengthening cross-border collaboration:** Establishing collaboration mechanisms with Ethiopia, Kenya and Djibouti; holding quarterly coordination meetings; conducting annual joint simulations and information-sharing drills.
- **Restoring and sustaining life-saving services:** Reopening or supporting at least 50 high-priority facilities; deploying mobile teams to reach displaced and hard-to-reach populations; integrating maternal, child health and emergency services.
- **Supporting partners for service delivery:** Providing financial and operational support in inaccessible or underserved areas; monitoring performance through monthly reporting and joint supervision.
- **Strengthening supply chain preparedness:** Procuring and prepositioning essential medicines, diagnostics and kits; conducting quarterly stock monitoring; setting minimum emergency stock levels and replenishment triggers per state.
- **Strengthening coordination and planning, monitoring and evaluation:** Holding monthly Health Cluster meetings and joint Health–Nutrition–WASH planning; supporting integrated community case management plus (iCCM+) in at least 80% of target districts; implementing an office-wide planning, monitoring and evaluation framework, training focal points and deploying a digital monitoring and evaluation system.

World Health Organization

IMPACT IN 2025

ESSENTIAL AID SAVES LIVES OF MALNOURISHED CHILDREN IN SOMALIA

A child suffering with malnutrition is assessed at Banadir Hospital in Mogadishu.
Photo credit: WHO

With the support of partners, in 2025 WHO delivered critical medical supplies to Somalia, enabling the treatment of thousands of severely malnourished children suffering from complications and offering hope to families facing hunger, disease and displacement.

At Banadir Hospital in Mogadishu – the country's largest paediatric referral facility – children with severe acute malnutrition arrive daily, many in critical condition. To respond to the growing emergency, WHO delivered paediatric severe acute malnutrition (PED/SAM) kits, providing essential medicines used to treat complications such as pneumonia, diarrhoea and dehydration. Pre-packaged and standardized, these kits allow overstretched health facilities to respond immediately in settings where delays can be fatal. These supplies ensure that frontline health workers can act quickly to stabilize children in need.

"Some children come swollen, in shock or struggling to breathe," says Dr Mohamed Jama Hashi, a paediatric specialist at the hospital. "Without these kits, many of them would not have survived."

Thousands of Somali children have benefited from these efforts, receiving free treatment that their families could not otherwise afford. Each recovery underscores how timely access to essential medicines can mean the difference between life and death.

"These medicines save lives," explains Dr Abdulmunim Mohamed, WHO Somalia's Nutrition and Health Technical Focal Point. "They help treat life-threatening conditions, reduce mortality and allow children to recover fully."

As Somalia continues to face drought, disease and economic hardship, WHO continues to deliver life-saving nutrition and health services, strengthening health systems and ensuring that the country's most vulnerable children have the chance to live, grow and thrive.

FOR MORE INFORMATION

Dr Ahmed Dahir | WHE Team Lead | WHO Somalia | dahira@who.int

Myriam Haberecht | EXR Team Lead | WHO Somalia | haberechtm@who.int

World Health Organization

WHO workers at Banadir Hospital in Mogadishu.
Photo credit: WHO

A Somali health worker administers a polio vaccine during a door-to-door immunization campaign.
Photo credit: WHO/Abdirahman Caaylawe

WHO'S 2026 FUNDING REQUIREMENTS

SOMALIA COMPLEX EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US$ M)
Collaborative surveillance	**3.03**
Laboratory systems, diagnostics and testing	0.90
Surveillance, case investigation and contact tracing	2.13
Community protection	**3.30**
Travel, trade, points of entry and gatherings	1.30
Vaccination	2.00
Safe and scalable care	**5.98**
Case management and therapeutics	3.63
Essential health systems and services	0.06
IPC within health care settings	2.30
Access to countermeasures	**1.25**
Operational support and logistics	0.40
Research, innovation and evidence	0.85
Emergency leadership	**2.53**
Lead, coordinate, plan and monitor protracted response ops	0.35
PSEAH in protracted emergency response operations	1.88
Risk and readiness assessments	0.30
Total	**16.10**

World Health Organization