UKPHS
UK Partnerships for Health Systems

UKPHS SCOPING ASSESSMENT REPORT

SOMALIA

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ACRONYMS AND ABBREVIATIONS

ANC – Antenatal Care

CPD – Continuing Professional Development

CHW – Community Health Worker

CSO – Civil Society Organisation

DFID – UK Department for International Development

DHIS – District Health Information System

DQM – Data Quality Management

ENT – Ears, nose, and throat

EPHS - Essential Package of Health Services

EPI – Expanded Programme on Immunisation

FCDO – Foreign, Commonwealth and Development Office

FMoH – Federal Ministry of Health

GESI – Gender Equality and Social Inclusion

GYN/OBS - Gynaecologist Obstetrician

HIS - Health Information Systems

HMIS - Health Management Information Systems

HP – Health Partnership

HR - Human Resources

HRB - Health Regulatory Body

HRH - Human Resources for Health

HRMIS - Human Resources Management Information System

HRM - Human Resources Management

HS – Health Systems

HSS – Health System Strengthening

HTI - Health Training Institutions

IEC - Information, Communication and Education

IPC - Infection Prevention Control

IST - In-service training

KII - Key Informants Interview

LMICs - Low- and Middle-Income Countries

LSTM – Liverpool School of Tropical Medicine

MH – Mental Health

MNCH - Maternal, Newborn and Child Health

MoH - Ministry of Health

NCD - Non-Communicable Disease

NHPC - National Health Professional Council

NOM - National Oversight Mechanism

OJT - On-the-job -training

PPP - Public Private Partnership

PST - Pre-service Training

SHINE - Somali Health and Nutrition Programme

SMA - Somali Medical Association

SOMA - Somali Midwifery Association

SOHWU - Somali Health Workers Union

SSA - Sub-Saharan Africa

THET -Tropical Health and Education Trust

TOC - Theory of Change

UHC - Universal Health Coverage

UKPHS - UK Partnerships for Health Systems

UNFPA - United Nations Population Fund

UNICEF - United Nations Children fund

WHO - World Health Organization

INTRODUCTION

REPORT STRUCTURE

This report aims to convey to key stakeholders the findings of the UK Partnerships for Health Systems Programme scoping assessment conducted between March and August 2020 in Somalia. It provides the purpose, approach and methodology of the scoping assessment, an overview of health system challenges, presents the validated priority health systems areas and activities, and the interventions identified by stakeholders that could be addressed and/or supported through a Health Partnership (HP). The programme overview for the scoping assessment is included in Annex 1.

INTRODUCTION

In 2019 the Foreign, Commonwealth and Development Office (FCDO) contracted the Tropical Health and Education Trust (THET) and the Liverpool School of Tropical Medicine (LSTM) to manage and implement the UK Partnerships for Health Systems programme (UKPHS). This programme has a value of £28.5m and a time frame of December 2019 to January 2024.

UKPHS aims to improve health system performance in Low- and Middle-Income Countries (LMICs) through Health Partnerships (HPs) between health institutions in the LMIC and health institutions from the UK health system that address nationally identified priorities and enable progress towards Universal Health Coverage (UHC), especially for poor and vulnerable populations. The programme will achieve this by supporting the development of stronger health systems, including components such as leadership and management, information systems, quality of care and the health workforce.

THET will provide grants to Health Partnerships to deliver these activities. UKPHS will support large grants in ten countries namely, Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, Somalia and Somaliland, Tanzania, Uganda and Zambia. These grants will explicitly focus on supporting nationally identified priorities, complemented by smaller partnership grants focusing on health system and health challenges within a number of themes and small grants responding to the COVID-19 pandemic. The UKPHS will promote HPs that are aligned to the health strategies of that country, focusing on quality and reaching the poorest and most vulnerable populations.

BACKGROUND

In order to understand the health system priorities that could be addressed through HPs, between March and May 2020 a scoping assessment team comprising THET UK and Somalia staff and health systems and GESI specialists from LSTM undertook a detailed scoping assessment in Somalia to examine and analyse Somalia's health systems issues to inform the design of country specific grant calls for the UK Partnerships for Health Systems (UKPHS) programme that are aligned with, and address national priorities.

PURPOSE AND OBJECTIVES OF THE SCOPING ASSESSMENT

The overall purpose of the scoping assessments in Somalia was to introduce the UKPHS programme, and, in collaboration with key stakeholders to identify and validate national health systems priorities and to determine how Health Partnerships could contribute to addressing these and contribute to national health systems strengthening.

The specific objectives were to: introduce the UKPHS programme to key in-country stakeholders

- identify, validate and/or get consensus on national health system strengthening (HSS) issues, gaps and priorities, while considering gender equity and social inclusion (GESI), across the six Health System (HS) building blocks with key stakeholders
- explore the feasibility of the Health Partnership (HP) model (using selected criteria) to address the identified HSS priorities identify interventions that could be implemented through HPs and address these HSS priorities, as well as support the country's progress towards UHC
- identify and understand the work of key actors supporting HSS in the country to ensure HPs build complementarity and synergies with these programmes and initiatives
- agree the way forward and national level mechanisms for ongoing programme oversight and monitoring.

EXPECTED OUTPUT OF THE SCOPING ASSESSMENT

Validated health system priorities and identification of HP projects and interventions that could potentially address or contribute to the identified priorities. In addition, the establishment of a National Oversight Mechanism (NOM), a small core group of key stakeholders, comprising the MoH and FCDO to provide ongoing oversight and coordination of the UKPHS.

SCOPING ASSESSMENT APPROACH AND METHODOLOGY

DESK REVIEW

Prior to the scoping assessment, the LSTM team undertook a desk review of available secondary data (the list of references is in Annex 5) to identify and document key health systems priorities (Annex 2). These secondary documents included policies and strategies such as the Federal Government of Somalia National Development Plan 2017 - 2019, Somali Roadmap Towards Universal Health Coverage 2019-23, Somali Health Policy: The Way Forward - Prioritization of Health Policy Actions in Somali Health Sector, Second Phase Health Sector Strategic Plan 2017-2021, the Human Resources for Health Strategic Plan for Central and South Somalia 2014-2018 and the 2020 Somali Demographic and Health Survey (SDHS), as well as programme reports and reviews such as Health Systems Strengthening for Somali Health Authorities: Report to help determine HSS priorities for the SHINE Supply Programme, Rapid Review of DHIS 2 for the SHINE Programme Draft Report on Review Findings and Recommendations 13th December 2019 and the SHINE Supply Programme Gender, Equality and Social Inclusion Strategy (DRAFT 2).

In addition, the LSTM team used the WHO Health Systems framework and its six Building Blocks, as well as an additional seventh component - Health Emergency Preparedness, against which to identify and categorise the health systems priorities extracted from the documents and to develop a **Stakeholder Feedback Tool** (Annex 3). The purpose of this tool was to collect a mix of numerical and descriptive inputs and feedback from the selected stakeholders. The LSTM team also developed a range of cross-cutting GESI priority areas, informed by documentation and information beyond the policy documents and reports reviewed by the team. These were included under each of the health systems component in the Tool to aid and guide stakeholders in the identification of the GESI activities which they felt were most important and/or relevant for their context.

STAKEHOLDER CONSULTATION AND ENGAGEMENT

The scoping assessment team adopted a participatory stakeholder approach in facilitating meetings and interviews with the Ministry of Health and key health system stakeholders to identify health system strengthening priorities that could best be addressed by Health Partnerships, working through the UKPHS programme.

Multidisciplinary and multi-stakeholder involvement enabled a rich and comprehensive examination and analysis of health systems priorities and potential HP interventions. Meetings and interviews were conducted with respondents from twenty-one (21) institutions and organisations in Somalia, including FMoH policymakers, representatives from the State MoH, Universities and Nursing and Midwifery Schools, health facilities and hospitals, and health professional associations. The list of key informants is included in Annex 4.

The Stakeholder Feedback Tool was disseminated to selected MoH and non-MoH stakeholders with the aim of asking them to validate the identified priorities and to indicate priorities that could be addressed by a HP. Respondents were asked to rank the seven health systems components in order of priority and within each of these to score the priority areas and activities in order of importance. Respondents were also asked to respond to four (4) key questions to obtain their agreement/disagreement with the priority areas and activities identified, to enable them to add any activities omitted, and to identify the priorities that could be addressed by the Health Partnership (HP) model. The FMoH, in coordination with the THET Somalia team, then disseminated this document along with other relevant information (Annex 1) to 21 selected stakeholders for their review and feedback.

Once stakeholders had completed and returned the Stakeholder Feedback Tool, the LSTM and THET scoping assessment team conducted in-depth interviews with respondents, during which they further elaborated on and validated the key health systems priorities and activities they had identified. In Somalia, respondents were grouped according to their institutions/mandate, for example the State Ministries of Health were interviewed as a group, as were Universities and Nursing and Midwifery training

institutions, hospitals and professional associations. Having considered the information provided by the assessment team on the Health Partnership modality and the UKPHS Programme, informants' views were also sought on the potential and feasibility of the HP model to address the identified priorities and interventions. Stakeholder feedback and comments are presented and discussed in the following sections.

The scoping assessment team synthesised and summarised the priorities identified and validated through the initial Key Informants Interviews (KIIs) and presented these to a small core group of stakeholders, comprising senior FMoH and FCDO officials for further prioritisation. Those identified as the key priorities and for which the HP model was deemed suitable and feasible are presented in Section 4 (Final Prioritisation) below.

A number of options for the National Oversight Mechanism (NOM) for the UKPHS programme were discussed and considered by the FMoH. It was decided that a small, dedicated team/committee would be established to act as the NOM, comprising members from the FMoH, FCDO and THET. This would eventually become a sub-group of the Health Sector Coordination structure.

SYNTHESIS OF PRIORITIES ACROSS STAKEHOLDERS

STATUS OF SOMALIA HEALTH SYSTEM: ACHIEVEMENTS, CHALLENGES AND PRIORITIES

In Somalia, the Second Phase Health Sector Strategic Plan 2017-2021 (HSSP II) provides the guiding framework and strategic direction for the detailed planning and implementation of health sector activities. It guides various health stakeholders to direct their efforts and initiatives towards the attainment of national health priorities, including Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG), particularly SDG 3.

The HSSP II sets 12 key targets against nine strategic priorities: Health Service Delivery, Human Resource for Health, Leadership and Governance, Essential Medicine and Supplies, Health Information, Health Financing, Health Infrastructure, Health Emergency Preparedness and Response, and Social Determinants of Health, each with its own list of strategic objectives.

Overall, the political, security, economic and social situation in Somalia has improved compared to its status a decade ago. Somalia has shown some recent achievements in health, with improving maternal and child health. Somalia has made some positive strides over recent years in the social development and in the health of its people, and the death rate in Somalia has declined significantly in recent years.

Despite these achievements, a number of challenges remain to be addressed. Overall, the health system in Somalia is impacted by weak regulatory frameworks and enforcement, insufficient health financing, along with repeated humanitarian crises and disease outbreaks. Documentary evidence indicates that key health systems strengthening challenges include: weak health system and institutional capacity, and limited government coordination ability; limited government investment in health and in the social determinants of health; fragmented donor support; multiple duplicative supply chain systems resulting in inefficiency; fragmented data systems impacting data quality and availability; and weak stewardship capacity. Furthermore, there is an insufficient skilled health workforce and limited ability to equitably deploy and retain existing staff. A 2020 Baseline Study and Human Capital Development Strategy found that healthcare services in Somalia were highly inadequate, with the health workforce lacking the skills, knowledge, legal instruments and necessary resources to do their jobs (Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, 2020). It recommended that these "systemic inadequacies and challenges" required an urgent scale-up of the production, training, and skills enhancement of the health workforce.

In Somalia, as outlined in the HSSP II, many health indicators are very poor due to decades of civil war. Life expectancy is estimated at 53 and 56 years for males and females, respectively. Somalia's maternal mortality rate dropped from 732 in 2015 to 692 maternal deaths per 100,000 live births in 2020 (Somali Health and Demographic Survey, 2020). However, despite these gains, one of the greatest challenges Somalia faces is high maternal mortality rates, which are attributed to low uptake of antenatal and postnatal care and a low number of institutional deliveries and deliveries with skilled health care providers; in Somalia, a woman dies every two hours during pregnancy/childbirth, one in 18 women has a lifetime risk of death during pregnancy and 99% of women experience female genital mutilation/cutting, leading to serious obstetrical and gynaecological complications.

According to the Somali Health and Demographic Survey (SDHS) 2020, less than one-third (32%) of births were delivered with the assistance of a skilled health professional (a doctor/clinical officer or a nurse/midwife/auxiliary midwife) and 79% of births were delivered at home. In 2020, 73% of women reported at least one barrier to accessing health care, including lack of money (65%), distance to a health facility (62%) and not wanting to go alone to seek health care (47%). For 42% of all women, needing to obtain permission, usually from their husbands, was a major problem. Forty-five percent of women indicated that decisions on their health care were made mainly by their husbands. Fourteen percent of women aged 15-49 have been experiencing physical violence since the age of 12, with over half (59%) of women believing that husbands commit the most violent acts against women in the community.

Fourteen percent of teenage girls (aged 15-19) were mothers or pregnant with their first child in 2020. Pregnancy and childbearing under the age of 20 have major health implications for both the mother and the child and adverse social consequences, especially for female education, as women who become mothers before 20 are unlikely to complete their education. Somalia has one of the highest fertility rates in the world at 6.9 children per woman, with unmet need for birth spacing services at 37%. One in three Somalis suffer from some form of mental health problem due to the longstanding conflict, unemployment, and socioeconomic stress. Six (6) percent of Somalis suffer from chronic diseases, including blood pressure (33%), diabetes (20%), and kidney diseases and arthritis (at 8% each). Around 5% of the population suffer from disabilities, and 42% of disabled people in Somalia had not received any care nor support for their disability in the 12 months preceding the 2020 SHDS.

One in seven children dies before their fifth birthday. In 2015, the under-5 mortality rate was 137 per 1000 live births. In 2020, only 11 percent of Somali children aged 12-23 months were fully vaccinated (i.e. with BCG, pentavalent, polio and measles vaccines), 28% of children under the age of 5 were stunted and 12% were wasted. Overall, access to education is low. A third of female household members and 28 percent of male household members have had some form of primary education. Just under half (48%) of Somali girls and women, aged 6 and above, have never been to school, in comparison to 45% of boys and men. Less than a third of women, at 32%, are literate (SHDS, 2020).

HEALTH SYSTEMS PRIORITY AREAS

The health systems priorities identified through the desk review were categorised under seven health system components as shown below. The components ranked the highest priority across all respondents are: (1) Human Resources for Health; (2) Service Delivery, and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS ACROSS STAKEHOLDERS

Rank	Health System Area	Lowest score = highest priority
1.	Human Resources for Health	34
2.	Service Delivery	48
3.	Health Financing	60
4.	Medical Products and Technologies	64
5.	Governance and Leadership	66
6.	Health Information Systems	69
7.	Health Emergency Preparedness	79

Note: While stakeholders were only required to rank their top three health systems components, some ranked all seven and therefore the results should be interpreted accordingly.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY DIFFERENT STAKEHOLDER GROUPS

Key informant interviews were conducted with stakeholders, who were grouped according to their remit, key roles and responsibilities, into five main groups. Feedback on health systems priority areas was received from the different groups of stakeholders as follows:

Stakeholder Group	Organisation/Institution
1. Federal Ministry of Health	1. Department of Human Resources
	2. Department of Policy and Planning
2. State Ministries of Health	1. MoH Puntland
	2. MoH Hirshabelle
	3. MoH Southwest
	4. MoH Galmudug
	5. MoH Jubbaland
3. Health Training Institutions	1. Benadir University
	2. Jazeera University
	3. University of Health Science
	4. Mogadishu University
	5. Somalia National University
	6. University of Southwest
	7. Mogadishu Midwifery School
	8. SOS Nursing School
4. Health Facilities	1. Benadir Hospital
	2. Deynile Hospital
	3. Forlanini Hospital
	4. Beledweyne Hospital
5. Health Profession Associations	1. Somali Medical Association (SMA)
	2. Somali Midwifery Association (SOMA)
	3. Somali Health Workers Union (SOHWU)
	4. Physicians Across Continents

The key priority areas identified by each of these five groups are presented below. Four of the five stakeholder groups identified HRH as their first priority area, while two identified Service Delivery as their second priority area.

FEDERAL MINISTRY OF HEALTH

The following table shows the key priority areas identified by the **Federal Ministry of Health**. The components ranked the highest priority across this group of respondents are: (1) Human Resources for Health; (2) Governance and Leadership; and (3) Health Emergency Preparedness.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY THE FEDERAL MINISTRY OF HEALTH

Health System Area	**Lowest score = highest priority**
Human Resources for Health	1
Health Information Systems	
Health Financing	
Medical Products and Technologies	
Governance and Leadership	2
Service Delivery	
Health Emergency Preparedness	3

STATE MINISTRIES OF HEALTH

The following table shows the key priority areas identified by the **State Ministries of Health**. The components ranked the highest priority across this group of respondents are: (1) Human Resources for Health; (2) Service Delivery; and (3) Health Information Systems.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY THE STATE MINISTRIES OF HEALTH

Health System Area	MoH Galmudug	MoH Puntland	MoH Hirshabelle	MoH Jubbaland	MoH South West	Total (Lowest score = highest priority)
Human Resources for Health	2	2	1	1	1	7
Health Information Systems	5	5	0	5	2	17
Health Financing	6	7	0	7	3	23
Medical Products and Technologies	7	4	4	4	4	23
Governance and Leadership	3	6	3	2	5	19
Service Delivery	1	1	0	3	6	11
Health Emergency Preparedness	4	3	2	4	7	20

HEALTH TRAINING INSTITUTIONS (HTIS)

The following table shows the key priority areas identified by the **Health Training Institutions**. The components ranked the highest priority by this group of respondents are: (1) Human Resources for Health; (2) Service Delivery; and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY THE HEALTH TRAINING INSTITUTIONS

Health System Area	Mogadishu Midwifery School	University of Health Sciences	University of Southern Somalia	Jazeera University	Nursing School Mogadishu	Benadir University	Mogadishu University	Somalia National University	Total (Lowest score = highest priority)
Human Resources for Health	4	1	0	2	1	1	2	1	12
Health Information Systems	5	6	0	7	4	2	3	0	27
Health Financing	3	2	3	3	2	2	5	0	20
Medical Products and Technologies	0	3	0	6	4	3	4	2	22
Governance and Leadership	2	4	1	4	5	3	6	0	25
Service Delivery	0	5	0	5	3	2	1	0	16
Health Emergency Preparedness	1	7	2	1	5	3	7	3	29

HEALTH FACILITIES

The following table shows the key priority areas identified by the **Health Facilities**. The components ranked the highest priority by this group of respondents are: (1) Human Resources for Health; (2) Medical Products and Technologies and (3) Service Delivery.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY THE HEALTH FACILITIES

Health System Area	Deynile General Hospital	Benadir Hospital	Foralini Hospital	Beledweyne Hospital	Lowest score = highest priority
Human Resources for Health	1	3	2	1	7
Health Information Systems	0	5	4	2	11
Health Financing	2	4	2	3	11
Medical Products and Technologies	3	2	2	2	9
Governance and Leadership	0	6	3	3	12
Service Delivery	4	1	3	2	10
Health Emergency Preparedness	5	7	1	2	15

HEALTH PROFESSIONS ASSOCIATIONS

The following table shows the key priority areas identified by the **Health Professions Associations**. The components ranked the highest priority by this group of respondents are: (1) Health Financing; (2) Human Resources for Health; and (3) Governance and Leadership.

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY THE HEALTH PROFESSIONS ASSOCIATIONS

Professional Associations	Somali Medical Association	Somali Midwifery Association (SOMA)	Somali Health Workers Union (SOHWU)	Total (Lowest score = highest priority)
Human Resources for Health	1	4	2	7
Health Information Systems	2	6	6	14
Health Financing	3	2	1	6
Medical Products and Technologies	2	5	3	10
Governance and Leadership	2	1	5	8
Service Delivery	1	3	7	11
Health Emergency Preparedness	1	7	4	12

SUMMARY OF HEALTH SYSTEMS PRIORITY AREAS BY NUMBER OF TIMES RANKED BY RESPONDENTS

The following results are highlighted:

- HRH was ranked the number one priority by 11 out of the 21 respondents.
- HRH was ranked in the top three priorities by 18 respondents, 13 respondents ranked Health Financing in the top three, while 11 ranked Governance and Leadership, Service Delivery and Health Emergency Preparedness in the top three, while nine respondents ranked Medical Products and Technologies in their top three priorities.
- Five respondents ranked Health Information Systems in their top three priorities.
- All respondents ranked Health Emergency Preparedness as one of their priorities and twenty of the twenty-one respondents ranked Human Resources for Health as one of their priorities.

Health Systems Area	**No. of times ranked**							**Total**
	1	**2**	**3**	**4**	**5**	**6**	**7**	
Human Resources for Health	11	6	1	2	0	0	0	20
Health Information Systems	0	4	1	2	5	3	1	16
Health Financing	1	6	6	1	1	0	0	15
Medical Products and Technologies	0	5	4	6	1	1	1	18
Governance and Leadership	2	4	5	2	3	3	0	19
Service Delivery	5	2	4	1	2	1	1	16
Health Emergency Preparedness	4	3	4	3	2	0	5	21

All stakeholders assessed the potential and feasibility of the HP model to address the identified priorities and interventions. A set of criteria, including coherence, relevance, effectiveness, efficiency, sustainability, quality, equity and impact were used to assess with priorities could best be supported by a HP under the UKPHS programme, and to agree a final set of HS priorities that are presented below.

ACTIVITY SCORING ACROSS ALL STAKEHOLDERS

Within the seven health systems components, respondents were asked to score the priority areas and activities in order of importance and in order of priority. The top three priority activities for six of the seven health systems components are presented below.

It should be noted that the results below will be influenced by how many stakeholders ranked each health systems area. While stakeholders were only required to rank their top three HS components in order of priority, some ranked all seven, and therefore the results should be interpreted accordingly. Regardless, the numbers give an indication of which health systems activities within each health systems area stakeholders view as a priority. Those with higher scores are given more priority.

HUMAN RESOURCES FOR HEALTH ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Enhancing HRH production and recruitment	
Increase numbers of community-based health workers and skilled midlevel professionals.	54
Support expansion and consolidation of existing public sector and privately managed health professional training institutions.	54
Scale up capacity of existing health training institutions and build new regional Health Professionals Training Institutes with standardisation of recruitment systems.	64
Training of health workforce, development of competencies	
Train new categories of health workers, adhering to concrete task shifting strategies.	60
Create in-service career advancement plans through a range of Continuing Professional Development programmes to improve service quality and work force capacity and retrain the large contingent of untrained care providers.	57
Curricula standardisation.	63
Deployment	
Set transparent and equitable HRH deployment norms and standards that facilitate the pursuit of Universal Health Coverage.	47
Introduce transparent rules and regulations for HRH recruitment, employment, and equitable deployment with standardised skill mix.	49
Health workforce motivation and job satisfaction – retention	
Harmonise salary scales and incentives received by the health workforce in the public sector and improving staff retention.	61

Introduce hardship allowance to staff deployed in remote and hard to reach areas through monetary and non-monetary incentives that enhance motivation and retention.	55
HRH regulation and professional standards	
Develop HRH regulatory norms related to certification, accreditation, registration, and licensing in coordination with national health professional associations.	69
Establish a human resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms in coordination with professional associations.	63
Address health professionals' occupational health and patient safety by creating a healthy and safe working environment.	61
Management and coordination of HRH	
Undertake MoH Institutional strengthening for HRH development to enhance the MoH capacity in human resources planning, management, leadership, and coordination.	64
Build HRH health information systems and research to generate the necessary capacity for evidence-based HRH planning and management.	64
Develop staff operating procedures manuals that clarify contracts, terms of employment, posting and remuneration, task distribution, supportive supervision and performance-based management, as well as the compliance with ethical codes of practice.	67
Integration of GESI approach into HRH interventions	
Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).	53
Development and analysis of gender-sensitive HRH data.	56
Participation of key stakeholders, including female health care providers, in the design of human resource reforms.	52
Increase women's representation in HRH leadership positions.	52

Health System Activity	Highest Score = Highest Priority
Expanding coverage of essential services under UHC. Deliver and Improve access to quality essential package of health services	
Strengthen reproductive, Maternal, Neonatal and Child Health (MNCH) and Nutrition.	40
Prevention and Control of Non-Communicable Diseases.	43
Prevention of Injury and Violence.	40
Access to and utilisation of health services	
Increase access to and utilisation of cost-effective, quality and gender sensitive health services especially for women, children, and other vulnerable groups.	41
Develop action plan to reach the marginalised and underserved populations – including provision of EPHS to nomadic people and refugees, women, children, and other vulnerable groups.	37
Develop monitoring mechanism to ensure equity and gender issues in health.	34
Delivery and Quality	
Enhance and ensure quality and safety of healthcare services.	47
Improve, integrate and expand community-based health services.	40
Improve and expand the capacity of laboratory and blood transfusion services.	42
Develop and implement health infrastructure improvement plan/ standards.	40
Social Determinants of Health	
Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health.	39
Enhance people's participation and engagement for reducing risk factors through health promotion interventions.	37
Promote policy interventions particularly to benefit the disadvantaged populations with substantial health inequities and address their basic development needs.	38
Integration of GESI approach into health service delivery	
Development and implementation of gender sensitive health services.	40
Development of screening and referral for gender-based violence.	39

Increase stakeholder involvement in planning, delivery, and review of services, including with representation of women and most vulnerable communities.	47

HEALTH FINANCING ACTIVITY SCORING

Health System Activity	Highest Score = Highest Priority
Financial Management	
Develop health finance strategy, including updating national health accounts.	44
Produce and analyse financial data, including data from donors, public and private sectors, and remittances.	35
Promote public-private partnerships with incentives aimed at harnessing contribution of the private-for-profit and private-not-for-profit capabilities.	44
Protect the poor and under-privileged from catastrophic health expenditures ensuring that people can access essential and affordable services, therefore moving towards universal health coverage	
Develop and scale up social marketing and social franchising interventions for health commodities.	37
Implementation of community health insurance arrangements to improve financial protection and avert catastrophic expenditures for vulnerable social groups of the population.	40
Introduce financial incentives to encourage facility-based deliveries and child immunisation, to scale up demand through voucher-based systems or other incentives to bring children for vaccination and pregnant women for antenatal visits.	38
Integration of GESI approach into health financing management and delivery	
Development and analysis of gender-sensitive health financing schemes.	37
Increase representation of women and other key groups on financial management committees.	38
Increase participation of patients and community in financial management committees.	38

Health System Activity	Highest Score = Highest Priority
Data Systems and Management	
Develop efficient systems to monitor health risks and determinants; track health status and outcomes and assess health system performance.	31
Develop a policy framework for establishing a functional health management information system.	28
Enhance and strengthen institutional framework for implementing a functional health management information system.	30
Strengthen civil registration and other vital statistics.	28
Data Collection & Reporting Tools	
Produce and distribute revised/up-to-date data collection and reporting tools to facilities.	18
Strengthen the capacity of staff involved in data capture through in-service training e.g. On-the-Job Training (OJT), Mentorship and Continuing Medical Education (CMEs) on tools filling and completion.	26
Develop and use tools such as routine data, expenditure studies and population surveys to enable the country to monitor, evaluate and adapt to meet changing health needs.	22
Dissemination and use	
Sensitisation on Data Demand and Use to data and programme managers.	27
Track and analyse UHC indicators at national, state and regional levels as part of integrated health information system.	21
Explore relationships between social determinants of health and health equity.	22
Data Quality	
Develop, update, publish and institutionalise data quality assurance mechanisms (developing a Data Quality Assurance Protocol, implementation of integrated support supervision and facility data quality assessments focused on assessing and monitoring data quality, strengthening feedback mechanisms).	26
Establish and institute an intersectoral Data Quality Improvement team at all levels to spearhead data quality assurance activities.	21
Amplify routine production and sharing of information products highlighting data quality gaps to steer data quality improvement initiatives.	21

Integration of GESI approach into health information systems	
Development and analysis of gender-sensitive data.	23
Increase participation of patients and community in assessment and reviewing disaggregated data to measure improvements in inequalities.	23
Increase women's representation on data collection and analysis teams.	22

GOVERNANCE AND LEADERSHIP ACTIVITY SCORING

Health System Activity	Highest Score = Highest Priority
Management and Coordination	
Develop operational guidelines for health sector partnerships and coordination, containing the functions, procedures, roles and responsibilities of the different stakeholders.	27
Undertake internal Monitoring and Auditing to ensure resources are used as planned.	26
Create standardised monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.	26
Development and implementation of gender-sensitive policies.	33
Leadership – representation and capabilities	
Strengthen MoH governance and leadership capacities in setting legislative and regulatory norms, and standards for the key functions of the health system.	22
Train management cadre at all levels of the health system on leadership skills and management competencies through capacity building courses specifically tailored to the needs of the health sector.	23
Regulation	
Regulating healthcare services, training institutions, the pharmaceutical sector and food and beverages by liaising with the established health professional councils and drug regulatory authorities.	31
Develop a health regulatory framework, addressing the major functions related to the six pillars of the health system.	33
Set legislative and regulatory norms and standards for the key functions of the health system.	33
Integration of GESI approach into management of governance and leadership	
Development and implementation of gender sensitive policies.	37

Increase representation of women and other key groups into decision-making bodies.	37
Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.	40

HEALTH EMERGENCY PREPAREDNESS ACTIVITY SCORING

Health System Activity	**Highest Score = Highest Priority**
Management and Coordination	
Prepare essential technical emergency preparedness and response guidelines and operational standards, in terms of logistics, health workforce training, pre-positioning of essential drugs and earmarking the required contingency support.	40
Create public health resilience, preparedness and strategic policy operating at central, regional, district and community level with a view to reduce the adverse health effects of these emergencies to the population.	38
Ensure operational readiness to manage identified health risks and vulnerabilities.	43
Access to services and engagement	
Improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations.	38
Meaningful engagement of civil society – including women and representatives of the most vulnerable groups– in planning, delivery and review of services is important in ensuring services meet the needs of all.	35
Data and Surveillance	
Enhance and strengthen surveillance, early warning and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner.	36
Introduce disaster risk assessment, management of mass casualties and establish private ambulance services.	38
Closely monitor and evaluate the impact of emergencies.	38
Capacity Development	
Strengthen capacity of country health emergency preparedness and response to high threat infectious hazards.	39
Workforce development through training in field epidemiology and laboratory training.	38
Provide leadership and effective coordination to emergency health response interventions.	38

Integration of GESI approach into emergency preparedness and response	
Development and implementation of gender sensitive health services.	33
Increase participation of women and other key on decision-making bodies.	37
Increase participation of key stakeholders in the design of emergency preparedness and planning.	48

MEDICAL PRODUCTS AND TECHNOLOGIES ACTIVITY SCORING

Health System Activity	**Highest Score = Highest Priority**
Management, Regulation, Quality Assurance	
Strengthen and ensure quality standards in drugs regulation, pharmaceutical and health technology services.	26
Develop action plan for tackling antimicrobial resistance.	22
Standardise procurement.	26
Regulate medicines by mandating their formal registration, setting quality guidelines for drug donations, improving storage and distribution systems, promoting essential drug use and rational prescribing and developing clinical practice guidelines for common diseases in the health sector.	30
Develop drug quality assurance systems addressing the import, sale, distribution, supply, storage, advertisement and dispensing, to sustain quality and avert the use of substandard and counterfeit products.	29
Develop appropriate policy and legal framework with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistic.	26
Improve pharmaceutical supply chain.	22
Availability, Access, and Use	
Improve availability of essential medicines, vaccines, diagnostics and devices for primary health care.	26
Capacity building to promote rational prescribing, dispense and use of medicines and technologies.	25
Conduct research on herbal medicines and other traditional remedies to identify their beneficial effects and potential harmful impact, thus educating the population about the rationale of their practical use.	25
Integration of GESI approach into management and use of medical products and technologies	

Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.	18
Development and analysis of gender-sensitive medicines and technologies management and use.	22
Increase representation of women and other key groups, including patients and communities, in relevant committees.	26

GENDER EQUALITY AND SOCIAL INCLUSION (GESI) PRIORITISATION ACROSS ALL STAKEHOLDERS

The GESI priority areas under each health systems component are different from the other priority areas in that they are: (1) cross-cutting; and (2) informed by documentation and information beyond the policy documents and reports reviewed by the LSTM team. The aim is for gender equality and social inclusion to be integrated and advanced in all Health Partnerships supported under the UKPHS programme. The GESI priority areas, included in the Stakeholder Feedback Tool for **Somalia**, were to enable stakeholders identify which GESI activities they felt were most important and/or relevant for their context. In addition, relevant GESI activities under each of health systems component can sometimes be difficult to identify, which is why we wanted to provide a range of key activities for stakeholders to consider.

The numbers below will be influenced by how many stakeholders ranked each health systems area. While stakeholders were only required to rank their top three, some ranked all seven. Regardless, the numbers give an indication of which GESI activities within each health systems area stakeholders view as a priority. Those with higher scores are given more priority. GESI activities that received the highest scores are presented below.

The activities that received the highest priority across all seven health systems areas included:

- increasing women's representation in decision-making and teams/committees
- increasing the representation and participation of other key groups, such as patients and the community, in committees and decision-making
- disaggregation and analysis of sex disaggregated data and relevant gender sensitive data (three out of seven health systems areas)

Human Resources for Health	
Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).	53
Development and analysis of gender-sensitive HRH data.	56
Increase women's representation in HRH leadership positions.	52
Participation of key stakeholders, including female health care providers, in the design of human resource reforms.	52
Health Information Systems	
Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.	23
Development and analysis of gender-sensitive data.	23
Health Financing	

Increase representation of women and other key groups on financial management committees.	38
Increase participation of patients and community in financial management committees.	38
Development and analysis of gender-sensitive health financing schemes.	37
Medical Products and Technologies	
Development and analysis of gender-sensitive medicines and technologies management and use.	31
Increase representation of women and other key groups, including patients and communities, in relevant committees.	37
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.	30
Governance	
Increase representation of women and other key groups into decision-making bodies.	37
Development and implementation of gender sensitive policies.	37
Increase citizens' participation, civil society dialogue and interaction with governments, including parliamentarians, finance ministers, and heads of states.	40
Health Service Delivery	
Development and implementation of gender sensitive health services.	40
Increase stakeholder involvement in planning, delivery and review of services, including with representation of women and most vulnerable communities.	47
Development of screening and referral for gender-based violence.	39
Emergency Preparedness	
Increase participation of women and other key on decision-making bodies.	37
Increase participation of key stakeholders in the design of emergency preparedness and planning.	48

HEALTH SYSTEMS CHALLENGES AND PRIORITIES IDENTIFIED BY STAKEHOLDERS

As described above, the in-depth interviews conducted with respondents allowed the scoping assessment team to provide additional information on the Health Partnership modality and the UKPHS Programme, to review responses to the 4 questions posed, and to collaboratively examine health systems issues and challenges, and the rationale for and validity of the health systems priorities identified. These interviews also provided the opportunity to elicit informants' views on the potential and feasibility of the HP model to address the identified priorities and interventions. These insights and findings are presented and discussed in the following sections.

FEDERAL MINISTRY OF HEALTH

An in-depth interview was conducted with the officials from the FMoH including the Director of Policy and Planning, and the Director of Human Resources for Health, with the FCDO Health Advisor in attendance. These stakeholders did not feel that all the priority areas and activities had been fully captured and identified additional priority activities under the HRH, Governance and Leadership, and Health Emergency Preparedness HS Components.

HEALTH SYSTEM CHALLENGES

The following challenges were identified by these FMoH stakeholders:

HUMAN RESOURCES FOR HEALTH

- Quality of pre-service training (PST)
- Coordination of in-service training (IST) and continuing professional development (CPD)
- Outdated and non-standardised medical, nursing, midwifery and other health professional curricula
- Weak regulation frameworks for health workforce
- Lack of tools to monitor and manage health worker performance

GOVERNANCE AND LEADERSHIP

- Weak Health Sector coordination mechanisms
- Absence of regulatory frameworks for health service provision, including the private sector

HEALTH EMERGENCY PREPAREDNESS

- Weak Coordination
- Absence of comprehensive health emergency plan
- Weak capacity of health workers to respond to emergencies
- Poor quality data and surveillance systems

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Governance and Leadership; and (3) Health Emergency Preparedness.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE FEDERAL MINISTRY OF HEALTH

Priority Ranking	Health System Component
1	Human Resources for Health
	Health Information Systems
	Health Financing
	Medical Products and Technologies
2	Governance and Leadership
	Service Delivery
3	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

These stakeholders reported that the following areas could be addressed by a Health Partnership:

HUMAN RESOURCES FOR HEALTH

- Support establishment of National Health Professional Council (NHPC) and strengthen the capacity to register and license all health professionals, as well as accredit the training institutions.
- Support availability of NHPC information system that maintains all NHPC records.
- Accessibility of networking relationship with professional regulatory bodies in UK as well as strengthening and widening NHPC experience through study visits to neighbouring countries.
- Standardisation of curricula for medical and other health training institutions, both public and private.
- Review the current structure of health professional associations and support strengthening the organisational leadership and capacity of professional associations.
- Support establishment of an integrated HRH information system as part of the HMIS and keep the human resource management information system (HRMIS) regularly updated and maintained.
- Capacitate the training unit at FMoH, including equipping them with the skills to develop training plans, coordinate and manage training, and monitor and evaluate the outcomes of the training.
- Introduce on-the-job training, mentorship and skills development programmes for all technical and managerial skills.
- Introduce HR performance management and development tools to ensure effective HR performance monitoring and improvement.
- Undertake inventory and headcount of all health workers disaggregated by age, sex, location, seniority, qualification and make projections for the next 10 to 15 years.
- Support implementation of the developed HRH deployment policy and empower FMoH to monitor and evaluate the deployment processes of health workforce.
- Mapping/recording tool for HRH at all levels – community to national level.

GOVERNANCE AND LEADERSHIP

- Support the establishment of NHPC and build the capacity of accreditation systems in public and private health care facilities and ensure compliance with the professional code of ethics.
- Create opportunities for clients to present or submit complaints, compliments and suggestions about the services rendered with the establishment of health system procedures for investigation, action and feedback.

- Develop and strengthen guidelines that substantiate the Client Service Charter's key principles and operational norms and educate the public to enhance their knowledge about the services provided by the health system in order to improve the populations' care seeking behaviour.
- Create and support development of standardised internal monitoring and evaluation systems to follow up on the success and improvements of the programmes.
- Create standardised monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.
- Build the capacity of the public sector on financial, human, and administrative resources management.
- Empower capacity of FMoH to produce and publish periodic health sector reports by developing quarterly and annual reporting tools and templates.

HEALTH EMERGENCY PREPAREDNESS

- Establish a comprehensive emergency preparedness and response plan that contains hazard, vulnerability analysis and risk mapping.
- Establish inter-cluster and inter-sectoral coordination mechanism for emergency situations.
- Build the capacity of workforce through training in field epidemiology and laboratory services to immediately detect and respond to public health emergencies.
- Strengthen laboratory capacity to detect public health threats.
- Support development of essential technical emergency preparedness and response guidelines and operational standards, in terms of logistics, health workforce training, pre-positioning of essential drugs and earmarking the required contingency support.
- Strengthen surveillance, early warning and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner.
- Create engagement frameworks to increase participation of key stakeholders in the design of emergency preparedness plans.
- Establish community structures and capacity for disaster risk reduction, mitigation and resilience.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Training of health workforce, development of competencies	Other: • Introduce on-the-job training, mentorship and skills development programme for all technical and managerial skills. (Score 4/2) • Introduce HR performance and development tools and electronic systems to ensure HR performance monitoring and improvement. (Score 4/2)
Deployment	Other: • Support the implementation of the developed HRH deployment policy and empower FMoH to monitor and evaluate the deployment processes of health workforce. (Score 3) • Mapping/recording tool of human resources at all levels – community to national level. (Score 3)

HRH regulation and professional standards	Other: • Support the establishment of NHPC and strengthen the capacity to register and license health professional and facilities as well as accredit health training institutions. (Score 1/5) • Review the current structure of health professional associations and support strengthening the organisational leadership and capacity of professional associations. (Score 1/5) • Support availability of NHPC Data base system that maintains all records of NHPC information. (Score 1/5) • Standardisation of curriculums for Medical and health training institutions of both public and private. (Score 1/5)
Management and coordination of HRH	Other: • Strengthen the networking relationship with health professional associations through communication and partnership. (Score 2/4) • Support the establishment of an integrated HRH information system as part of the HMIS and keep the human resource management information system (HRMIS) regularly updated and maintained. (Score 2/4)
Integration of GESI approach into HRH interventions	Other: • Undertake inventory and headcount of all health workers disaggregated by age, sex, location, seniority, qualification and make projections for the next 10 to 15 years. (Score 4/2)
Governance and Leadership	
Management and Coordination	Other: • Empower capacity of FMoH to produce and publish periodic health sector reports by developing quarterly and annual reporting tools and templates. (Score 2/4)
Health Emergency Preparedness	
Management and Coordination	Other: • Establish comprehensive emergency preparedness and response plan that contain hazard, vulnerability analysis and risk mapping. (Score 1/5) • Build inter-cluster and inter-sectoral coordination mechanism. (Score 1/5)
Access to services and engagement	Other: • Establish community structures and capacity for disaster risk reduction, mitigation and resilience. (Score 3)
Data and Surveillance	Other:

	• Strengthen the early warning and surveillance systems for health, nutrition, water and sanitation and related sectors.(Score 2/4)
Capacity Development	Other: • Build the capacity of the health workforce to immediately detect and respond public health emergencies. (Score 2/4) • Strengthen the laboratory capacity to detect public health threats. (Score 2/4)

STATE MINISTRIES OF HEALTH

The State Ministries of Health were one of the stakeholder groups with which key informant interviews were conducted. The five State Ministries of Health ranked their health systems priority areas as follows:

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE STATE MINISTRIES OF HEALTH

State Ministry of Health	Key priority areas ranked
MoH Puntland	1. Service Delivery 2. Human Resources for Health 3. Improving Health Infrastructure
MoH Hirshabelle	1. Service Delivery 2. Human Resources for Health 3. Health Emergency Preparedness
MoH Southwest	1. Human Resources for Health 2. Health information Systems 3. Health Financing
MoH Galmudug	1. Service Delivery 2. Human Resources for Health 3. Governance and Leadership
MoH Jubbaland	1. Human Resources for Health 2. Governance and Leadership 3. Service Delivery

It is notable that three out of five of these respondents ranked Service Delivery as their first priority, while all ranked HRH as one of their top two priorities. Two respondents ranked Governance and Leadership as one of their three top priorities.

The inputs provided by each of these respondents are presented in greater detail details below.

MINISTRY OF HEALTH, PUNTLAND

This stakeholder did not feel that the priority areas captured in the desk review fully represented the situation in Puntland. Health system priorities in Puntland are primarily based on Puntland HSSP II, with the respondent identifying physical infrastructure as a key

priority area. The stakeholder also provided an updated list of references to include Puntland specific documents and conducted their own scoring of health system priority areas based on Puntland health systems priorities.

HEALTH SYSTEM CHALLENGES

The following challenges were identified

- Absence of performance management system, including performance appraisal linked to training needs assessment
- Lack of training materials
- Capacity of Health Professionals Council
- Supervision tools to assess quality of care in the provision of services and the need for a national baseline assessment

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Improving health sector physical infrastructure.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE MINISTRY OF HEALTH, PUNTLAND

Priority Ranking	Health System Component
2	Human Resources for Health
6	Health Information Systems
9	Health Financing
5	Medical Products and Technologies
7	Governance and Leadership
1	Service Delivery
4	Health Emergency Preparedness
8	Promoting actions of social determinants of health & health in all policies
3	Improving health sector physical infrastructure

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Improving health sector physical infrastructure.
- Scaling up of essential and basic health and nutrition services.

In addition, they identified the following areas for support:

HUMAN RESOURCES FOR HEALTH

- A training centre to train health staff, including health facility-in-charges has been established, and support is needed with developing training materials and building capacity of staff.
- Need to strengthen performance management systems, especially the performance appraisal system.

SERVICE DELIVERY

- There is a quality improvement tool in place, which has been piloted in some regions; a supervisory tool to measure Essential Package of Health Services (EPHS) is currently being utilised.
- Improving the delivery of the service by ensuring patient safety.
- Implementing mass awareness and behaviour change campaigns for non-communicable diseases (diabetes, hypertension, and asthma).
- Improving health sector physical infrastructure.

HEALTH INFORMATION SYSTEMS

- Conducting Operational Research.
- Improving health information systems.

PRIORITY AREAS OMITTED

The following priority area were identified as omitted from the prioritisation exercise:

- Improving health sector physical infrastructure.
- Promoting actions of social determinants of health & health equity in all policies.

MINISTRY OF HEALTH, HIRSHASBELLE

HEALTH SYSTEMS CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

- Human Resources for Health: With expansion of the scope of the EPHS, currently with the World Bank engagement to UHC, the current HRH may not have the right capacities and skills, and this is an area which very much needs to be focused on.

- Emergency Preparedness: Hirshabelle State is prone to natural disasters such as floods and cholera. Somalia has a very low level of core capacities (only 6%) related to IHR and therefore the majority of Somali people are not protected from health emergencies and high threat infections.

- Governance and Leadership: This is an area where the MoH is weak and has limited capacity for planning, coordination and oversight.

- Medical Products and Technologies: The availability of low quality and spurious drugs and technologies in the private sector as a result of poor availability of quality standards in drugs regulation, pharmaceutical and health technology services needs to be addressed.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Health Emergency Preparedness.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE MINISTRY OF HEALTH, HIRSHABELLE

Priority Ranking	Health System Component

2	Human Resources for Health
	Health Information Systems
	Health Financing
	Medical Products and Technologies
	Governance and Leadership
1	Service Delivery
3	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The respondent identified the following areas for potential UKPHS support:

SERVICE DELIVERY

- Strengthening access and utilisation of health services.
- Improving service delivery quality by developing tools to ensure quality of care.
- Expanding the reproductive, Maternal, Neonatal and Child Health services.
- Improving the quality and safety of healthcare services.

HUMAN RESOURCE FOR HEALTH

- Enhancing the number of health workforce by increasing the number of community-based workers.
- Training of health workforce with proper skills.
- Providing the community-based workers with skills related to essential package of EPHS.
- Training District health management and middle level management team.
- Harmonising the salary of all health workforce.
- Disaggregation and analysis of data by sex and other social stratifiers.

HEALTH EMERGENCY PREPAREDNESS

- Capacity building programmes in areas like the management and coordination of emergencies.
- Development of emergency preparedness and response guidelines, operational standards, etc.
- Strengthen country health emergency preparedness and response to high threat infectious hazards.
- Improve access to essential lifesaving services for affected populations.
- Enhance and strengthen data and surveillance.

PRIORITY AREAS OMITTED

The stakeholder did not identify any additional priority areas.

MINISTRY OF HEALTH, SOUTHWEST

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

- Governance and leadership: Lack of capacity in the MoH office and district health management teams in management and leadership functions, including policy and planning, health information, health financing, procurement, and supply chain management.

- Human Resources for Health: There are huge gaps in the health workforce and a lack of human resource management capacity in the MoH office.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health; (2) Health information Systems, and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE MINISTRY OF HEALTH, SOUTHWEST

Priority Ranking	Health System Component
1	Human Resources for Health
2	Health Information Systems
3	Health Financing
4	Medical Products and Technologies
5	Governance and Leadership
6	Service Delivery
7	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that '*the current health partners are supporting the government in terms of service delivery at facility and outreach level. The Ministry of Health is coordinating the ongoing health facilities supporting the health partners at state level'.*

In addition, the respondent identified the following areas for potential UKPHS support:

HUMAN RESOURCES FOR HEALTH

- Capacity building to HR staff at the MoH office level.
- Addressing health professionals' occupational health and patient safety by creating a healthy and safe working environment
- Developing HRH regulatory norms related to certification, accreditation, registration and licensing in coordination with national health professions associations.
- Strengthening health workforce capacity on the social determinants of health.
- Strengthening leadership skills in areas like policy and planning, health financing and health information.

SERVICE DELIVERY

- Improving health infrastructure and expanding the number of referral hospitals in the region, since there is only one Referral Hospital in Baidoa, which does not meet the health needs of the population.

HEALTH INFORMATION SYSTEMS

- Capacity building on data collection and reporting tools.
- Health information management training for district and state HMIS staff.
- Tracking and analysing UHC indicators at national, state and regional levels as part of an integrated health information system.
- Explore relationships between social determinants of health and health equity.
- Improving data surveillance.

PRIORITY AREAS OMITTED

The stakeholder did not identify any additional priority areas.

MINISTRY OF HEALTH, GALMUDUG

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCE FOR HEALTH

- National HR policy in place but not decentralised to state level.
- Lack of qualified skilled HR staff.
- Weak performance management system.
- Problems with curricula standardisation.
- Lack of licencing and regulation affecting the quality of HRH and the roles and responsibilities they can undertake.
- Quality of pre-service education/training institutions – nursing, medicine and public health curricula need to be reviewed.
- Insufficient number and investment in Community Health Workers.

GOVERNANCE AND LEADERSHIP

- Management and leadership capacity.
- Absence of legislative and regulatory norms and standards.

SERVICE DELIVERY

- Lack of coverage, access and utilisation of health services; three districts are not accessible.
- Barriers to the integration of GESI into health service delivery.
- Gaps and negligence in secondary healthcare.

GOVERNANCE AND LEADERSHIP

- Lack of health sector coordination structures at state level.
- Weak planning capacity.
- Need for joint health sector planning with partners.

HEALTH FINANCING

- Lack of HF capacity.
- Financial data not collected or available, especially on how funding is distributed.

HEALTH INFORMATION

- Data collected for HMIS but weak data analysis and use for decision making and operational research.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Governance and Leadership.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE MINISTRY OF HEALTH, GALMUDUG

Priority Ranking	Health System Component
2	Human Resources for Health
5	Health Information Systems
6	Health Financing
7	Medical Products and Technologies
3	Governance and Leadership
1	Service Delivery
4	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that they get support from partners, but this is not always sustainable, and they identified the following areas for potential UKPHS support:

SERVICE DELIVERY

- Improving quality in service delivery.
- Adapting and enhancing social determinants of health.
- Improving the secondary healthcare unit and trauma healing centres and emergency units to care for trauma patients.
- Addressing barriers towards integration of GESI into health service delivery.
- Expanding coverage of essential services like reproductive, maternal and child health service.

HUMAN RESOURCE FOR HEALTH

- Improving the number of qualified and skilled health workforce to promote quality service delivery.
- Developing a state level human resource policy.
- Developing HRH regulation and professional standards related to certification, accreditation, and registration and licensing in coordination with national health professional associations.
- Developing and strengthening the performance management system.
- Standardising curricula

GOVERNMENT AND LEADERSHIP

- Improving management and coordination by developing operational guidelines for health sector partnerships and coordination.
- Training management cadres at all levels of the health system on leadership skills and management.
- Strengthening MoH governance and leadership capacities in setting legislative and regulatory norms and standards.

OTHER KEY PRIORITY AREAS THAT NEED TO BE STRENGTHENED INCLUDE:

- Improving data and information management.

- Building capacity in health financing.
- Developing Operational Research.

PRIORITY AREAS OMITTED

The following priority area were identified as omitted from the prioritisation exercise:

Service delivery	5	Scale up EPHS delivery in all regions and districts in Galmudug in a phased approach.
	4	Provide adequate and equipped ambulances to all hospitals and referral health centres in Galmudug.
	3	Provide integrated comprehensive outreach/mobile health services to reach hard-to-reach, remote and rural areas in Galmudug.
	4	Implement national malaria, TB and HIV/AIDS prevention and control strategy.
	5	Implement national communication strategy and programme to create demand for services and promote health seeking behaviours of the population in Galmudug.
Governance and Leadership - strengthen sector planning, monitoring and supervision	5	Develop annual plans (consolidated plan from districts and regions) inclusive of all actors (Government, Civil Society, Private Sector, Development Partners, Academic and Training Institutions, etc).
	5	Conduct systematic and regular supervision, monitoring, review and evaluations including meaningful involvement of service users and communities including hard-to-reach areas.
	5	Undertake joint review missions, based on national calendar and organise annual health review summit in the state to discuss the joint review mission findings and recommendations.
	5	Strengthen capacity of coordinating structures at state, region and district levels.
	5	Organise regular health and nutrition sector coordination meetings at state and regional levels.

MINISTRY OF HEALTH, JUBBALAND STATE, DIRECTOR GENERAL

HEALTH SYSTEM CHALLENGES

This stakeholder was unable to join the discussions with the other State Ministries of Health and therefore no challenges were identified.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Governance and Leadership, and (3) Service Delivery.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE MINISTRY OF HEALTH, JUBBALAND

Priority Ranking	Health System Component
1	Human Resources for Health

5	Health Information Systems
7	Health Financing
4	Medical Products and Technologies
2	Governance and Leadership
3	Service Delivery
6	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Medical Supplies and Supply Chain Management
- Governance and Leadership
- HMIS
- Health Sector Coordination

PRIORITY AREAS OMITTED

The following priority areas were identified as omitted from the prioritisation exercise:

- Establish and support Supply Chain Management Units at the Federal Member States Ministries of Health.
- Establish and support HMIS units at the Federal Member States Ministries of Health.

HEALTH TRAINING INSTITUTIONS

Ten health training institutions provided written feedback on the health systems priorities and eight participated in key informant discussions facilitated by the FMoH. The key health systems priority areas identified and ranked by these respondents are presented below.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE HEALTH TRAINING INSTITUTIONS.

University/training institutions	**Key priority areas**
1. Benadir University	1. Human Resources for Health 2. Service Delivery; Health Financing; Health Information Systems 3. Medical Products and Technologies; Health Emergency Preparedness; Governance and Leadership
2. Jazeera University	1. Health Emergency Preparedness 2. Human Resources for Health 3. Health Financing
3. University of Health Science	1. Human Resources for Health 2. Health Financing 3. Medical Products and Technologies

4. Mogadishu University	1. Service Delivery 2. Human Resources for Health 3. Health Information Systems
5. Somali National University	1. Human Resources for Health 2. Medical Products and Technologies 3. Health Emergency Preparedness
6. University of Southwest	1. Governance and Leadership 2. Health Emergency Preparedness 3. Health Financing
7. Mogadishu Midwifery School	1. Health Emergency Preparedness 2. Governance and Leadership 3. Health Financing
8. SOS Nursing School	1. Human Resources for Health 2. Health Financing 3. Service Delivery

The information presented in the above table shows that 75% (6 out of 8) of the respondents from the health training institutions identified HRH and Health Financing as one of their top three priorities, as well as key priority areas that need to be strengthened. Furthermore, several institutions also identified the importance of Health Emergency Preparedness (5 out of 8), while three of the eight groups identified Service Delivery, Governance & Leadership and Medical Products and Technologies as priorities.

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

During the key informant discussions, respondents from the health training institutions identified a number of areas that could be addressed by the UKPHS programme and these are summarised as follows:

HUMAN RESOURCE FOR HEALTH

- Enhancing HRH while introducing HR monitoring and evaluation systems.
- Development of HRH Policy.
- Expansion and consolidation of existing public sector and privately managed health professional training institutions.
- Increase the number of specialised health professional providers, such as specialised medical doctors, lab technicians, nurses, specialised infection control nurse personnel, specialised epidemiologists, and pharmacists.
- Establish a plan for both public and private institutions to ensure the quality of cadres.
- Initiate a mixed learning and training programme for nurses and midwifery together e.g. if one nurse cadre is absent, alternatively the midwife cadre should accomplish the tasks as appropriate.
- Improve Continuous Professional Development Plan after graduation.
- Develop a system that retains the level of professionalism; there is increased number of health workers shifting from one profession to another.
- Establish medical regulatory systems for verification of health workers status and licensing.
- Improvement and standardisation of paramedic and medical curricula.
- Building the capacity of medical lecturers.
- Developing policy regarding health insurance for health workers.
- Developing license examination for medical and paramedic students after graduation.
- Develop and implement gender-sensitive HRH policies and strategies.

HEALTH EMERGENCY PREPAREDNESS

- Develop an emergency preparedness plan.
- Capacity development to enhance the skills of the health workforce.

- Improve access to essential services in emergency situations.
- Improve the capacity of community for emergency preparedness at community level.
- Develop and create public health resilience, preparedness and strategic policy operating at central, regional, district and community levels.
- Increase HR for emergency preparedness.
- Integrate and develop coordination centres among public and private institutions for emergency response.
- Improve multi-sectoral approach during emergency situations.
- Improve data surveillance in emergency preparedness.
- Map disaster-prone areas.
- Train medical students and junior Doctors to deliver essential health services in emergency situations.
- Train and develop the capacity of medical students on coping mechanism in emergency response.

SERVICE DELIVERY

- Support private sector institution with substantial skills like practical equipment.
- Establish multisectoral approach of public and private institutions to health mobilisation.
- Initiate trauma healing centres and psychological counselling.
- Improve service delivery like community outreach programmes.
- Improve public and private partnership to improve the service delivery.
- Improve access and utilisation of health services for vulnerable groups like women and children.
- Expand essential package of health services for strengthening reproductive, maternal, and neonatal, child health and nutrition.
- Develop an action plan for access and utilisation of health services by marginalised and underserved populations.
- Address security issues which act as a barrier to increased access and utilisation of health services.

HEALTH INFORMATION SYSTEMS

- Improve capacity building of researchers and research units.
- Improve operational research in health institutions.
- Increase public awareness through scientific research.

In addition, each of the 10 training institutions provided written inputs, which are presented below.

BENADIR UNIVERSITY

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCES FOR HEALTH

- Shortages of mid-level cadres, especially nurse/midwives in remote areas.
- Fee paying private universities skew training toward the production of medical doctors.
- Continuing Professional Development is not available for all health workers and there is no CPD Policy.
- Quality of health worker education needs to be improved.

SERVICE DELIVERY

- Public Private Partnerships (PPP) in service delivery including training, provision of equipment needs to be improved and the PPP policy needs to be operationalised.
- Lack of health research policy and capacity to inform action.
- Lack of preventive care and health promotion.

- Reaching nomadic and rural communities with health services.

MEDICAL PRODUCTS AND TECHNOLOGIES

- Lack of lab instruments and reagents.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Health Information Systems; Health Financing; Service Delivery and (3) Medical Products and Technologies; Governance and Leadership; Health Emergency and Preparedness.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, BENADIR UNIVERSITY

Priority Ranking	Health System Component
1	Human Resources for Health
2	Health Information Systems
2	Health Financing
3	Medical Products and Technologies
3	Governance and Leadership
2	Service Delivery
3	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

The private sectors have been normally producing mid-level health workers to occupy and improve inadequate health services and achieve a better health care delivery. Thus, partnership among public and private sector is of utmost importance.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Enhancing HRH production and recruitment	Other: ▪ Creation of specialists in certain fields that are most needed. ▪ To establish a plan with public and private institutions to ensure the quality of cadres.

	▪ To initiate mixed learning of nurse and midwifery for training both, e.g. if one cadre of nurse is absent, an alternative would be the midwife cadre, who should accomplish the task as appropriate.
Training of health workforce, development of competencies	Other: To establish teaching health research among public and private institutions.
Deployment	Other: It is much better to equip the health workers at public facility with relevant skills to meet beneficiaries' satisfaction.
Health workforce motivation and job satisfaction – retention	Other: Initiate rules to ensure the rights of health workers are respected e.g. not overloading them or pressuring them to do task with threats of dismissal, to avoid work stress.
Medical Products and Technologies	
Management, Regulation, Quality Assurance	Other: Establish public warehouse for supplies and equipment that ensure the effectiveness of products such as vaccines.
Availability, Access, and Use	Other: Develop coordination policy among public and private sectors ensuring availability and accessibility of medicines and technologies.
Integration of GESI approach into management and use of medical products and technologies	Other: Develop strategies promoting citizens' rights.
Service Delivery	
Expanding coverage of essential services under UHC. Deliver and Improve access to quality essential package of health services	Other: Establish trauma healing centres and psychological counselling.
Access to and utilisation of health services	Other: Establish multisectoral approach of public and private institutions to health mobilisation through Information Education and Communication (IEC) such as breastfeeding, local food consumption, Expanded Programme on Immunisation (EPI), Antenatal Care (ANC), Hygiene promotion etc.
Health Emergency Preparedness	
Management and Coordination	Other: Promote coordination amongst public and private institutions to ensure timely response.
Data and Surveillance	Other: Develop a uniformed platform for mobile data collection to ensure Data adequacy.

JAZEERA UNIVERSITY

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HEALTH EMERGENCY PREPAREDNESS

- Doctors and nurses lack the skills to respond to emergencies.
- Need a trauma institute and equipment.
- Improved multisectoral response.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Health Emergency Preparedness, (2) Human Resources for Health, and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, JAZEERA UNIVERSITY

Priority Ranking	Health System Component
2	Human Resources for Health
7	Health Information Systems
3	Health Financing
6	Medical Products and Technologies
4	Governance and Leadership
5	Service Delivery
1	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Human resource for health.
- All other components can also be addressed by a HP except Health Financing. Consulting and involvement of each of the other components can be partnered as expertise and ideas of the partnering institution is what matters most.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	

Enhancing HRH production and recruitment	Other: Unite and organise current existing institutions using relevant regulatory bodies and suggest to close poor functioning institutions.
Deployment	Other: Promote establishment of medical regulatory bodies involved in verification of health workers status verification and licensing.
Health workforce motivation and job satisfaction – retention	Other: Standardise and ensure enumeration and incentives given to both public and private sectors are within a certain range to improve quality of healthcare workers employed at public facilities.
HRH regulation and professional standards	Other: Regulatory bodies should be independent from MoH to ensure quality control and avoid biased and political decisions.
Health Emergency Preparedness	
Capacity Development	Other: Workforce training for Emergency conditions like Trauma and Non-communicable disease.

UNIVERSITY OF HEALTH OF SCIENCES (UOHS)

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCES FOR HEALTH

- Insufficient numbers and retention of mid-level cadres including pharmacists, anaesthetists, radiology technicians.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Health Financing, and (3) Medical Products and Technologies.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, UNIVERSITY OF HEALTH SCIENCES

Priority Ranking	Health System Component
1	Human Resources for Health
6	Health Information Systems
2	Health Financing
3	Medical Products and Technologies
4	Governance and Leadership
5	Service Delivery

7	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following priority areas could be addressed by a Health Partnership:

HUMAN RESOURCES FOR HEALTH

- Training of health workforce, development of competencies. Training health professionals improves the quality and the efficiency of the health workers, making them competent and qualified professionals.

HEALTH FINANCING

- Protect the poor and under-privileged from excessive health expenditure - via implementation of affordable health insurance arrangements and protection of vulnerable social groups. The creation of affordable health insurance methods that protect the low-income social groups strengthens the reliability of the health service and directs the country towards achieving UHC.

MEDICAL PRODUCTS AND TECHNOLOGY

- Availability, access and use of drugs, as well as introducing disposal programmes for the unused and expired drugs. The availability of the needed drugs, devices for diagnostics, and the study of local herbal medicines would also facilitate the health service. The HP model should aim at realising the required infrastructure for performing research on local herbal medicines to make drug achievement affordable and sustainable.

PRIORITY AREAS OMITTED

The following priority area were identified as omitted from the prioritisation exercise:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Enhancing HRH production and recruitment	Other: Introduce monitoring & evaluation HR systems.
Health Financing	
Financial Management	Other: Introduce auditing system.
Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage	Other: Creation of health facilities for low-income citizens.
Integration of GESI approach into health financing management and delivery	Other: Provide special financial assistance for displaced communities and nomads.
Medical Products and Technologies	

Management, Regulation, Quality Assurance	Other: Create National and Regional Public Pharmacies; develop safe and effective mechanisms for disposal of unused and expired drugs in the country. Such pharmaceutical waste management system would help safeguard the environment and the health of the people from drug hazards.
Availability, Access, and Use	Other: Create laboratories for carrying out research on local herbal medicines, providing the facilities needed including reagents, tools and glassware.

MOGADISHU UNIVERSITY

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCES FOR HEALTH

- HRH capacity is limited and there is a need for more higher degrees.
- Capacity of teachers needs to be strengthened.
- Need to update and revise curricula and accredit teaching programmes.
- Insufficient skills labs and equipment for teaching.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery, (2) Human Resources for Health, and (3) Health Information Systems.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, MOGADISHU UNIVERSITY

Priority Ranking	Health System Component
2	Human Resources for Health
3	Health Information Systems
5	Health Financing
4	Medical Products and Technologies
6	Governance and Leadership
1	Service Delivery
7	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Service Delivery

- Human Resources for Health
- Health Information Systems

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Deployment	Other: Capable, accountable authorities are essential for transparent system.

SOMALI NATIONAL UNIVERSITY

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

EMERGENCY PREPAREDNESS

- Need to map areas of emergency to inform Emergency Preparedness plan.
- Capacity of doctors to provide emergency care.
- Lack of ICU equipment.

SERVICE DELIVERY

- Overcrowding in public hospitals; 90% of hospitals are private.
- Security situation constrains access e.g. pregnant women accessing care.
- Lack of neonatal units.
- Need for MoH regulatory framework.
- Lack of health research policy.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Medical Products and Technologies, and (3) Health Emergency Preparedness.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SOMALI NATIONAL UNIVERSITY

Priority Ranking	Health System Component
1	Human Resources for Health
	Health Information Systems
	Health Financing
2	Medical Products and Technologies
	Governance and Leadership

	Service Delivery
3	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Human resources for health
- Medical products and technology
- Health emergency and preparedness
- Leadership and governance

ADDITIONAL PRIORITY AREAS TO BE ADDRESSED BY A HEALTH PARTNERSHIP

Somali National University (SNU) is the only public university in Somalia and identified the following priority areas that could be addressed by a Health Partnership at the country level.

LEADERSHIP AND INNOVATION

- Improve management and governance of both public and private universities in particularly the medical and health science schools through assisting in undertaking new reform measures related to the governance and management.
- Create initiatives aimed at the reach of Somalia 's medical and health science schools to the updated medical literature through increasing the use of information and communication technology, such as E -learning, online distance learning, massive open online courses. For example, providing accredited courses from leading UK universities to enable Somalia's medical and health science schools meet the needs of the Somali market. Assisting in establishing SNU's medical and health science school for distance learning could be also a good suggestion.
- Improving research capacity of current medical and health science schools through strengthening graduate study programmes, improving the management of research, providing funding and linking with other institutions and academics in the UK to conduct research and exchange good practice, and increasing the distribution and access to academic journals.
- Help to establish a health research and development grant unit at the public and private universities.
- Provide technical support on establishing an Ethics Review Committee to conduct ethics review of protocols in biomedical, environmental science, social and physical as well. This could be either university level or country level.

IMPROVING TEACHING AND LEARNING QUALITY

- Conduct initiatives regarding quality improvement in the medical and paramedical student curriculums. Pairing existing medical and health science school's curriculum with those in the UK and considering it in line with local demand and context.
- Develop a training programme on teaching methodologies specifically for teaching medical and health science students.
- Establishing a quality assurance mechanisms unit at the existing medical and health science schools.
- Strengthening of academic and service provider learning networks and partnerships.
- Assist to develop standardised manual internship guidance for medical students at the country level.
- Help provide both traditional and e-library to the professors, lecturers and medical and health science students at the country level.
- Provide free plagiarism applications for teaching and research purposes.
- Providing exchanging student learning programme opportunities between Somali students and the students from UK universities

CAPACITY BUILDING AND MENTORSHIP PROGRAMMES

- Identify potential mentors from leading UK universities to train members of existing public and private universities including admin staff, lecturers and IT staff to build their teaching and knowledge capacities. This can be done through an online platform.
- Create joint research and development projects between private and public universities in Somalia and UK leading research universities.
- Organising of lectures, joint symposia, international meeting, conferences, and workshops existing universities in Somalia and the UK universities.
- Create an opportunity to Cooperate in grant applications between public and private universities in Somalia and the UK universities.
- Create an opportunity to exchange information, teaching, technology and scientific publications between medical and health science schools in Somalia and other UK universities.
- Create an opportunity to exchange information, teaching, technology and scientific publications between medical and health science schools in Somalia and other UK universities.
- Assist research training through PhD and master's scholarships and initiation of sandwich programmes, research projects collaboration with UK universities.

STRENGTHEN PUBLIC HEALTH PROGRAMMES

- Pairing for example public health post-graduate programmes with those programmes offered by the London School of Hygiene and Tropical Medicine to graduate competency public health specialists, epidemiologists and nutritionists and so on.
- Provide technical support to the public health department of SNU to train future field epidemiologists and community health extension workers in collaboration with Somali Ministry of Health.
- Provide online soft skills to public health courses to our post-graduate students, and through the country at large.

STRENGTHEN LAB DEMONSTRATIONS AT MEDICAL AND HEALTH SCIENCE SCHOOLS IN SOMALIA

- Provide technical and logistic assistance to establish education and research labs for medical and health science schools in Somalia. Below are the examples of the needed lab demonstrations:
    - Chemistry lab
    - Anatomy lab
    - Physiology lab
    - Microbiology lab
    - Biochemistry lab
    - Pathology lab
- Train technical skilled individuals who can operate the lab machines adequately and train the medical students through all the country.

PARTNERSHIP

- Increase Somalia's universities partnership visibility among leading Universities in UK and other Public Universities in developed countries.
- Revitalise the partnership of Somalia's medical and health science schools with those in UK and with other medical and health science schools in developed countries as well.
- Linking up Somalia's medical and health science schools with other worldwide impacted partners of private, not-for-profit research institutes and independent think-tanks as well as other important actors of civil society.
- Linking up Somalia's medical and health science schools with the international development community by giving special emphasis on the external international agencies that can play an effective role in the process of establishing partnerships between higher education and other related sectors such as FCDO and UKAID.

During the scoring exercise, this stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area

Human Resources for Health	
Enhancing HRH production and recruitment	Other: Increase number of specialised health professional providers, such as specialised medical doctors, lab technicians, nurses, specialised infection control nurse personnel, specialised epidemiologists, pharmacists and so on. Establishing medical technical institutions. Established well-equipped medical health research centres. Providing teaching facilities including practical lab demonstrations for medical students.
Training of health workforce, development of competencies	Other: Train research-oriented health workforce. Standardisation of medical and paramedical curricula.
Health workforce motivation and job satisfaction – retention	Other: Granting health insurance for health workers.
HRH regulation and professional standards	Other: Establish standardised license examinations for both medical and paramedical graduate students to ensure quality education of health professionals.
Medical Products and Technologies	
Management, Regulation, Quality Assurance	Other: Improve distribution of medical technology and laboratory facilities to the local universities for teaching purpose.
Availability, Access, and Use	Other: Training medical students on best practice skills regarding essentials medicines, vaccine and so on, so they can spread the knowledge.
Emergency Preparedness and Response	
Access to services and engagement	Other: Train medical students to deliver essential health services in emergency situations.
Capacity Development	Other: Develop capacity of medical students to cope with emergency situations.

	Train different categories of health professionals on how to response to emergency situations like pandemics, floods, fires and explosions.

UNIVERSITY OF SOUTH WEST

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

LEADERSHIP AND GOOD GOVERNANCE

- Need to strengthen leadership and good governance and commit to a system of accountability, to realise social development.
- Need for more gender-sensitive policies and to highlight the cultural biases against women.
- Need to see more equity on the ground, in practice.
- Leadership capacity building needs to fit Somalia's culture and context to be useful.

HEALTH EMERGENCY AND PREPAREDNESS

- Lack of capacity for health emergencies.

HEALTH FINANCING

- The country needs support in this area. Its current state of dependency on international donors for all its health priorities demonstrates the fact that financing the Somali health system needs a strong commitment to social health and wellbeing.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Governance and Leadership, (2) Health Emergency Preparedness, and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, UNIVERSITY OF SOUTH WEST

Priority Ranking	Health System Component
	Human Resources for Health
	Health Information Systems
3	Health Financing
	Medical Products and Technologies
1	Governance and Leadership
	Service Delivery
2	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Health emergency and preparedness

PRIORITY AREAS OMITTED

The stakeholder did not report any omitted priority areas.

MOGADISHU MIDWIFERY SCHOOL

HEALTH SYSTEM CHALLENGES

No additional health systems challenges were highlighted in discussions with this respondent.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Health Emergency Preparedness, (2) Governance and Leadership, and (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, MOGADISHU MIDWIFERY SCHOOL

Priority Ranking	Health System Component
4	Human Resources for Health
5	Health Information Systems
3	Health Financing
	Medical Products and Technologies
2	Governance and Leadership
	Service Delivery
1	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Health information systems
- Governance and leadership
- Human resources

PRIORITY AREAS OMITTED

The stakeholder did not identify any omitted priority areas.

SOS NURSING SCHOOL, MOGADISHU

HEALTH SYSTEM CHALLENGES

No additional health systems challenges were highlighted in discussions with this respondent.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Health Financing, and (3) Service Delivery.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SOS NURSING SCHOOL

Priority Ranking	Health System Component
1	Human Resources for Health
4	Health Information Systems
2	Health Financing
4	Medical Products and Technologies
5	Governance and Leadership
3	Service Delivery
5	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder did not identify any additional areas that could be addressed by a Health Partnership.

PRIORITY AREAS OMITTED

The stakeholder did not identify any omitted priority areas.

HEALTH FACILITIES

The key health systems priority areas identified and ranked by the key public hospitals in south and central Somalia are presented below.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE KEY HOSPITALS

Health Facility	Key priority areas ranked
Benadir Hospital	1. Service Delivery 2. Medical Products and Technologies 3. Human Resources for Health
Deynile Hospital	1. Human Resources for Health 2. Health Financing 3. Medical Products and Technologies
	1. Health Emergency Preparedness

Forlanini Hospital	2. Human Resources for Health; Health Financing; Medical Products and Technologies 3. Governance and Leadership; Service Delivery
Beledweyne Hospital	1. Human Resources for Health; 2. Service Delivery; Health Information Systems; Medical Products and Technologies; Health Emergency Preparedness 3. Health Financing; Governance and Leadership

The information presented in the above table shows that respondents from all four hospitals identified HRH and Medical Products and Technologies as one of their top three priorities, as well as key priority areas that need to be strengthened. Furthermore, three of the four respondents identified the importance of Service Delivery and Health Financing.

Stakeholder feedback and the highlights of each of the key informant discussions are presented below.

BENADIR HOSPITAL

Benadir Hospital, one of the oldest public hospitals under the regulation of the Federal Ministry of Somalia, provides maternal and child health services.

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

SERVICE DELIVERY

- Stock outs of therapeutic milk for malnutrition patients
- Need to strengthen quality health services
- Gaps in coverage and support to essential services, including MNCH
- No mental health department to provide Mental Health (MH) services to women who need them
- Need to strengthen referral systems

HUMAN RESOURCES FOR HEALTH

- Lack of mental health, eye, and Ear Nose and Throat (ENT) consultants at the hospital
- Inadequate Continuous Professional Development for health workers
- Lack of human resource management capacity of staff in HR Department
- Need to improve GESI data
- Need to build capacity in TB and HIV
- Need to build capacity of pharmacy staff

MEDICAL PRODUCTS AND TECHNOLOGIES

- Huge gap in vaccine availability, while Somalia is struggling with vaccine preventable diseases
- Shortages of medicines and vaccines, including nutrition commodities
- Lack of Intensive Care Unit (ICU) devices and equipment

HEALTH INFORMATION SYSTEMS

- Need to establish online data systems; currently using a paper-based registration system and registers

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Service Delivery (2) Medical Products and Technologies; and (3) Human Resources for Health.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING FOR BENADIR HOSPITAL

Priority Ranking	Health System Component
3	Human Resources for Health
5	Health Information Systems
4	Health Financing
2	Medical Products and Technologies
6	Governance and Leadership
1	Service Delivery
7	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

SERVICE DELIVERY

- Strengthen coverage of essential services in reproductive, maternal and child health.
- Improve sustainability of service delivery.
- Improve control of communicable diseases.
- Upgrade new mental health unit in the hospital.
- Strengthen TB and HIV services.
- Strengthen early referral mechanisms.
- Enhance quality and safety of healthcare services.

HUMAN RESOURCES FOR HEALTH

- Provide mental and eye/ENT consultants at the hospital.
- Improve supply of therapeutic milk for malnutrition patients.
- Training of doctors and nurses for infection and prevention control unit.
- Establish skills labs for provision of practical training and CPD programmes.
- Develop capacity building programmes related to HR management.
- Strengthen the certification of health professionals.
- Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).

MEDICAL PRODUCTS AND TECHNOLOGY

- Ensure and strengthen quality standards in drugs regulation, pharmaceutical and health technology services.
- Capacity building for supply chain workforce.
- Develop quality assurance procedures.
- Improve availability of essential medicines, vaccines, diagnostics and devices for primary health care.

- Improve pharmaceutical and supply chain systems.

HEALTH INFORMATION SYSTEMS

- Improve collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
- Establish online electronic database system for easy documentation, a paper registration system is currently being used.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Training of health workforce & development of competencies	Other: Strengthening of Infection Prevention Control and Education Units including library through capacity building and supporting materials.
Medical Products and Technologies	
Management, Regulation, Quality Assurance	Other: Strengthening waste management systems for the hospital and management of water and electricity, including renovation of the main water tank and septic tank, and providing new generators.
Integration of GESI approach into management and use of medical products and technologies	Other: Establishment of online electronic database system for easy documentation.
Service Delivery	
Expanding coverage of essential services under UHC. Deliver and Improve access to quality essential package of health services	Other: To provide Mental Health, eye and ENT Consultants.
Delivery and Quality	Other: Strengthening of early referral mechanism to minimise severity.

DEYNILE GENERAL HOSPITAL

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCES FOR HEALTH

- Focus on producing and increasing medical specialists; need to increase number of GPs, nurses and midwives and CHWs at PHC level.
- Weak regulation of health training institutions.
- Health training curricula are not harmonised.
- Lack of training in health research and generation of evidence-based data.
- Quality of HRH needs to be improved as 'cadres are not up to standard'.
- Midwives are trained but not recruited.
- High turnover and internal migration of health workers from public to private health sector because of low salary and heavy workloads.
- Lack of a Medical Council.
- Lack of women in leadership positions because of cultural barriers.

MEDICAL PRODUCTS AND TECHNOLOGIES

- No medical/clinical supplies in the marketplace.
- Coordination between public and private sectors on regulation and quality assurance of medicines and supplies.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health, (2) Health Financing; and (3) Medical Products and Technologies.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, DEYNILE GENERAL HOSPITAL

Priority Ranking	Health System Component
1	Human Resources for Health
	Health Information Systems
2	Health Financing
3	Medical Products and Technologies
	Governance and Leadership
4	Service Delivery
5	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- At present, medical partnerships are the only ones in the country that are of benefit.
- The country does not have the financial resources to care for public health, international health cooperation is therefore necessary.

In addition, the respondent indicated that the following areas could be addressed by a Health Partnership:

HUMAN RESOURCE FOR HEALTH

- Increase numbers of community-based health workers, especially more specialist doctors and skilled mid-level professionals.
- Establish a plan together with public and private institutions to ensure the quality of cadres.
- Build health workforce capacity on the social determinants of health and health equity.
- Establish the teaching of health research.
- Introduce transparent rules and regulations for HRH recruitment, employment and equitable deployment.
- Harmonise salary scales and incentives received by the health workforce.
- Increase women's representation in HRM leadership positions.
- Develop staff operating procedures manual.
- Initiate rules that respect the rights of health workers.
- Build a Medical Council that will partner with the MoH to address the processes of certification, credentialing, registration and licensing of health professionals.
- Establish a Human Resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms, in coordination with professional associations.
- Develop a policy that retains staff in public hospitals, for example when junior medical doctors are trained and realise they are equipped with the necessary skills, they move to other health facilities that provide a higher salary.
- Establish HRH country coordination.
- Improve the Human Resource for Health information system.
- Develop strategies promoting GESI-related rights to citizens.

HEALTH FINANCE

- Develop health finance strategy, including updating national health accounts.
- Develop and scale up social marketing and social franchising interventions for health commodities.

MEDICAL PRODUCTS AND TECHNOLOGIES

- Improve availability of essential medicines, vaccines, diagnostics and devices for primary health care.
- Develop coordination policy among public and private sectors ensuring availability and accessibility of medicines and technologies.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Enhancing HRH production and recruitment	Other: Creation of specialists in the most needed fields. Development of a joint plan by public and private institutions to ensure the quality of cadres.
Training of health workforce, development of competencies	Other: To establish health research teaching among public and private institutions.
Deployment	Other: Equip health workers at public facility with relevant skills to meet beneficiaries' satisfaction.

Health workforce motivation and job satisfaction – retention	Other: Initiate rules to ensure the rights of health workers are respected e.g. not overloading them or pressuring them to do task with threats of dismissal, to avoid work stress.
Medical Products and Technologies	
Management, Regulation, Quality Assurance	Other: Establish public warehouse for supplies and equipment that ensure the effectiveness of products such as vaccines.
Availability, Access, and Use	Other: Develop coordination policy among public and private sectors ensuring availability and accessibility of medicines and technologies.
Integration of GESI approach into management and use of medical products and technologies.	Other: Develop strategies promoting citizens' rights.
Service Delivery	
Expanding coverage of essential services under UHC. Deliver and Improve access to quality essential package of health services	Other: Establish trauma healing centres and psychological counselling.
Access to and utilisation of health services	Other: Establish multisectoral approach of public and private institutions to health mobilisation through IEC such as breastfeeding, local food consumption, EPI, ANC, Hygiene promotion etc.
Health Emergency Preparedness	
Management and Coordination	Other: Promote coordination centre amongst public and private institutions to ensure timely response.
Data and Surveillance	Other: Develop a uniformed platform for mobile data collection to ensure Data adequacy.

FORLANINI HOSPITAL

Forlanini is a mental health hospital based in Mogadishu, under the regulation of FMoH Somalia.

HEALTH SYSTEM CHALLENGES

The key health systems challenges highlighted in discussions with this respondent include:

HUMAN RESOURCES FOR HEALTH

- Need to produce more female mental health care providers; when men become more receptive to women in the workforce the country will flourish, and it will open new opportunities to improve the country.
- According to GESI, the country has a majority of male employees, but we are trying to increase the number of females in the health workforce.

HEALTH EMERGENCY PREPAREDNESS

- Lack of an emergency preparedness policy and plan; one needs to prepare for emergencies such as pandemic by forming a plan, and then executing that plan.
- Gaps in the national framework on developing an emergency preparedness policy.

SERVICE DELIVERY

- Need to integrate mental health as part of health care and encourage the need to treat the mind as well as the body.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Health Emergency Preparedness; (2) Human Resources for Health; Health Financing; Medical Products and Technologies; (3) Governance and Leadership; Service Delivery; and (4) Health Information Systems.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, FORLANINI UNIVERSITY

Priority Ranking	Health System Component
2	Human Resources for Health
4	Health Information Systems
2	Health Financing
2	Medical Products and Technologies
3	Governance and Leadership
3	Service Delivery
1	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following area could be addressed by a Health Partnership:

- Training healthcare providers and encouraging more people into the health workforce.
- Provide education scholarships to deserving students (e.g. career fairs in high schools to encourage students into healthcare, the students could write an essay of 150 words explaining why they want to get a scholarship to study health. The government could give grants and then alumni could be asked to donate to this scholarship for one to five students. In addition, the respondent indicated that the following areas could be addressed by a Health Partnership:

HEALTH EMERGENCY PREPAREDNESS

- Develop emergency preparedness policy and plan.
- Ensure operational readiness to manage identified health risks and vulnerabilities.

HUMAN RESOURCE FOR HEALTH

- Improving the number of skilled HR staff is crucial.
- Training of health workforce on mental health issues.
- Capacity building of master trainers to train other health workers.
- Develop in-service career advancement plan for the health workforce.

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Enhancing HRH production and recruitment	Other: Form emergency health advocates to respond to emergency situation.
Training of health workforce & development of competencies	Other: Annually CPD training with refreshment courses and 5 years health license certification for all health care workers in order to keep their training up to date and increase job performance.
Health workforce motivation and job satisfaction – retention	Other: Introduce seniority/change of command within healthcare employees (by having seniority/chain of command, this would allow employees to gain knowledge and ensure the workforce satisfaction and security).
HRH regulation and professional standards	Other: Random checks of facilities to comply with policies and regulations.
Management and coordination of HRH	Other: Random visits to inspect management leadership style in order to maintain strong leadership in place.
Integration of GESI approach into HRH interventions	Other: More women involved and training men to accept and welcome more women in the workforce.

BELEDWEYNE HOSPITAL

HEALTH SYSTEM CHALLENGES

This stakeholder was unable to join the discussions with the other health facilities and therefore no challenges were identified.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health; (2) Service Delivery, Health Information Systems, Medical Products and Technologies, and Health Emergency Preparedness; (3) Health Financing, and Governance and Leadership

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, BELEDWEYNE HOSPITAL

Priority Ranking	Health System Component
1	Human Resources for Health
2	Health Information Systems
3	Health Financing

2	Medical Products and Technologies
3	Governance and Leadership
2	Service Delivery
2	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Human Resources for Health
- Medical Products and Technologies
- Health Information Systems

PRIORITY AREAS OMITTED

The stakeholder identified the following areas were omitted:

- Strengthening leadership and improving governance
- Developing heath financing system

HEALTH PROFESSIONS ASSOCIATIONS

The key health systems priority areas identified and ranked by the Health Professions Associations in Somalia are presented below.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING BY THE HEALTH PROFESSIONS ASSOCIATIONS

Name of the Health Professions Associations	**Key priority areas ranked**
Somali Medical Association (SMA)	1. Human Resource for Health; Service Delivery; Health Emergency Preparedness 2. Health Information Systems; Medical Products and Technology; Governance and Leadership 3. Health Financing
Somali Midwifery Association (SOMA)	1. Governance and Leadership 2. Health Financing 3. Service Delivery
Somali Health Workers Union (SOHWU)	1. Health Financing 2. Human Resource for Health 3. Medical Products and Technology

As the information presented in the table above shows all three Associations identified Health Financing in their top three priorities, while two of the three respondents identified the importance of Human Resources for Health, Service Delivery, Governance and Leadership, and Medical Products and Technologies.

During the key informant discussions, respondents from the Health Professions Associations identified a number of challenges, as well as areas that could be addressed by the UKPHS programme and these are summarised below.

SUMMARY OF HEALTH SYSTEM CHALLENGES

HUMAN RESOURCE FOR HEALTH

- Lack of accurate figures of skilled health workers.
- Improvement of CPD programmes is essential.
- Need to develop a centralised internship programme.
- Huge gap in numbers of specialised Doctors, especially in areas like GYN/OBS.
- Limited number of university teaching hospitals in Somalia.
- Safety and protection of frontline staff.

SERVICE DELIVERY

- Essential service like reproductive and maternal services need to be strengthened.

HEALTH FINANCING

- Lack a national health finance strategy to ensure accountability.
- Participation of patients and community in financial management committees.
- Availability of financial data, including data from donors, the public and private sectors, and remittances.
- Maintaining the morale of the health workforce.

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

HUMAN RESOURCE FOR HEALTH

- Training the health workforce and improving CPD programmes to develop a health workforce that can offer services from primary to tertiary level, as required.
- Improving practical demonstrations training for all health workers.
- Developing a centralised internship programme for medical students produced by medical schools and universities.
- Increasing the number of skilled doctors for health emergency issues.
- Increasing the number of specialised doctors, especially in areas like GYN/OBS to reduce the maternal mortality rate.
- Developing a policy for health internship students and as well as postgraduate doctors.
- Improving mentorship programmes for internship students.
- Increasing the number of university teaching hospitals to train medical students.
- Improving the standardisation of health professionals.
- Conducting refresher professional development training to increase demand for service and utilisation.
- Developing policy and strategy for human resources e.g. recruitment policy, etc.
- Harmonising salary scales and incentives for the health workforce in the public sector to improve staff retention.
- Establishing and accrediting medical schools under the health sector.
- Promoting retention with alternatives skills for the health workforce.
- Ensuring the safety and protection of frontline staff to benchmark service delivery.
- Improving the morale of the health workforce with the introduction of financial incentives.

SERVICE DELIVERY

- Strengthening essential services like reproductive and maternal services.
- Promoting task shifting for different cadres, such as like Doctors/Nurses, especially in hard-to-reach areas e.g. Midwives should be able to play the role of a nurse in rural areas.
- Improving access and utilisation of health services.
- Developing Neonatal Resuscitation programme as fellowship programme.
- Fellowship and exchange between associations through Health Partnerships can support task shifting to provide a quality service delivery.

HEALTH FINANCING

- Developing a National Health Finance Strategy to improve accountability.
- Increasing participation of patients and community in financial management committees.
- Producing and analysing financial data, including data from donors, the public and private sectors, and remittances.
- Improving the integration of public-private partnerships.

SOMALI MEDICAL ASSOCIATION (SMA)

HEALTH SYSTEM CHALLENGES

No additional challenges to those outlined above were identified by this respondent.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Human Resources for Health; Service Delivery; Health Emergency Preparedness, (2) Health Information Systems; Medical Products and Technologies; Governance and Leadership; (3) Health Financing.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SOMALI MEDICAL ASSOCIATION

Priority Ranking	Health System Component
1	Human Resources for Health
2	Health Information Systems
3	Health Financing
2	Medical Products and Technologies
2	Governance and Leadership
1	Service Delivery
1	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

In addition to the areas identified and summarised above, this respondent reported that the establishment of public private partnership hospitals to deliver quality health service at an affordable price could be addressed by a Health Partnership. The

respondent also confirmed that the area of health emergency preparedness was especially important as Somalia has been in and out of natural health disasters or man-made health disasters and should develop a long-term agenda and plan for emergency preparedness.

PRIORITY AREAS OMITTED

The following priority area were identified as omitted from the prioritisation exercise:

- Centralised internship programme in all the country under the supervision of MoH.

DURING THE SCORING EXERCISE, THE STAKEHOLDER IDENTIFIED THE FOLLOWING 'OTHER' PRIORITY AREAS:

Health System Priority Areas	Activities under Health System Priority Area
Human Resources for Health	
Enhancing HRH production and recruitment	Other: Ensure continuous transfer of skills, for example by deploying national experts.

SOMALI MIDWIFERY ASSOCIATION (SOMA)

HEALTH SYSTEM CHALLENGES

No additional challenges to those outlined above were identified by this respondent.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Governance and Leadership; (2) Health Financing; and (3) Service Delivery

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SOMALI MIDWIFERY ASSOCIATION

Priority Ranking	Health System Component
4	Human Resources for Health
6	Health Information Systems
2	Health Financing
5	Medical Products and Technologies
1	Governance and Leadership
3	Service Delivery
7	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

No other additional areas, to those summarised above, were identified by this respondent.

PRIORITY AREAS OMITTED

The stakeholder did not report that any priority areas had been omitted.

SOMALI HEALTH WORKERS UNION (SOHWU)

HEALTH SYSTEM CHALLENGES

No additional challenges to those outlined above were identified by this respondent.

PRIORITY AREAS

In order of priority from the component ranked highest, the top three health system priorities are: (1) Health Financing; (2) Human Resources for Health; and (3) Medical Products and Technologies.

SUMMARY OF HEALTH SYSTEMS COMPONENTS PRIORITY RANKING, SOMALI HEALTH WORKERS UNION (SOHWU)

Priority Ranking	Health System Component
2	Human Resources for Health
6	Health Information Systems
1	Health Financing
3	Medical Products and Technologies
5	Governance and Leadership
7	Service Delivery
4	Health Emergency Preparedness

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY THE HEALTH PARTNERSHIP MODEL

The stakeholder reported that the following areas could be addressed by a Health Partnership:

- Human Resource for Health
- Improving existing health strategies
- Health policy formulation
- Health finance
- Technologies and Medical Products

PRIORITY AREAS OMITTED

During the scoring exercise, the stakeholder identified the following 'other' priority areas:

Health System Priority Areas	Activities under Health System Priority Area

Human Resources for Health	
Enhancing HRH production and recruitment	Other: Approach standardisation of health professionals to improve employee level.
Training of health workforce, development of competencies	Other: Conduct refresher professional development trainings to increase demand for service and utilisation.
Deployment	Other: Development of policy and strategy for Human resource to improve skills.
Health Financing	
Integration of GESI approach into health financing management and delivery	Other: Safety and protection of frontline staff to benchmark service delivery.

FINAL PRIORITISATION

PRESENTATION OF IDENTIFIED HEALTH SYSTEMS PRIORITIES

The scoping assessment team synthesised and summarised the priorities identified and validated through the initial KIIs and presented these to a small core group of stakeholders, comprising senior FMoH and FCDO officials for further prioritisation.

FINAL HEALTH SYSTEMS PRIORITIES TO BE ADDRESSED BY HPS

After further review, the FMoH had an additional meeting with the THET/LSTM assessment team to present and approve its final set of priorities. The outcome of this meeting with FMoH officials was the identification of four priority HS component as shown in the table below. Under each of these four components, the FMoH identified a range of priority areas and activities that could be supported by a HP under the UKPHS programme as outlined below.

FMOH PRIORITY HEALTH SYSTEM COMPONENTS AND AREAS FOR HP SUPPORT

Priority health system component	Priority Health Systems Area
Human Resource for Health	HRH regulatory Frameworks
	Training of health workforce and development of competencies
	HR Performance and Management
Service Delivery	Improve access to and utilisation of health services
	Expand coverage of essential services under UHC
	Enhance the quality of services
	Strengthen management and coordination

Governance and Leadership	Strengthen Health Sector Regulation
Health Emergency Preparedness	Strengthen comprehensive emergency preparedness planning

The priority activities identified by the FMoH under each HS component that could potentially be supported by HPs under the UKPHS programme are outlined below.

HUMAN RESOURCE FOR HEALTH

A) HRH REGULATORY FRAMEWORKS

Priority activities:

- Develop HRH regulatory norms related to certification, accreditation, registration and licensing in coordination with national health professional associations.
- Establish a human resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms in coordination with professional associations.
- Review the current structure of health professional associations and support strengthening the organisational leadership and capacity of professional associations.
- Support networking relationships with professional regulatory bodies in UK as well as strengthening and widening NHPC experience through study visits to neighbouring countries.

B) TRAINING OF HEALTH WORKFORCE AND DEVELOPMENT OF COMPETENCIES

Priority activities:

- Review and standardisation of curricula for medical, nursing and midwifery, and other health professionals in public and private health training institutions.
- Strengthen capacity of FMoH Training Units and equip staff with the skills to develop training plans, coordinate and manage training, and monitor and evaluate the outcomes of the training.
- Introduce on-the-job training, mentorship and skills development programmes for all technical and managerial skills.

C) HR PERFORMANCE AND MANAGEMENT

Priority activities:

- Design of HR performance management tools to monitor and improve HR performance.
- Support inventory and headcount of all health workers disaggregated by age, sex, location, seniority, qualification and develop projections for the next 10 to 15 years.
- Support implementation of the developed HRH deployment policy and empower FMoH to monitor and evaluate health workforce deployment processes.
- Tools for mapping human resources at all levels, from community to national level.

SERVICE DELIVERY

A) IMPROVE ACCESS TO AND UTILISATION OF HEALTH SERVICES

Priority activities:

- Develop action plan to reach the marginalised and underserved populations – including provision of EPHS to nomadic people, migrants, refugees, women, children, and other vulnerable groups.
- Increase access to and utilisation of cost-effective, quality and gender-sensitive health services especially for women, children, and other vulnerable groups.

B) EXPAND COVERAGE OF ESSENTIAL SERVICES UNDER UHC

Priority activities:

- Strengthen prevention and control of Non-Communicable Diseases.

C) ENHANCE THE QUALITY OF SERVICES

Priority activities:

- Develop quality improvement tools for health service delivery and support implementation.
- Develop quality monitoring evaluation tools for health service delivery and support implementation.
- Improve and expand the capacity of laboratory and blood transfusion services.

GOVERNANCE AND LEADERSHIP

A) STRENGTHEN MANAGEMENT AND COORDINATION

Priority activities:

- Strengthen capacity of FMoH to produce and publish periodic health sector reports by developing quarterly and annual reporting tools and templates.
- Create standardised monitoring and evaluation tools for measuring outputs and outcomes with the objective of improving the quality of performance and operational productivity.

B) STRENGTHEN HEALTH SECTOR REGULATION

Priority activities:

- Support establishment of NHPC and build the capacity of accreditation systems in public and private health care facilities and ensure compliance with the professional code of ethics.
- Create opportunities for clients to present or submit complaints, compliments and suggestions about the services rendered, with the establishment of health system procedures for investigation, action and feedback.
- Develop and strengthen guidelines that substantiate the Client Service Charter's key principles and operational norms and educate the public to enhance their knowledge about the services provided by the health system in order to improve the populations' care seeking behaviour.

HEALTH EMERGENCY PREPAREDNESS

Priority activity:

- Establish comprehensive emergency preparedness and response plan that contains hazard, vulnerability analysis and risk mapping.

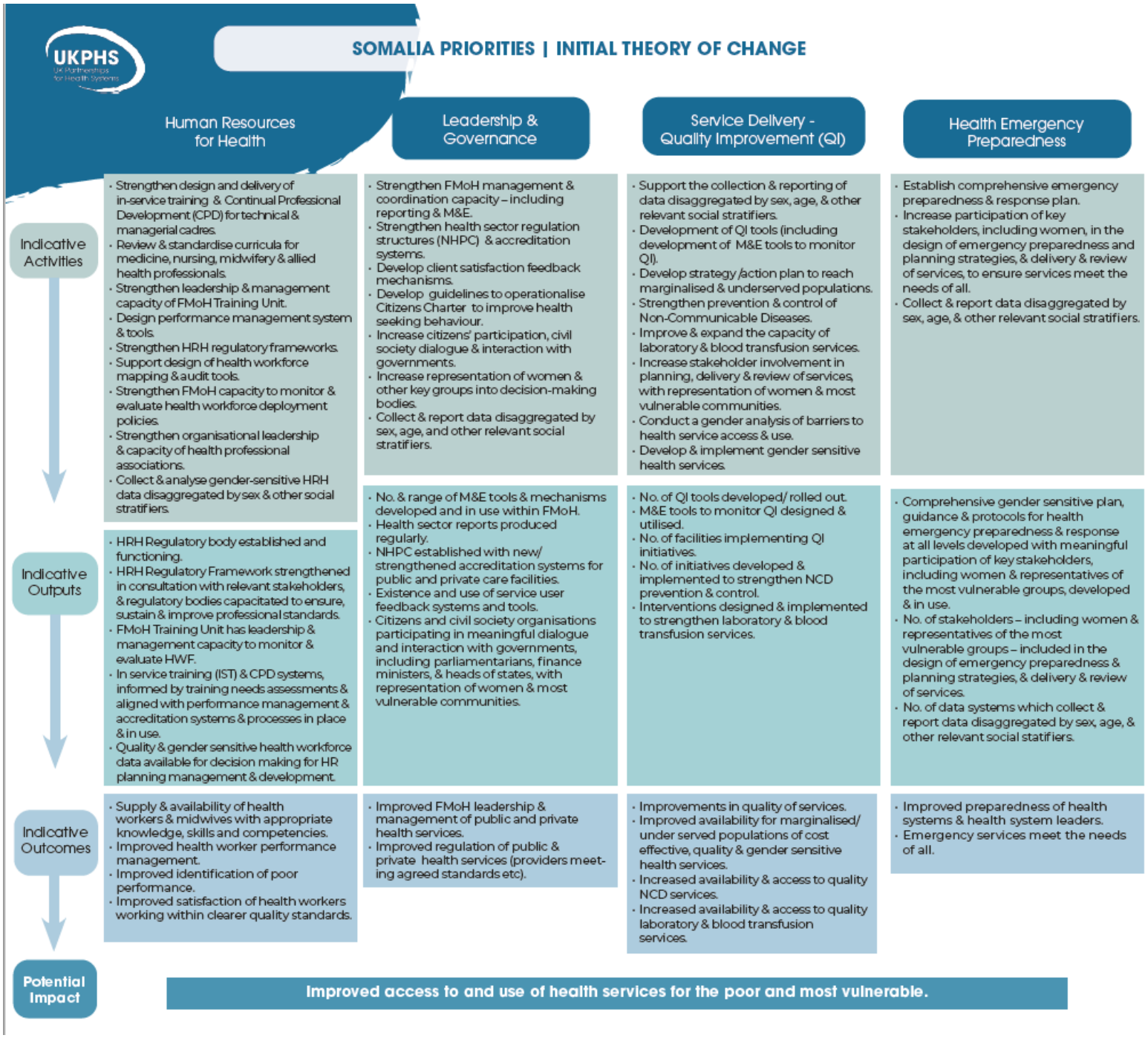
NATIONAL OVERSIGHT MECHANISM (NOM) FOR UKPHS PROGRAMME

The proposed NOM will play a key role in ensuring the programme has national oversight and meets nationally identified priorities. The NOM could be established specifically for the UKPHS programme or the function could be overtaken by an existing forum or structure.

A number of options were discussed and considered by the FMoH for the NOM, including using the existing **"Somali Health Sector Coordination"** structure, which includes all the State Ministries of Health, FMoH and all developmental partners and has an oversight role for developmental projects in the health sector. In addition to that, the **"Inter-governmental Coordination"** structure which consists of all the State Ministries and the Federal Ministry of Health was another option considered.

However, after further reflection and discussions, the FMoH decided that a small, dedicated team/committee would be established to act as the NOM, comprising members from the FMoH, FCDO and THET. This could eventually become a sub-group of the Health Sector Coordination structure.

THEORY OF CHANGE



ANNEXES

ANNEX 1 | PROGRAMME OVERVIEW & FREQUENTLY ASKED QUESTIONS

ANNEX 1A | OVERVIEW AND IDENTIFICATION OF NATIONAL PRIORITIES

In 2019 the Foreign, Commonwealth and Development Office (FCDO) contracted the Tropical Health and Education Trust (THET) and the Liverpool School of Tropical Medicine (LSTM) to manage and implement the UK Partnerships for Health Systems programme (UKPHS). This programme has a value of £28.5m and a time frame of December 2019 to January 2024.

UKPHS aims to improve health system performance in Low and Middle Income Countries (LMICs) through Health Partnerships (HPs) between health institutions in the LMIC and health institutions from the UK health system that address nationally identified priorities and enable progress towards Universal Health Coverage (UHC), especially for poor and vulnerable populations. The programme will achieve this by supporting the development of stronger health systems, including components such as leadership and management, information systems, quality of care and the health workforce.

THET will provide grants to Health Partnerships to deliver these activities. UKPHS will support large grants in ten countries:

1. Bangladesh
2. Sierra Leone
3. Ethiopia
4. Ghana
5. Myanmar
6. Nepal
7. **Somalia and Somaliland**
8. Tanzania
9. Uganda
10. Zambia

These grants will explicitly focus on supporting nationally identified priorities, complemented by smaller partnership grants focusing on health system and health challenges within a number of themes and small grants responding to the COVID-19 pandemic.

The UKPHS will promote HPs that are aligned to the health strategies of that country, focusing on quality and reaching the poorest and most vulnerable populations.

Identification of National Priorities – Scoping Assessments

In order to understand the health system priorities that could be addressed through HPs, between January and September 2020, THET and LSTM have undertaken detailed scoping assessments in each of the 10 countries. These assessments aimed to gain a better understanding of the current status of, and challenges within, the health system, how effectively the needs of the population (including the most vulnerable) are being met, and how the Health Partnership model can respond to these. These scoping assessments were informed by the existing track record of HPs in the country and globally, and an assessment of what new HP activity might be possible.

Purpose of the Scoping Assessments

The purpose of the scoping assessments was to develop robust stakeholder-led analyses of the priorities which were used to inform the design of country specific grant calls for HP projects that are aligned with, and address, national priorities.

Approach and methodology

During the scoping assessment the team have facilitated participatory stakeholder meetings with the Ministry of Health, FCDO and key health system stakeholders to identify health system strengthening priorities that can best be addressed by Health Partnerships working through the UKPHS.

Multidisciplinary and multi-stakeholder involvement to discuss the proposed HP interventions is critical, as is alignment with key stakeholders affected by the implementation of each intervention. Meetings and workshops were conducted with a range of stakeholders, including: policy-makers, representatives from the MoH and other strategic sectors and line ministries, in-country FCDO teams, professional bodies and associations (including nursing), training institutions, NGOs, civil society, women's, disability and faith-based organisations, development/funding partners, UN agencies, and private sector organisations, including stakeholders from national and sub-national levels.

The scoping visit has resulted in the validation by key national stakeholders of the findings and of the draft priorities for the country specific grant call.

A small core group of national stakeholders, including the MoH and FCDO in-country will then be established to form an on-going National Oversight Mechanism, to ensure national ownership and alignment throughout the course of the programme.

Timing of programme activities in Somaliland

The scoping assessment took place between March and August 2020. The grant call will launch in November 2020.

Once awarded, grant holder projects will run for 24 to 30 months.

What is UK Partnerships for Health Systems?

The UK Partnerships for Health (UKPHS) programme was announced by the UK Foreign, Commonwealth and Development Office as the successor to the Health Partnership Scheme (2011-2019). Management of the programme was awarded to the Tropical Health and Education Trust with technical input from the Liverpool School of Tropical Medicine. The programme began in December 2019 and will run until January 2024.

The programme aims to help LMICs build stronger, and more resilient health systems, making progress towards Universal Health Coverage through improved health service performance, particularly targeting poor and vulnerable populations. Some of the key aims are to:

- Support the development of stronger health systems through better governance, information, and management of health institutions
- Provide the health workforce with opportunities to improve skills and knowledge
- Build on institutional capacity to decrease any reliance on external support.

What kind of projects will be funded under the UKPHS?

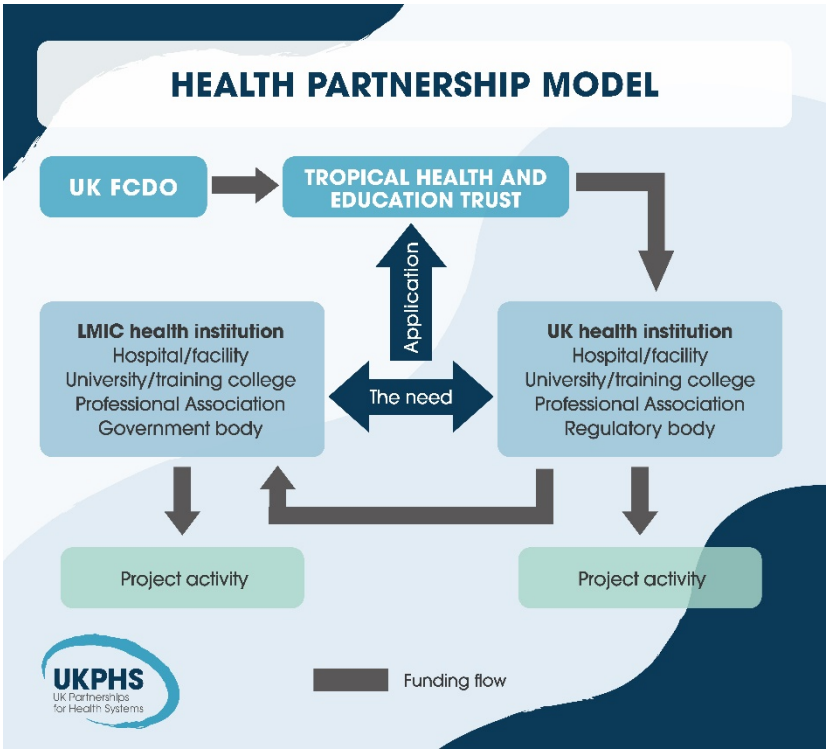
UKPHS focuses on 10 strategic countries which were identified by FCDO – Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, **Somalia and Somaliland**, Tanzania, Uganda and Zambia. Grants must address pre-identified health priorities, as identified by stakeholders within the country.

All projects under this funding programme must be delivered by Health Partnerships and must address issues with the health workforce through activities such as training**,** leadership development, or protocol and curricula development. The funding cannot be used for infrastructure work, including equipment procurement or refurbishment.

How much funding is available for work in Somalia through the UKPHS and how is it monitored?

There will be 4-8 grants of up to £350k available, running from June 2021 to November 2023. A total of up to £2m is available for Somalia and Somaliland. The number of grants will be decided based on the number and quality of applications. As a multi-country programme, the financing modality of this programme will be off-budget-off-treasury.

THET can transfer funds to either the UK partner or the Somalia partner, and then that partner can transfer downstream funds accordingly. Grant holders will provide biannual narrative and financial reports to THET, and THET will conduct annual financial audits on the lead UK and Somalia partners. THET will also conduct annual monitoring visits to the Somalia institution to verify project progress, and the THET Country Director will be in regular communication with the grant holders.



What is the modality of the programme?

Grants will be awarded to Health Partnerships between UK and Somali institutions. A Health Partnership is a long-term institutionalised relationship between a UK health institution, either a hospital, a trust, a professional association, or a health education facility such as a university, and their counterpart overseas. The aim of these partnerships is to deliver health systems strengthening through utilising the expertise of the UK partner. Staff from the UK volunteer their time in the overseas institution* to train health workers and improve the systems within which they work. Partners co-develop programmes that address organisational and national priorities. The partnerships themselves are generally long term and sustainable, while the projects which they deliver are discrete and tailored to specific identified needs. The aim of all projects is sustainable impact and mutual benefit.

*Please note that due to complex security requirements, and extremely high in-country risks, we do not expect UK volunteers to travel internationally to Somalia. Instead, we encourage applicants for partnerships in this country to explore models of delivery that include remote-learning, UK-based capacity development (i.e. with Somalian healthcare workers travelling to the UK), or capacity development based in neighboring countries (e.g. individuals from Somali and UK healthcare institutions conducting capacity development initiatives together in Kenya).

What are the main objectives and planned outcomes of the grants programme?

The entirety of the programme aims to contribute to SDG 3 – ensuring healthier lives and promotion of well-being for all at all ages, with a focus on Universal Health Coverage. A key outcome will be improved health worker and health service performance including for the poor and most vulnerable populations. This will be measured through monitoring the number of facilities supported by UK PHS projects demonstrating positive outcomes in health service performance, with a focus on health worker performance. Projects funded under this programme should take an approach which enhances gender equality and social inclusion, focusing on targeting poor and vulnerable groups.

What are the previous Health Partnership projects by THET, and what was their impact?

Historically THET was the grants manager for the Health Partnership Scheme – a 7-year, £32 million programme funded by the UK Department for International Development (DFID). This programme supported 210 projects in over 30 countries and trained over 93,000 health workers. No projects were funded in Somalia or Somaliland, but examples of projects in other countries are given in Annex 3.

What were the lessons learned from the Health Partnership Scheme?

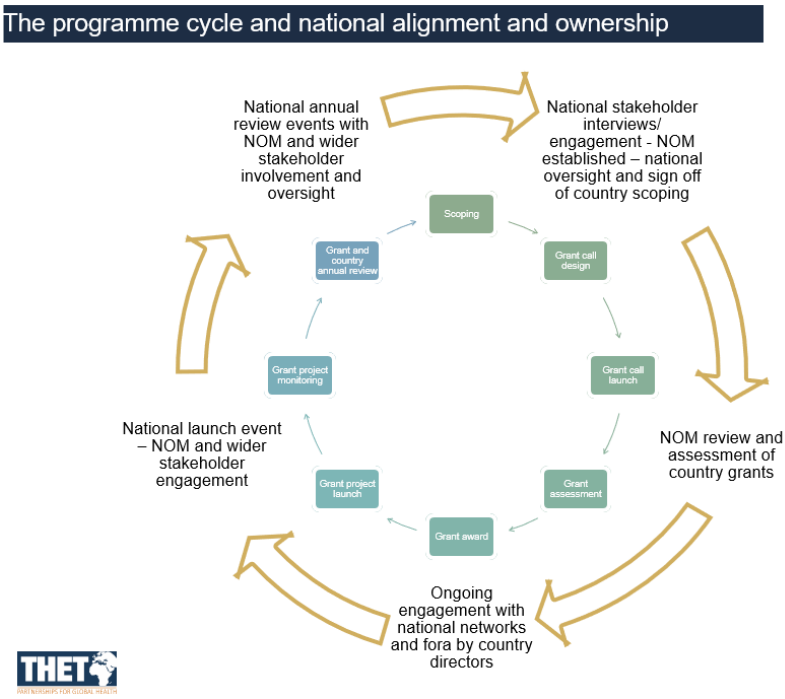
DFID commissioned an independent evaluation of the programme in 2016 which found that "Health Partnership Scheme projects have contributed to the health system strengthening by strengthening health worker capacity in terms of their skills, knowledge and confidence". However, there were some lessons learned that THET will incorporate into the UKPHS, including:

- Partnerships had not all considered the broader system challenges that could occur and how their implemented change fed into the wider system. Wider health system constraints may have limited the chances for improving health worker capacity and health services.
    - For example, health workers could receive training but could be quickly rotated or not have the medicines to put their improved skills and knowledge into practice.
    - Without central MoH engagement and oversight, certain bottlenecks occurred, and sustainability is more difficult to maintain.

- The UKPHS will therefore develop clear strategies of support to ensure Health Partnerships are aligned with national health plans and are facilitated and managed to most effectively deliver against these priorities (see below). Only through directly contributing to the national priorities partnerships can play a key role in Health System Development

- There were examples of female health worker empowerment, but gender and social inclusion approaches and analysis were not strong enough. GESI will be a key component of the new programme.
- There was very little collaboration between partnerships or with other aid programming in host countries. Other aid programmes have been reviewed during the scoping assessment.
- Long-term partnerships are effective at designing and implementing approaches that contribute to health system strengthening. Sustainability of project outputs are supported by the strength and longevity of the partnership. While we will encourage new partnerships to apply, we require an inception period before granting the full award.

How will national ownership and buy-in be ensured?



- It is crucial to the success of this programme and the sustainability of its outcomes that national stakeholders play a leading role in determining priorities. The key health priorities addressed by projects being implemented in strategic countries were determined through a scoping assessment undertaken specifically to engage with national stakeholders. Over the course of the scoping assessment, national stakeholders were asked to participate in workshops, focus groups and key informant interviews, aiming to draw out key priorities for those working in the health sector.
- The priorities raised during these meetings were then agreed upon and used to develop a country specific Theory of Change, which forms the basis for all the project interventions. Relevant stakeholders will then be invited to join a National Oversight Mechanism (NOM), which will play a key role throughout the programme in ensuring that projects remain aligned with national priorities and feed into the relevant national plans. The NOM will be asked to review and assess applications during the selection phase of the programme and then play an ongoing role in providing oversight on projects as they progress and attending annual national review events.
- In addition to the NOM, THET's Country Director will support funded Health Partnerships for the duration of the programme. They will be continuously engaging with national networks, the Ministry of Health, and other relevant partners.

Who is THET?

THET – the Tropical Health and Education Trust - is a global health charity operating whose aim is to address the statistic that one in seven people globally will never visit a qualified health worker. We do this primarily through health workforce development. We train, support and educate health workers across Africa and Asia, working in partnership with organisations and volunteers from across the UK, Africa and Asia. All the work which THET does works within the Health Partnership model framework. THET is the fund manager of the UK Partnerships for Health Systems.

Who is LSTM?

LSTM – the Liverpool School of Tropical Medicine – is a higher education institution with demonstrable and proven experience and expertise in HSS interventions, across several of the health system building blocks. These include governance and leadership, human resources for health, service delivery for maternal, new-born and child health, and information, co-producing and applying knowledge

with policy makers, academics, practitioners and communities to promote equitable access to quality health care. LSTM is the technical partner of THET in UKPHS, providing HSS and GESI expertise.

ANNEX 1C | PREVIOUS HEALTH PARTNERSHIP (HP) PROJECTS SUPPORTED BY THET

Previous partnership projects supported by THET – please note that grant amounts are up to GBP £120,000

Examples of previously funded partnerships

Partnership	University of Manchester – Jhpiego Uganda/ Uganda Nurses and Midwives Union - Catholic University of Health and Allied Health Sciences
Project AGL01	Sustaining and scaling up clinical audit in Uganda and Tanzania
Summary	Developing clinical action plans and re-audits, delivering refresher training, and mentoring by Ugandan midwives
Health cadres	Midwives

Partnership	Guy's and St Thomas' NHS Foundation Trust/ World Child Cancer – Yangon children's Hospital
Project AGL02	Scaling up and improving access to childhood cancer services for children in Myanmar
Summary	Training of trainer and leadership skills training, mentoring and paediatric oncology specialised training, and development of curricula and guidelines
Health cadres	Nurses, Paediatricians, Paediatric Oncologists, GPs, Pathologists, Technicians

Partnership	Royal College of General Practitioners – General Practitioners' Society, Yangon
Project AGL04	Developing Quality General Practice in Myanmar: sustainable training of General Practitioners on Quality Improvement
Summary	Quality improvement training and peer support for GPs and training of GPs to be Quality Appraisers at township level
Health cadres	GPs

Partnership	University of Edinburgh – Makerere University
Project AGL09	Development of Palliative Care Leaders in Uganda
Summary	Developing palliative care leaders through a leadership development programme, and providing follow up supervision to previously trained nurse leaders
Health cadres	Nurses, Clinical Officers

Partnership	Nottingham Trent University – Makerere University School of Public Health
Project AGL14	Strengthening the Community Health Worker Programme for health Improvement in Wakiso District, Uganda
Summary	Training CHW supervisors in new sub-counties, incl. in leadership and management
Health cadres	Community Health Workers and Community Health Worker Supervisors

Partnership	University of Salford – Uganda Blood Transfusion Service
Project AGL15	Sustainable Professional Training and Mentorship for Improved Management of Medical Equipment in the Ugandan Blood Transfusion Service
Summary	Inventory training and online Health Technology Management training for biomedical engineers and users
Health cadres	Biomedical Engineers, Technicians, Laboratory Technologists

Partnership	British Paediatric Neurology Association – Paediatric Neurology Development Association of Southern Africa
Project AGL19	Raising standards of care for children with epilepsy in Ghana, Tanzania, Uganda, Kenya by scaling up sustainable Paediatric Epilepsy Training
Summary	Building capacity of paediatricians to correctly diagnose and treat children appropriately
Health cadres	Paediatricians, Paediatric Neurologists, Physicians, GPs, Psychiatrists

Partnership	East London NHS Foundation Trust – Ministry of Health, Uganda – Butabika Hospital
Project AGL24	Brain Gain 3: Sustaining and Scaling Up Peer Support Work in Uganda
Summary	Training of trainers and leadership and management training for peer support workers (PSW), with PSW training manual to be ratified by MoH
Health cadres	Psychiatric Clinical Officers, Peer Support Workers

Partnership	Anglia Ruskin School of Medicine - University Teaching Hospital Lusaka

Project AGL26	Zambia Anaesthesia Development Program
Summary	Increasing training capacity and mentoring of anaesthesia providers through subspecialty training, mentoring and leadership, teaching and patient safety training
Health cadres	Physician and Non-Physician Anaesthetists, Other Doctors, Nurses, Midwives

Partnership	Royal College of Obstetricians and Gynaecologists – Kitovu Health Care Complex
Project AGL28	Resilience in: Obstetric Skills (ROS): Delivering quality care
Summary	Scaling up training in emergency obstetric skills, knowledge and practice and training and supporting Master Trainers
Health cadres	Midwives, Clinical Officers, Nurses, Medical Officers, O&G Consultants

Partnership	Addenbrooke's Abroad, Cambridge University Hospitals NHS Foundation Trust - University of Medicine 1, Yangon General Hospital – Mandalay General Hospital
Project AGL29	Cambridge Yangon Trauma Intervention Project II
Summary	Integrating trauma course into the university curriculum, delivering Advances in Trauma and Orthopaedic course, introducing quality control measures and strengthening National Health Laboratory accreditation process
Health cadres	Intensive Care Doctors, Intensive Care Nurses, Trauma & Orthopaedic Doctors, Physiotherapists, Laboratory Technicians, Pathologists

Partnership	University Hospital of South Manchester – Gulu Regional Referral Hospital
Project AGS08	Knowledge for sustainable change to develop capacity and capability in biomedical engineering in greater north and eastern Uganda
Summary	Training technicians in technical biomedical engineering skills, training equipment users and preparing Standard Operating Procedures
Health cadres	Technicians, Other Equipment Users

Partnership	Frimley Health NHS Foundation Trust - University Teaching Hospital Lusaka/Ministry of Health

Project AGS09	Scale-up of Diabetic Retinopathy screening and treatment services programme across Zambia
Summary	Training in retinopathy screening, training ophthalmologists in laser surgery and establishing a National Diabetic Retinopathy Steering Group in Zambia to oversee services nationally and training in medical leadership
Health cadres	Ophthalmologists, Screeners

Partnership	Southern Health Foundation Trust Wessex Ghana Stroke Partnership – Korle Bu Teaching Hospital
Project AGS11	Scaling up multi-disciplinary stroke training in Ghana
Summary	Developing training plans and educational resources, training to visiting institution professionals at Korle Bu, and piloting educational videos with patients and families
Health cadres	Doctors, Nurses, Physiotherapists

Partnership	Central & North West London NHS Foundation Trust - Mirembe Hospital & Mirembe School of Nursing
Project AGS14	Strengthening and sustaining clinical and leadership capacity at Mirembe Hospital
Summary	Mental health and substance use training to nursing and healthcare assistant staff, and training in work skills assessment, work activity design, and Recovery Approach
Health cadres	Healthcare Assistants, Peer Support Workers

Partnership	Birmingham City University – Lusaka College of Nursing
Project AGS15	Advancing Access to Critical Care Education (AACCE) project
Summary	Preparing and disseminating a framework curriculum which provides the transition from a diploma to a bachelor's level programme in critical care nursing
Health cadres	Critical care nurses, Doctors, Allied Health Professionals, Academics and Educators

Partnership	Royal College of Anaesthetists – St Mary's Hospital Lacor
Project AGS17	Essential Pain Management Uganda

Summary	Strengthening the delivery of pain management across Uganda through education and evaluation
Health cadres	Anaesthesia Providers, Surgeons, Ward and Recovery Nurses, Pharmacists

Partnership	Royal Free Hospital, London - Mulago National Referral Hospital
Project AGS30	Scale-up of Diabetic Retinopathy screening and treatment services programme across Zambia
Summary	Training in planning and delivering community eye health services and training of trainers, and improve access to screening services by women, girls, and people with disabilities
Health cadres	Ophthalmologists, Ophthalmic Clinical Officers, Ophthalmic Nurses

Partnership	University College London Hospitals NHS Foundation Trust - Kyaninga Child Development Centre (KCDC)
Project AGS33	Early detection, prevention and intervention for infants at high-risk of developmental disability in Western Uganda
Summary	Training and capacity building in ECD and early detection of developmental disability, refresher training, mentoring and supervision, and training 'expert mothers' to implement the early intervention programme
Health cadres	Nurses, Midwives

Partnership	University Hospital Southampton NHS Foundation Trust) - Ghana Health Service
Project AGS35	Escalation of Training in Primary Trauma Care to Upper West Region of Ghana region
Summary	Training to deliver improved PTC care in the Upper West Region of Ghana, training of trainers and lecturing to medical students
Health cadres	Physician Anaesthetists, Physician Assistants, Doctors, Emergency Staff, Theatre Staff, Administrators, Customer Care Leads

ANNEX 2 | HEALTH SYSTEM PRIORITY AREAS AND ACTIVITIES, SOMALIA

HUMAN RESOURCES FOR HEALTH

Health System Priority Areas	Activities under Health System Priority Area
Enhancing HRH production and recruitment	Increase numbers of community-based health workers and skilled midlevel professionals.
	Support expansion and consolidation of existing public sector and privately managed health professional training institutions.
	Scale up capacity of existing health training institutions and build new regional Health Professionals Training Institutes with standardisation of recruitment systems.
	Introduce transparent rules and regulations for HRH recruitment, employment and equitable deployment with standardised skill mix.
Training of health workforce, development of competencies	Train new categories of health workers, adhering to concrete task shifting strategies.
	Create in-service career advancement plans through a range of Continuing Professional Development programmes to improve service quality and workforce capacity and retrain the large contingent of untrained care providers.
	Regular task oriented and competence based in-service training at facility level.
	Curricula standardisation.
	Establish multi-stakeholder HRH coordination mechanisms to address the planning and implementation of pre-service and in-service workforce training, as well as continuing professional development as an important element of lifelong learning.
	Build health workforce capacity about the social determinants of health and health equity and on the value of collaborating with other sectors for putting this subject high on the government political agenda.
Deployment	Set transparent and equitable HRH deployment norms and standards that facilitate the pursuit of Universal Health Coverage.
	Introduce transparent rules and regulations for HRH recruitment, employment and equitable deployment with standardised skill mix.
Health workforce motivation and job satisfaction - retention	Harmonise salary scales and incentives received by the health workforce in the public sector and improving staff retention.
	Introduce hardship allowance to staff deployed in remote and hard to reach areas through monetary and non-monetary incentives that enhance motivation and retention.
	Build HRH associations that will partner with the MoH to address the processes of certification, credentialing, registration and licensing of health professionals with the bylaws, acts and codes of practice to be established.

HRH regulation and professional standards	Develop HRH regulatory norms related to certification, accreditation, registration and licensing in coordination with national health professional associations.
	Establish a human resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms in coordination with professional associations.
	Address health professionals' occupational health and patient safety by creating a healthy and safe working environment.
Management and coordination of HRH	Establish HRH country coordination and facilitation mechanisms to promote leadership and partnerships in support of the HRH development process.
	Undertake MoH Institutional strengthening for HRH development to enhance the MoH capacity in human resources planning, management, leadership and coordination.
	Build HRH health information systems and research to generate the necessary capacity for evidence-based HRH planning and management.
	Develop staff operating procedures manuals that elucidate contracts, terms of employment, posting and remuneration, task distribution, supportive supervision and performance-based management, as well as the compliance with the ethical codes of practice.
	Improve HRH information system with the establishment of HRH observatories, collecting all the relevant HRH data sets and developing measurable indicators on production, training, deployment and retention.
Integration of GESI approach into HRH interventions.	Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).
	Development and analysis of gender-sensitive HRH data.
	Participation of key stakeholders, including female health care providers, in the design of human resource reforms.
	Increase women's representation in HRH leadership positions.
	Development and implementation of gender-sensitive HRH policies and strategies.

HEALTH INFORMATION SYSTEMS

Health System Priority Areas	**Activities under Health System Priority Area**
Data Systems and Management	Develop efficient systems to monitor health risks and determinants; track health status and outcomes and assess health system performance.
	Develop a policy framework for establishing a functional health management information system.

	Enhance and strengthen institutional framework for implementing a functional health management information system.
	Establish a health system observatory to timely collect, compile and analyse various HMIS data sets.
	Strengthen civil registration and other vital statistics.
	Implement system enhancements to include critical validation checks and skip patterns.
	Develop and disseminate guidelines and job aids that outline clear data management processes.
	Inclusion of census/population data to enable analysis of critical indicators.
	Enhance early warning and integrate disease and nutrition surveillance systems into national HMIS.
Data Collection & Reporting Tools	Produce and distribute revised/up-to-date data collection and reporting tools to facilities.
	Strengthen the capacity of staff involved in data capture through in-service training e.g. On-the-Job Training (OJT), Mentorship and Continuing Medical Education (CMEs) on tools filling and completion.
	Develop and use tools such as routine data, expenditure studies and population surveys to enable the country to monitor, evaluate and adapt to meet changing health needs.
Dissemination and use	Sensitisation on Data Demand and Use to data and programme managers.
	Strengthen mechanisms on utilisation of data for evidence-based decision making aligned to programme management, advocacy and policy formulation.
	Strengthen capacity to analyse data.
	Track and analyse UHC indicators at national, state and regional levels as part of integrated health information system.
	Explore relationships between social determinants of health and health equity.
Data Quality	Develop, update, publish and institutionalise Data Quality Assurance mechanisms (developing a DQA Protocol, implementation of integrated support supervision and facility data quality assessments focused on assessing and monitoring data quality, strengthening feedback mechanisms).
	Sensitisation and training on Data Quality with emphasis on its influence on data use in evidence-based decision making.
	Establish and institute an intersectoral Data Quality Improvement team at all levels to spearhead data quality assurance activities.
	Amplified routine production and sharing of information products highlighting data quality gaps to steer data quality improvement initiatives.

Integration of GESI approach into health information systems	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Development and analysis of gender-sensitive data.
	Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.
	Increase women's representation on data collection and analysis teams.

HEALTH FINANCING

Health System Priority Areas	Activities under Health System Priority Area
Financial Management	Develop health finance strategy, including updating national health accounts.
	Produce and analyse financial data, including data from donors, the public and private sectors, and remittances.
	Mobilise participation and financial contributions to different health interventions from regions, local governments and grass-root communities, supported by transparent collective oversight and monitoring of the resources deputed to the health sector.
	Promote public-private partnerships with incentives aimed at harnessing contribution of the private-for-profit and private-not-for-profit capabilities.
Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access essential affordable services, therefore moving towards universal health coverage.	Develop and scale up social marketing and social franchising interventions for health commodities.
	Implementation of community health insurance arrangements to improve financial protection and avert catastrophic expenditures for vulnerable social groups of the population.
	Introduce financial incentives to encourage facility-based deliveries and child immunisation to scale up demand through voucher-based systems or other incentives to bring children for vaccination and pregnant women for antenatal visits.
Integration of GESI approach into health financing management and delivery	Development of gender responsive budgets.
	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Development and analysis of gender-sensitive health financing schemes.
	Increase representation of women and other key groups on financial management committees.
	Increase participation of patients and community in financial management committees.

MEDICAL PRODUCTS AND TECHNOLOGIES

Health System Priority Areas	Activities under Health System Priority Area
Management, Regulation, Quality Assurance	Strengthen and ensure quality standards in drugs regulation, pharmaceutical and health technology services.
	Develop action plan for tackling antimicrobial resistance.
	Standardise procurement.
	Regulate medicines by mandating their formal registration, setting quality guidelines for drug donations, improving storage and distribution systems, promoting essential drug use and rational prescribing and developing clinical practice guidelines for common diseases in the health sector.
	Develop drug quality assurance systems addressing the import, sale, distribution, supply, storage, advertisement and dispensing, to sustain quality and avert the use of substandard and counterfeit products.
	Develop appropriate policy and legal framework with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistic.
	Improve pharmaceutical and supply chain.
Availability, Access, and Use	Improve availability of essential medicines, vaccines, diagnostics and devices for primary health care.
	Capacity building to promote rational prescribing, dispense and use of medicines and technologies.
	Undertake research on herbal medicines and other traditional remedies to identify their beneficial effects and potential harmful impact, thus educating the population about the rationale of their practical use.
Integration of GESI approach into management and use of medical products and technologies	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Development and analysis of gender-sensitive medicines and technologies management and use.
	Increase representation of women and other key groups, including patients and communities, on relevant committees.

GOVERNANCE AND LEADERSHIP

Health System Priority Areas	Activities under Health System Priority Area

Management and Coordination	Develop operational guidelines for health sector partnerships and coordination, containing the functions, procedures and roles, and responsibilities of the different stakeholders.
Improved financial, human, administrative resources management towards transparency, efficient use of resources and effective delivery of results	Document good public finance and public administration practices that enable the cost-effective use of scarce financial resources.
	Build capacity in the public sector on financial, human, administrative resources management.
	Establish an enabling environment for workers by making sure they have rights adhered to their job. E.g. Annual leave, health insurance.
	Undertake internal Monitoring and Auditing to ensure resources are used as planned.
	Create standardised monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.
	Development and implementation of gender-sensitive policies.
	Improve engagement and involvement of communities (including women and representatives of vulnerable groups) in planning, delivery and review of health services.
Leadership – representation and capabilities	Strengthen MoH governance and leadership capacities in setting legislative and regulatory norms and standards for the key functions of the health system.
	Train management cadre at all levels of the health system on leadership skills and management competencies through capacity building courses specifically tailored to the needs of the health sector.
Regulation	Regulating healthcare services, training institutions, the pharmaceutical sector and food and beverages by liaising with the established health professional councils and drug regulatory authorities.
	Develop an accreditation system in public and private health care facilities and ensuring compliance with the professional code of ethics.
	Develop a health regulatory framework, addressing the major functions related to the six pillars of the health system.
	Set legislative and regulatory norms and standards for the key functions of the health system.
	Create opportunities for the clients to present or submit complaints, compliments and suggestions about the services rendered with the establishment of health system procedures for investigation, action and feedback.

	Develop guidelines that substantiate the Client Service Charter's key principles and operational norms and educating the public to enhance their knowledge about the services provided by the health system in order to improve the populations' care seeking behaviour.
	Improved regulation and effective oversight of the private sector.
Integration of GESI approach into management of governance and leadership	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Gender analysis of health systems reform and implementation.
	Development and implementation of gender sensitive policies.
	Increase representation of women and other key groups into decision-making bodies.
	Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.

SERVICE DELIVERY

Health System Priority Areas	**Activities under Health System Priority Area**
Expanding coverage of essential services under UHC. **Deliver and Improve access to quality essential package of health services**	Strengthen reproductive, Maternal, Neonatal, Child Health (MNCH) and Nutrition.
	Control Communicable Diseases.
	Prevention and Control of Non-Communicable Diseases.
	Prevention of Injury and Violence.
	Mental Health.
Access to and utilisation of health services	Increase access to and utilisation of cost-effective, quality and gender sensitive health services especially for women, children, and other vulnerable groups.
	Develop action plan to reach the marginalised and underserved populations – including provision of EPHS to nomadic people and refugees, women, children, and other vulnerable groups.
	Develop monitoring mechanism to ensure equity and gender issues in health.
Delivery and Quality	Enhance and ensure quality and safety of healthcare services.
	Improve and strengthen the delivery of specialised and emergency care in secondary and tertiary health facilities.

	Improve, integrate and expand community-based health services.
	Improve and expand the capacity of laboratory and blood transfusion services.
	Train healthcare providers to provide services that are non-discriminatory (e.g. in relation to factors such as age, gender, disability, HIV status).
	Develop and implement health infrastructure improvement plan/ standards.
Social Determinants of Health	Form platforms to promote networks and evidence generation for key issues related to health e.g. Nutrition, WASH, Social protection etc.
	Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health.
	Enhance people's participation and engagement for reducing risk factors through health promotion interventions.
	Promote policy interventions particularly to benefit the disadvantaged populations with massive health inequities and address their basic development needs.
Integration of GESI approach into health service delivery	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Gender analysis of barriers to health service access and use.
	Development and implementation of gender sensitive health services.
	Development of screening and referral for gender-based violence.
	Increase stakeholder involvement in planning, delivery and review of services, including with representation of women and most vulnerable communities.
	Increase intersectoral collaboration to address social determinants of health.

HEALTH EMERGENCY PREPAREDNESS

Health System Priority Areas	**Activities under Health System Priority Area**
Management and Coordination	Prepare essential technical emergency preparedness and response guidelines and operational standards, in terms of logistics, health workforce training, pre-positioning of essential drugs and earmarking the required contingency support.
	Create public health resilience, preparedness and strategic policy operating at central, regional, district and community level with a view to reduce the adverse health effects of these emergencies to the population.

	Ensure operational readiness to manage identified risks and vulnerabilities related to health.
Access to services and engagement	Improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations.
	Meaningful engagement of civil society – including women and representatives of the most vulnerable groups – in planning, delivery and review of services is important to ensure services meet the needs of all.
Data and Surveillance	Enhance and strengthen surveillance and early warning and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner.
	Introduce disaster risk assessment, management of mass casualties and establishing private ambulance services.
	Closely monitor and evaluate the impact of emergencies.
Capacity Development	Strengthen country health emergency preparedness and response to high threat infectious hazards.
	Workforce development through training in field epidemiology and laboratory training.
	Provide leadership and effective coordination to emergency health response interventions.
Integration of GESI approach into emergency preparedness and response	Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
	Gender analysis of primary and secondary effects of emergencies.
	Development and implementation of gender-sensitive health services.
	Increase participation of women and other key on decision-making bodies.
	Increase participation of key stakeholders in the design of emergency preparedness and planning.

ANNEX 3 | STAKEHOLDER FEEDBACK TOOL

The following health system priority areas and activities have been identified from a review of the available key documents for Somalia.

The main documents reviewed to identify priority areas are included in the table below.

Documents Reviewed
Somalia
Human Resources for Health Strategic Plan for Central and South Somalia 2014-2018
Somali Roadmap Towards Universal Health Coverage 2019-23
Somali Health Policy: The Way Forward - Prioritization of Health Policy Actions in Somali Health Sector
Second Phase Health Sector Strategic Plan 2017-2021
Federal Government of Somalia National Development Plan 2017 - 2019
Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020 (SHDS)
Rapid Review of DHIS 2 for the SHINE Programme Draft Report on Review Findings and Recommendations 13th December 2019
Health Systems Strengthening for Somali Health Authorities: Report to help determine HSS priorities for the SHINE Supply Programme
SHINE Supply Programme Gender, Equality and Social Inclusion Strategy (DRAFT 2)

The priorities have been categorised under seven health system components as follows:

1. Human Resources for Health
2. Health Information Systems
3. Health Financing
4. Medical Medical Products and Technologies
5. Governance and Leadership
6. Service Delivery
7. Health Emergency Preparedness

Rank the following seven health systems components on page three in order of priority. For the top three priorities, please review the associated health system component table and rank the priority areas and activities (including any additional ones you have identified above) underneath each area, with one (1) being the highest ranked priority.

After having reviewed and ranked the priority areas and activities, please answer the following questions:

1. Do you agree with the priority areas identified? Yes/No
a. Please explain why or why not.

2. Do you agree with the priority activities identified? Yes/No
a. Please explain why or why not.

3. Are there any priority areas or priority activities that have been omitted and should be included? Please list and rank these here.

4. Which of the identified HSS priorities do you think could be addressed by the Health Partnership (HP) model? Consider *how HP projects could improve health service performance in terms of equity, efficiency, access, quality, and sustainability, and ultimately help the country to achieve UHC?*

HEALTH SYSTEM COMPONENTS

Rank the following seven health systems components in order of priority, with one (1) being the highest ranked priority. For the top three priorities, please review the associated table and rank the priority areas and activities underneath each area. Each component is a hyperlink that will take you to the associated table.

Priority Ranking	Health System Component
	Human Resources for Health
	Health Information Systems
	Health Financing
	Medical Products and Technologies
	Governance and Leadership
	Service Delivery
	Health Emergency Preparedness

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Enhancing HRH production and recruitment		Increase numbers of community-based health workers and skilled midlevel professionals.
			Support expansion and consolidation of existing public sector and privately managed health professional training institutions.
			Scale up capacity of existing health training institutions and build new regional Health Professionals Training Institutes with standardisation of recruitment systems.
			Introduce transparent rules and regulations for HRH recruitment, employment and equitable deployment with standardised skill mix.
			Other:
	Training of health workforce, development of competencies		Train new categories of health workers, adhering to concrete task shifting strategies.
			Create in-service career advancement plans through a range of Continuing Professional Development programmes to improve service quality and work force capacity and retrain the large contingent of untrained care providers.
			Regular task oriented and competence based in-service training at facility level.
			Curricula standardisation.
			Establish multi-stakeholder HRH coordination mechanisms to address the planning and implementation of pre-service and in-service workforce training, as well as continuing professional development as an important element of lifelong learning.
			Build health workforce capacity about the social determinants of health and health equity and on the value of collaborating with other sectors for putting this subject high on the government political agenda.
			Other:

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Deployment		Set transparent and equitable HRH deployment norms and standards that facilitate the pursuit of universal health coverage.
			Introduce transparent rules and regulations for HRH recruitment, employment and equitable deployment with standardised skill mix.
			Other:
	Health workforce motivation and job satisfaction - retention		Harmonise salary scales and incentives received by the health workforce in the public sector and improving staff retention.
			Introduce hardship allowance to staff deployed in remote and hard-to-reach areas through monetary and non-monetary incentives that enhance motivation and retention.
			Other:
	HRH regulation and professional standards		Build HRH associations that will partner with the MoH to address the processes of certification, credentialing, registration and licensing of health professionals with the bylaws, acts and codes of practice to be established.
			Develop HRH regulatory norms related to certification, accreditation, registration and licensing in coordination with national health professional associations.
			Establish a human resource Health Regulatory Body (HRB) focusing on professionals' regulatory norms in coordination with professional associations.
			Address health professionals' occupational health and patient safety by creating a healthy and safe working environment.
			Other:
	Management and		Establish HRH country coordination and facilitation mechanism to promote leadership and partnerships in support of the HRH development process.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Coordination of HRH		Undertake MoH Institutional strengthening for HRH development to enhance the MoH capacity in human resources planning, management, leadership and coordination.
			Build HRH health information systems and research to generate the necessary capacity for evidence-based HRH planning and management.
			Develop staff operating procedures manuals that clarify contracts, terms of employment, posting and remuneration, task distribution, supportive supervision and performance-based management, as well as the compliance with the ethical codes of practice.
			Improve HRH information system with the establishment of HRH observatories, collecting all the relevant HRH data sets and developing measurable indicators on production, training, deployment and retention.
			Other:
	Integration of GESI approach into HRH interventions.		Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).
			Development and analysis of gender-sensitive HRH data.
			Participation of key stakeholders, including female health care providers, in the design of human resource reforms.
			Increase women's representation in HRH leadership positions.
			Development and implementation of gender-sensitive HRH policies and strategies.
			Other:

HEALTH INFORMATION SYSTEMS

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities	Activities under Health System Priority Area

		under HS Area	
	Data Systems and Management		Develop efficient systems to monitor health risks and determinants; track health status and outcomes and assess health system performance.
			Develop a policy framework for establishing a functional health management information system.
			Enhance and strengthen institutional framework for implementing a functional health management information system.
			Establish a health system observatory to timely collect, compile and analyse various HMIS data sets.
			Strengthen civil registration and other vital statistics.
			Implement system enhancements to include critical validations checks and skip patterns.
			Develop and disseminate guidelines and job aids that outline clear data management processes.
			Inclusion of census/population data to enable analysis of critical indicators.
			Enhance early warning and integrate disease and nutrition surveillance systems into national HMIS.
			Other:
	Data Collection & Reporting Tools		Produce and distribute revised/up-to-date data collection and reporting tools to facilities.
			Strengthen the capacity of staff involved in data capture through in-service training e.g. On-the-Job Training (OJT), Mentorship and Continuing Medical Education (CMEs) on tools filling and completion.
			Develop and use tools such as routine data, expenditure studies and population surveys to enable the country to monitor, evaluate and adapt to meet changing health needs.
			Other:

	Dissemination and use		Sensitisation on Data Demand and Use to data and programme managers.
			Strengthen mechanisms on utilisation of data for evidence-based decision making aligned to programme management, advocacy and policy formulation.
			Strengthen capacity to analyse data.
			Track and analyse UHC indicators at national, state and regional levels as part of integrated health information system.
			Explore relationships between social determinants of health and health equity.
			Other:
	Data Quality		Develop, update, publish and institutionalise data quality assurance mechanisms (developing a Data Quality Assurance Protocol, implementation of integrated support supervision and facility data quality assessments focused on assessing and monitoring data quality, strengthening feedback mechanisms).
			Sensitisation and training on Data Quality with emphasis on its influence on data use in evidence-based decision making.
			Establish and institute an intersectoral Data Quality Improvement team at all levels to spearhead data quality assurance activities.
			Amplified routine production and sharing of information products highlighting data quality gaps to steer data quality improvement initiatives.
			Other:
	Integration of GESI approach into health information systems		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Development and analysis of gender-sensitive data.
			Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.
			Increase women's representation on data collection and analysis teams.
			Other:

HEALTH FINANCING

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Financial Management		Develop health finance strategy, including updating national health accounts.
			Produce and analyse financial data, including data from donors, the public and private sectors, and remittances.
			Mobilise participation and financial contributions to different health interventions from regions, local governments and grass root communities, supported by transparent collective oversight and monitoring of the resources deputed to the health sector.
			Promote public-private partnerships with incentives aimed at harnessing contribution of the private-for-profit and private-not-for-profit capabilities.
			Other:
	Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access essential affordable services, therefore moving towards universal health coverage.		Develop and scale up social marketing and social franchising interventions for health commodities.
			Implementation of community health insurance arrangements to improve financial protection and avert catastrophic expenditures for vulnerable social groups of the population.
			Introduce financial incentives to encourage facility-based deliveries and child immunisation to scale up demand through voucher-based systems or other incentives to bring children for vaccination and pregnant women for antenatal visits.
			Other:
	Integration of GESI approach into health financing management and delivery		Development of gender-responsive budgets.
			Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Development and analysis of gender-sensitive health financing schemes.
			Increase representation of women and other key groups on financial management committees.
			Increase participation of patients and community in financial management committees.

			Other:

MEDICAL PRODUCTS AND TECHNOLOGIES

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Management, Regulation, Quality Assurance		Strengthen and ensure quality standards in drugs regulation, pharmaceutical and health technology services.
			Develop action plan will be for tackling Anti-Microbial Resistance.
			Standardise procurement.
			Regulate medicines by mandating their formal registration, setting quality guidelines for drug donations, improving storage and distribution systems, promoting essential drug use and rational prescribing and developing clinical practice guidelines for common diseases in the health sector.
			Develop drug quality assurance systems addressing the import, sale, distribution, supply, storage, advertisement and dispensing, to sustain quality and avert the use of substandard and counterfeit products.
			Develop appropriate policy and legal framework with respect to medicines, medical supplies and equipment, vaccines, health technologies and logistic.
			Improve pharmaceutical and supply chain.
			Other:
	Availability, Access, and Use		Improve availability of essential medicines, vaccines, diagnostics and devices for primary health care.
			Capacity building to promote rational prescribing, dispense and use of medicines and technologies.

			Undertake research on herbal medicines and other traditional remedies to identify their beneficial effects and potential harmful impact, thus educating the population about the rationale of their practical use.
			Other:
	Integration of GESI approach into management and use of medical products and technologies		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Development and analysis of gender-sensitive medicines and technologies management and use.
			Increase representation of women and other key groups, including patients and communities, in relevant committees.
			Other:

GOVERNANCE AND LEADERSHIP

Priority Ranking of HS Areas	**Health System Priority Areas**	**Priority Ranking of Activities under HS Area**	**Activities under Health System Priority Area**
	Management and Coordination		Develop operational guidelines for health sector partnerships and coordination, containing the functions, procedures and roles and responsibilities of the different stakeholders.
	Improved financial, human, administrative resources management towards transparency, efficient use of resources and effective delivery of results		Document good public finance and public administration practices that enable the cost-effective use of scarce financial resources.
			Build capacity in the public sector on financial, human, administrative resources management.
			Establish an enabling environment for workers by making sure they have rights adhered to their job. E.g. Annual leave, health insurance.
			Undertake internal Monitoring and Auditing to ensure resources are used as planned.
			Create standardised monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.
			Development and implementation of gender-sensitive policies.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Improve engagement and involvement of communities (including women and representatives of vulnerable groups) in planning, delivery and review of health services.
			Other:
	Leadership – representation and capabilities		Strengthen MoH governance and leadership capacities in setting legislative and regulatory norms and standards for the key functions of the health system.
			Train management cadre at all levels of the health system on leadership skills and management competencies through capacity building courses specifically tailored to the needs of the health sector.
			Other:
	Regulation		Regulating healthcare services, training institutions, the pharmaceutical sector and food and beverages by liaising with the established health professional councils and drug regulatory authorities.
			Accreditation system in public and private health care facilities and ensuring compliance with the professional code of ethics.
			Develop a health regulatory framework, addressing the major functions related to the six pillars of the health system.
			Set legislative and regulatory norms and standards for the key functions of the health system.
			Create opportunities for the clients to present or submit complaints, compliments and suggestions about the services rendered with the establishment of health system procedures for investigation, action and feedback.
			Develop guidelines that substantiate the Client Service Charter's key principles and operational norms and educating the public to enhance their knowledge about the services provided by the health system in order to improve the populations' care seeking behaviour.
			Improved regulation and effective oversight of the private sector.
			Other:

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Integration of GESI approach into management of governance and leadership		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Gender analysis of health systems reform and implementation.
			Development and implementation of gender sensitive policies.
			Increase representation of women and other key groups into decision-making bodies.
			Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.
			Other:

SERVICE DELIVERY

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Expanding coverage of essential services under UHC. **Deliver and Improve access to quality essential package of health services**		Strengthen reproductive, Maternal, Neonatal, Child Health (MNCH) and Nutrition.
			Control Communicable Diseases.
			Prevention and Control of Non-Communicable Diseases.
			Prevention of Injury and Violence.
			Mental Health.
			Other:
	Access to and utilisation of health services		Increase access to and utilisation of cost-effective, quality and gender-sensitive health services especially for women, children, and other vulnerable groups.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Develop action plan to reach the marginalised and underserved populations – including provision of EPHS to nomadic people and refugees, women, children, and other vulnerable groups.
			Develop monitoring mechanism to ensure equity and gender issues in health.
			Other:
	Delivery and Quality		Enhance and ensure quality and safety of healthcare services.
			Improve and strengthen the delivery of specialised and emergency care in secondary and tertiary health facilities.
			Improve, integrate and expand community-based health services.
			Improve and expand the capacity of laboratory and blood transfusion services.
			Train healthcare providers to provide services that are non-discriminatory (e.g. in relation to factors such as age, gender, disability, HIV status).
			Develop and implement health infrastructure improvement plan/ standards.
			Other:
	Social Determinants of Health		Form platforms to promote networks and evidence generation for key issues related to health e.g. Nutrition, WASH, Social protection etc.
			Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health.
			Enhance people's participation and engagement for reducing risk factors through health promotion interventions.
			Promote policy interventions particularly to benefit the disadvantaged populations with massive health inequities and address their basic development needs.
	Integration of GESI approach into health service delivery		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Gender analysis of barriers to health service access and use.

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
			Development and implementation of gender sensitive health services.
			Development of screening and referral for gender-based violence.
			Increase stakeholder involvement in planning, delivery and review of services, including with representation of women and most vulnerable communities.
			Increase intersectoral collaboration to address social determinants of health.
			Other:

HEALTH EMERGENCY PREPAREDNESS

Priority Ranking of HS Areas	Health System Priority Areas	Priority Ranking of Activities under HS Area	Activities under Health System Priority Area
	Management and Coordination		Prepare essential technical emergency preparedness and response guidelines and operational standards, in terms of logistics, health workforce training, pre-positioning of essential drugs and earmarking the required contingency support.
			Create public health resilience, preparedness and strategic policy operating at central, regional, district and community level with a view to reduce the adverse health effects of these emergencies to the population.
			Ensure operational readiness to manage identified risks and vulnerabilities related to health.
			Other:
	Access to services and engagement		Improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations.
			Meaningful engagement of civil society – including women and representatives of the most vulnerable groups – in planning, delivery and review of services is important to ensure services meet the needs of all.

			Other:
	Data and Surveillance		Enhance and strengthen surveillance, early warning, and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner.
			Introduce disaster risk assessment, management of mass casualties and establishing private ambulance services.
			Closely monitor and evaluate the impact of emergencies.
			Other:
	Capacity Development		Strengthen country health emergency preparedness and response to high threat infectious hazards.
			Workforce development through training in field epidemiology and laboratory training.
			Provide leadership and effective coordination to emergency health response interventions.
			Other:
	Integration of GESI approach into emergency preparedness and response		Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.
			Gender analysis of primary and secondary effects of emergencies.
			Development and implementation of gender-sensitive health services.
			Increase participation of women and other key on decision-making bodies.
			Increase participation of key stakeholders in the design of emergency preparedness and planning.
			Other:

ANNEX 4 | KEY INFORMANTS INTERVIEWED IN SOMALIA

No.	Organisation/Institution	Contact person
Federal Ministry of Health		
1.	Human Resource for Health Department	Abdiaziz Hashi ABDI, Head of Professional Regulations Unit
2.	Policy and Planning Department	Dr Nur
State Ministries of Health		
3.	Ministry of Health, Puntland	Director General - dg.moh@plstate.so Marweo Edil - hasanedil@gmail.com
4.	Ministry of Health, South West State	Abdi Ali Director of Admin/HR MoH-SWS alidogey27@gmail.com
5.	Ministry of Health, Hirshabelle	Mr.Tahlil IBRAHIM Abdi - BSCPH, MPH & PGD of Reproductive Health, Director General, Ministry of Health, Hirshabelle State of Somalia tahlilibra2@gmail.com
6.	Ministry of Health, Jubbaland State	Idiris Hassan Mohamud, Director General, Ministry of Health, Jubbaland State of Somalia idiriisxc@gmail.com
7.	Ministry of Health, Galmudug	Abdihakin Dirie - abdihakindirie4@gmail.com Dr.Abdiwali M Ahmed - cabdiwali05@gmail.com
Health Training Institutions – Universities		
8.	Somali National University	Dr. Abdinur Farax Maxamud dean.medicine@snu.edu.so
9.	University of Health Sciences (UOHS), Bosaso	Prof. Abdirizak Hussein Hassan Rector of the University of Health of Sciences (UOHS), Bosaso uohsboss@gmail.com info@uohs.edu.so
10.	Benadir University	Hassaan Warsame

No.	Organisation/Institution	Contact person
		hassannor58@gmail.com
11.	Jazeera University	Medicine Jazeera University medicine@jazeerauniversity.edu.so
12.	University of Southern Somalia, Baidoa	Abdirizak Haji Hussein President, University of Southern Somalia, uss.rector@gmail.com
13.	Mogadishu University	Farhia Mohamed Yusuf
14.	Mogadishu Midwifery School	Halima Ali mamahalima2014@gmail.com
15.	SOS Nursing School Mogadishu	Abdullahi Osman Mohamed, Nursing School Principal, Mogadishu - Somalia abdullahi.osman@sossomalia.org
Health Facilities		
16.	Beledweyne Hospital	Dr Abdihalim Abdullahi Mohamed drkalsame@gmail.com
17.	Forlanini Hospital	Dr Fatuma Maow forlanini.hospital@gmail.com
18.	Daynile Hospital	Dr Mohamed Abdirahman realsalaad@gmail.com or daynilehospital@gmail.com
19.	Benadir Hospital	Dr Aweis Olow draweisolow@gmail.com
Health Professions Association		
20.	Somali Medical Association	Ibraahim Abdullahi Guled MBChB, MMED(Paed), General Secretary drguledyare88@gmail.com
21.	Somalia Midwifery Association	Fatima Haji fatimahaji960@gmail.com
22.	Somalia Health Workers Union	Abdirizak Nuure

No.	Organisation/Institution	Contact person
		faracade430@gmail.com
23.	Physicians Across Continents	Dr Mohamed Abdirahman realsalaad@gmail.com or daynilehospital@gmail.com

ANNEX 5 | DOCUMENTS REVIEWED

1. Federal Government of Somalia. National Development Plan 2017 - 2019
2. Health Systems Strengthening for Somali Health Authorities: Report to help determine HSS priorities for the SHINE Supply Programme
3. Human Resources for Health Strategic Plan for Central and South Somalia 2014-2018
4. Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey (SHDS) 2020
5. Ali A. Warsame for the Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu. (2020) Somalia's Healthcare System: A Baseline Study and Human Capital Development Strategy.
6. Rapid Review of DHIS 2 for the SHINE Programme. Draft Report on Review Findings and Recommendations 13th December 2019
7. Second Phase Health Sector Strategic Plan 2017-2021
8. SHINE Supply Programme Gender, Equality and Social Inclusion Strategy (DRAFT 2)
9. Somali Health Policy: The Way Forward - Prioritization of Health Policy Actions in Somali Health Sector
10. Somali Roadmap Towards Universal Health Coverage 2019-23