Background:

Somalia is a coastal nation in the WHO Eastern Mediterranean Region bordering the countries of Djibouti, Ethiopia and Kenya, with coastline on the Gulf of Aden and the Indian Ocean. Following the civil war of 1991, the country now consists of three zones: northwest Somalia (NWS), known as Somaliland; northeast Somalia (NES), known as Puntland; and south/central Somalia (SCS). Each has its own quasi administration. “Somalia has a clan-based society, with clan membership playing an integral role within socioeconomic and political arenas. The clan is an important social unit, where collective responsibility and clan relationships form the basis for traditional agreements including dispute settlement. Major clans include Hawiye (25% of the population), Isaaq (22%), Darod (20%), Rahanweyn (17%), Dir (7%), Digil (3%), and other ethnic minorities (6%). (Central Intelligence Agency, 2002)” (CCS for WHO and Somalia 2010-2014)

Internal conflict and war have left the health system throughout Somalia in poor condition. The population is dependent on international aid and has little access to the destitute health system. It is estimated that there are 3 trained physicians per 100,000 people due to large migration of health workforce due to continuing conflict (UNDP population projections, 2007). Somalia maintains a high maternal mortality rate (between 1044-1400/100000) and estimates from 2006 show that only 29% of the population had access to clean drinking-water (UNICEF Multiple Indicator Cluster Surveys, 2006).

The WHO Emergency and Essential Surgical Care (EESC) program aims at strengthening capacities particularly at first referral health facilities towards strengthening health systems and established a global forum: WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC). The WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) toolkit(www.who.int/surgery) provides guidance on development of evidence-based policies and plans, training curriculum, emergency equipment, needs assessment, teaching tools, best practices in trauma, HIV prevention, and obstetrics and in disaster situations.

Objectives:

- Provide technical assistance on consultation for needs assessment, organization and planning of surgical services in Somalia
- Present the needs assessment on Emergency & Essential Surgical Care in Somalia
• Consultation on incorporation of WHO Integrated Management for Emergency & Essential Surgical Care toolkit in surgical services plans

**Meeting Presentations and Discussions:**

• Presentations from WR and WHO Somalia Emergency & Humanitarian Assistance (EHA) unit emphasized WHO’s role in health strategy plan, communications, medical supplies, surveillance, and reporting tools for monitoring and evaluation of surgical and reproductive health services in Somalia

• Participants representing government hospitals of Somalia included specialists from general surgery, orthopedic surgery, anesthesia and obstetrics. They presented the situation of surgical, obstetrics and anesthesia services in Mogadishu, Hargeisa, Doolow, Galkayo South

• Needs assessment of surgical services in 9 hospitals of Somalia, extracted from the WHO EESC global database was presented. The following data points from the WHO EESC Situation analysis tool were discussed in detail: infrastructure, health workforce, life-saving emergency, anesthesia, obstetrics, surgical procedures, functioning equipment, and availability of guidelines at the point of care. These hospitals represent all the 3 zones i.e. Northwest Somalia (Somaliland), Northeast Somalia (Puntland), South-central Somalia

• Specialists from Somalia discussed the need for appropriate training for general doctors, medical students during their internship and clinical officers in order to manage life-saving obstetrics and surgical interventions. There was a huge gap in anesthesia service such as specialists, equipment and supplies and inadequate training skills, which created a challenging surgical environment for complicated cases such as ectopic pregnancy, uterine rupture and acute abdomen. Medical equipment and supplies for Somalia needed to be updated e.g. smaller size of the spinal anesthesia needles

• The applicability of WHO IMEESC toolkit was discussed for implementation of best practices, needs assessment, equipment, training skills curriculum for frontline health providers, organization and planning of surgical services in Somalia

• WHO Somalia EHA unit, Dr Saleh conducted training on i) comprehensive Emergency Obstetrics Care and ii) action plan and proposal by each of the hospital directors for training of frontline health providers (doctors and clinical officers) in basic and advanced skills of the Primary Surgical Package from the Planning tool of the WHO IMEESC

• The consultation to improve district surgical (including emergency, obstetrics, anesthesia) services in Somalia concluded in the following recommendations and action plan:
  
  i. Best practice protocols to be implemented at the point of care in the wards,
  ii. emergency room, operating room
  iii. Translation of Best practice protocols to Somali.
  iv. WHO Primary Surgical Package (PSP) for Somalia will be:
     a. Adapted to meet the needs of Somalia
     b. Training of frontline providers in basic and advanced skills in PSP
     c. List of equipment required in the PSP package
     d. Update anesthesia medical equipment and supplies list for Somalia
  v. WHO Somalia monthly reporting tool for all the surgical and reproductive health interventions to be finalized, to enable better reporting by each hospital.
  vi. Collection of data utilizing WHO EESC situation analysis tool from more health centres to better represent Somalia
  vii. WHO EESC to provide a needs assessment report following data entry of additional health centres in the WHO EESC global database
viii. Assist in development of a plan for implementation of PSP (basic and advanced skills) adapted for Somalia

ix. Assist Somalia in updating the surgical and anaesthesia equipment and supplies list for Somalia

x. Planning for strengthening surgical services and utilization of mobile technology to assist frontline health providers in managing surgical emergencies in remote areas

Meeting Participants:

1. Dr Mohmoud Mostafa Ahmed El-Antably  Galkayo South
2. Dr Abdel El-Shakour Ahmed  Galkayo South
3. Dr Baher Dewidar Abdel Amid  Hargeisa
4. Dr Bashir Dahir Mohamed  Mogadishu
5. Dr Ossoble Abdi Mohamud  Mogadishu
6. Dr Abdulkadir Hussein Abdalla  Mogadishu
7. Dr Nima Abdi Hassan  Mogadishu
8. Dr Mohamed Samy Salama  Doolow
9. Dr Mohamed Shindy Abdelkader  Doolow

WHO

10. Dr Marthe Everard  WHO Representative, Somalia
11. Dr Omar Saleh  WHO Somalia
12. Dr Anthony Angalukia  WHO Somalia
13. Ms Godela Von Dohren  WHO Somalia
14. Ms Tana Musyimi  WHO Somalia
15. Ms Caroline Githaiga  WHO Somalia
16. Ms Lucy Ngugi  WHO Somalia
17. Mr Kevin Mutua  WHO Somalia
18. Dr Meena Nathan Cherian  WHO, HQ, Geneva, Switzerland