UKPHS
UK Partnerships
for Health Systems

UKPHS SCOPING ASSESSMENT REPORT

SOMALILAND

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THET
PARTNERSHIPS FOR GLOBAL HEALTH

LSTM
LIVERPOOL SCHOOL
OF TROPICAL MEDICINE

CONTENTS

ACRONYMS AND ABBREVIATIONS

ANC - Antenatal Care

AU - Amoud University

CPD - Continuing Professional Development

DFID - UK Department for International Development

EPHS - Essential Package of Health Services

EPI - Expanded Programme on Immunisation

FCDO - Foreign, Commonwealth and Development Office

FGC - Female Genital Cutting

GESI - Gender Equality and Social Inclusion

HCW - Health Care Worker

HGH - Hargeisa Group Hospital

HIS - Health Information Systems

HMIS - Health Management Information Systems

HP - Health Partnership

HRH - Human Resources for Health

HS - Health Systems

HSS - Health System Strengthening

HTI - Health Training Institutions

IST - In-service Training

KIIs - Key Informant Interviews

LMICs - Low- and Middle-Income Countries

LSTM - Liverpool School of Tropical Medicine

MoHD - Ministry of Health Development

MRA - Medical Regulatory Authority

M&E - Monitoring and Evaluation

NHPC - National Health Profession Commission

NOM - National Oversight Mechanism

SLNMA - Somaliland Nursing and Midwifery Association

SMA - Somaliland Medical Association

SOPHA - Somaliland Pharmaceutical Association

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 National Children Fund

UOH - University of Hargeisa

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 Somaliland. 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 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, Myanmar, Ethiopia, Ghana, Nepal, Sierra Leone, Somalia, Somaliland, Tanzania, Uganda, and Zambia. These grants will explicitly focus on supporting nationally identified priorities, complemented by smaller partnership grants that take on innovative approaches to address specific health system challenges. 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 August 2020 a scoping assessment team comprising THET UK and Somaliland staff and health systems and GESI specialists from LSTM undertook a detailed scoping assessment in Somaliland to examine and analyse Somaliland'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 assessment in Somaliland 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 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 are the key expected outcomes of the scoping assessments. In addition, a National Oversight Mechanism (NOM), a small core group of key stakeholders, comprising the MoHD and FCDO to provide ongoing oversight and coordination of the UKPHS will be established.

SCOPING ASSESSMENT APPROACH AND METHODOLOGY

DESK REVIEW

Prior to the scoping assessment, the LSTM team undertook a desk review of available secondary data (List of references in Annex 5) to identify and document key health systems priorities (Annex 2 shows priorities identified under seven health systems components). These secondary documents included Somaliland policies and strategies such as the Health Sector Strategic Plan (HSSP II) 2017-202, the National Development Plan II 2017-2021, National Health Policy 2011, and the Somaliland National Vision 2030, as well as key documents and information related to the health workforce such as the National Continuous Professional Development Guidelines, the National Strategic Plan for In-service Training of Health Workers, the Health Workforce Survey, and the Costed Nutrition Capacity Development Framework for Somaliland.

The LSTM team used the WHO Health Systems framework and its six Building Blocks, as well as an additional seventh component - Health Emergency Preparedness, identified through the desk review and in consultation with the MoHD, 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 stakeholder. This 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 over ten key stakeholders in Somaliland, including MoHD Directors, representatives from the National Health Professions Commission, WHO, universities, hospitals, professional associations and the NAGAAD Network (Annex 4 contains the list of stakeholders consulted).

The **Stakeholder Feedback Tool** was disseminated to selected MoHD and non-MoHD stakeholders with the aim of asking them to validate the identified priorities in order of importance 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 MoHD, in coordination with the THET Somaliland team, then disseminated this document, along with other UKPHS information (Programme Overview is in Annex 1) to 10-15 selected stakeholders for their review and feedback.

Once stakeholders had completed and returned the Stakeholder Feedback Tool - 10 stakeholders responded in Somaliland - the LSTM and THET scoping assessment team conducted in-depth interviews with each of the respondents, during which they further elaborated on and validated the key health systems priorities and activities they had identified. Having considered the information the assessment team had provided on the Health Partnership modality and the UKPHS Programme, the views of these respondents 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 LSTM/THET scoping assessment team synthesised and summarised the priorities identified through the initial key informant interviews (KIIs) and presented and reviewed these with a small core group of stakeholders, comprising the Health Minister and senior MoHD officials and the FCDO Health Advisor.

The MoHD reviewed the information shared and the priorities identified internally and in a subsequent meeting with the THET/LSTM assessment team, presented its final set of priorities. Key health systems priorities for which the HP model was deemed suitable and feasible are presented in Section 4 Final Prioritisation below

The TOR for the National Oversight Mechanism (NOM) for the UKPHS programme were clarified, including the composition and role of the NOM. It was decided that a small, dedicated team would be established to act as the NOM, comprising members from the MoHD, FCDO and THET.

SYNTHESIS OF PRIORITIES ACROSS STAKEHOLDERS

STATUS OF SOMALILAND HEALTH SYSTEM: ACHIEVEMENTS, CHALLENGES AND PRIORITIES

In Somaliland, the Health Sector Strategic Plan (HSSP II) 2017-2021 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 the national health priorities, including Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG), particularly SDG 3.

The Somaliland population was estimated at 3.6 million in 2014, and has been projected to 4.2 million in 2020, with the bulk of the population living in urban centres (Somaliland Health and Demographic Survey (SLHDS) 2020). According to the Health Sector Strategic Plan (HSSP II), despite commendable socio-economic development over the past decade or so, Somaliland remains a low-income country with clear disparities between regions, urban and rural communities, and the poorest and the relatively rich classes. Consequently, 49.9% of the urban population are categorized as poor (living below the poverty line), whereas 62.9% of the rural population and 55.3% of internally displaced persons live below the poverty line. Life expectancy at birth is 51.6 years for males and 55 for females.

Over 48% of Somaliland's population is under the age of 15. While younger Somalilanders have greater access to education compared to older age groups, access to education is generally low. One out of two female members of the household and 43 percent of male household members had some form of primary education, with 41% of women literate.

The Somaliland Health and Demographic Survey (SLHDS) 2020 highlights the need for more livelihood opportunities across the country. It found that only 9% of the women interviewed were employed, while 13% were not paid for their job. Of the women who were employed, 62% were self-employed. Three-quarters (76%) of women aged 15 to 49 own a cell phone, and 57% use their mobile phones for financial transactions. In addition, women contribute to financial decisions; 98% of women aged 15 to 49 determine how their cash earnings should be spent either individually or jointly with their husbands, while 80% make individual or joint decisions on how their husbands spend cash.

Despite the collapse of health systems during the civil war in 1988, Somaliland has been relatively peaceful and politically stable for almost three decades, and the government of Somaliland has successfully re-established the national health system with partially functioning primary and secondary services with limited finance. The government is committed to improving coverage, access, staffing and service delivery. Overall, gains have been made in improving health outcomes, particularly in the areas of reproductive health, maternal, neonatal and child health, and capacities of public institutions have improved. However, health systems challenges remain, including, financial constraints, human resource capacity, limited infrastructure, donor dependency and fragmented health systems. In addition, recurring drought results in malnutrition and there is an inadequate focus on the prevention of NCDs.

According to the SLHDS 2020, 47% of women received ANC from a skilled health provider and 40% of deliveries were performed with the assistance of a skilled health professional, with 67% percent of births delivered at home. Eighty percent of women aged 15-49 had received no postnatal care at all after delivery of their last live birth, care that is critical for detecting and managing any danger signs and complications that arise after delivery, and preventing both maternal and neonatal mortality. The Total Fertility Rate (births per woman aged 15-49) is 5.7 children, with an unmet need for birth spacing of 28%. Early marriage is common in

Somaliland, with 23% percent of women aged 20 -24 married by the time they turned 18 years in 2020, with 7% of women aged 15-19 already having had a live birth.

The maternal mortality rate was 396 maternal deaths per 100,000 live births in 2020. The key determinants of maternal mortality in Somaliland, include: low uptake of contraceptives, low ANC attendance rates, and limited delivery care by skilled birth attendants. The main social challenges to further reduction of maternal mortality highlighted in the SLHDS 2020 include: limited availability and distribution of health facilities countrywide, unequal access to care, low quality of interventions, limited capacity in planning, management and evaluation, and the cultural and geographic isolation of women.

In 2020, 68% of women reported they face at least one problem accessing health care, including lack of money (61%) and distance to a health facility (58%), which was particularly problematic for women in nomadic settings. Further, 39% of women needed to get permission to go for healthcare service. Nomadic married women, non-cash-employed women, non-educated women, and those from poorer households face acute problems in accessing health care. Female Genital Mutilation or Cutting (FGM/C) is high in Somaliland at 98% among women aged 15–49. Twelve percent of women aged 15-49 have experienced physical violence since the age of 12, with older women are more likely to experience physical abuse. The SLHDS 2020 found that 66 percent of women believe that husbands commit the most violent acts against women in the community.

In 2020, 13% of children aged 12- 23 months were fully vaccinated (i.e. with BCG, pentavalent, polio and measles vaccines), 21% under the age of five years were stunted and 13% were wasted. Under-5 mortality rate (per 1,000 live births) is 146, while infant mortality rate (per 1,000 live births) is 91.

Seven (7%) percent of Somalilanders suffer from chronic diseases, including blood pressure (41%), diabetes (19%), and kidney diseases, (9%) and arthritis (7%). Around 5% of the population suffer from disabilities, and 40% of disabled people in Somaliland had not received any care nor support for their disability in the 12 months preceding the 2020 SLHDS.

The Ministry of Health Development's (MoHD) Essential Package of Health Services (EPHS) defines the standard of health services that should be provided at each level of the health care system. The MoHD has highlighted nine strategic objectives to deliver its priorities, including service delivery; human resources for health; leadership and governance; medicines, medical supplies and technologies; health information systems; health financing; health infrastructure; emergency preparedness and response and social determinants of health.

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) Governance and Leadership and Health Emergency Preparedness. (2) Human Resources for Health; Service Delivery, and Health information Systems (3) Medical Products and Technologies and Health Financing.

Rank	Health System Area	Lowest score = highest priority
1.	Human Resources for Health	18
2.	Service Delivery	18
3.	Governance and Leadership	17
4.	Health Emergency Preparedness	17
5.	Health Information Systems	18
6.	Health Financing	27
7.	Medical Products and Technologies	28

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 NUMBER OF TIMES RANKED BY RESPONDENTS

Observations:

- HRH was ranked the number one priority by half of the 10 respondents
- Service Delivery was ranked in the top 3 priorities by 8 out of the 10 respondents, seven respondents ranked HRH in their top three, while 6 respondents ranked Health Emergency Preparedness and Medical Products and Technologies in the top 3 respectively

Health Systems Area	No. of times ranked							Total
	1	2	3	4	5	6	7	
Human Resources for Health	5	2	0	1	1	0	0	9
Health Information Systems	3	0	1	0	0	2	0	6
Health Financing	1	1	0	0	2	0	2	6
Medical Products and Technologies	0	3	3	0	0	1	1	8
Governance and Leadership	1	4	0	2	0	0	0	7
Service Delivery	4	2	2	1	0	0	0	9
Health Emergency Preparedness	2	2	2	0	1	0	0	7

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 which 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

Within the seven health systems components respondents were asked to score the priority areas and activities in order of importance in order of priority. The scoring for the 7 health systems areas and activities (shaded) that the majority scored 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, 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	16
Produce sufficient skilled health professionals and workers (M/F) with equitable distribution to implement health services.	30

Continuous Professional Development	22
Develop appropriate continuing professional development for all categories of workers in the health sector.	32
Initiate and strengthen continuing education including in-service training.	20
Conduct needs assessment for continuous professional development.	28
Monitor and evaluate continuous professional development activities.	18
Accreditation of continuous professional development courses and providers.	22
In-service training of health workers	16
Strengthen IST ownership and institutionalisation.	22
Strengthen coordinated approach to IST planning implementation and evaluation.	22
Strengthen quality of In-service training of health workers.	29
Strengthen IST linkage to continuous professional development of health workers.	26
HRH regulation and professional standards	16
Establish performance appraisal system.	17
Improve professional standards and ethics in healthcare.	16
Regulate medical training curricula.	23
Strengthen the HRM and regulatory frameworks with a goal of improving professional standards of practice and ethics.	27
Address gaps in the accreditation of training institutions and their programmes.	22
Standardisation of curricula and competences.	26
Management and coordination of HRH	13
Formulate HRH policies to address issues around distribution of the workforce, training and development, retention, and regulation of the health workforce.	26
Develop functional and integrated human resource information system (IHRIS) to inform evidence of in-post health workers as well as the absorption and attrition rates.	21
Enact policies on task shifting/sharing in the health workforce.	10
Establish diaspora data of health workforce to help study the role of the Diaspora in service delivery.	12
Conduct research on underlying HRH issues that would inform the human resource management system under development and capacity building to enhance evidence-based workforce planning especially on	22

attraction, recruitment, deployment, retention, training, performance management and support to the health workforce at MoHD central and regional levels.	
Integration of GESI approach into HRH interventions.	1
Disaggregation and analysis of data by sex and other social stratifiers (e.g. age, location, cadre).	19
Development and analysis of gender-sensitive HRH data.	18
Participation of key stakeholders, including female health care providers, in the design of human resource reforms.	20
Increase women's representation in HRH leadership positions.	22
Development and implementation of gender-sensitive HRH policies and strategies.	21

SERVICE DELIVERY ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Scaling up of essential and basic health and nutrition services	12
Continuation, integration and scaling up of equitable, accessible essential package of health services including mental health as a core component.	17
Integration of community-based health and nutrition services in health service delivery.	15
Develop specialised interventions for non-communicable diseases.	13
Improve delivery of disease specific programmes and interventions including AIDS, TB, malaria, polio and vaccine preventable diseases.	13
Health infrastructure	6
Provide the necessary operational environment for effective service delivery.	11
Develop and implement health infrastructure improvement plan/ standard.	10
Address GESI-sensitive access issues in infrastructure developments, such as separate toilets for male and female staff and patients.	10
Create database of facilities and policy and plan for improvement of infrastructure or medical equipment based on population need.	8
Update infrastructure and ensure sufficient maintenance.	7
Improve delivery of disease specific programmes and interventions	15

Strengthen reproductive, Maternal, Neonatal, Child Health (MNCH) and Nutrition.	22
Control Communicable Diseases and Surveillance.	10
Provide first aid and care of clinically ill and injured.	11
Treat common illness.	13
HIV, STIs, TB	14
Manage chronic disease and other diseases, care of the elderly and palliative care.	19
Mental health and mental disability.	13
Dental health	7
Eye health	8
Access to and utilization of health services	12
Increase access to and utilization of cost-effective, quality and gender sensitive health services especially for women, children, and other vulnerable groups.	25
Review effectiveness of demand generation interventions.	16
Develop action plan to reach the marginalized and underserved populations – including provision of EPHS to rural, nomadic communities, internally displaced persons, pockets of deprived urban settlements and most geographically inaccessible districts.	19
Delivery and Quality	13
Improve quality of services provided at the health facility level (including referral care and client charter).	19
Promote awareness and contribution to improved personal health care through prevention and health promotion.	17
Ensure quality assurance standards, patient safety and infection control norms.	14
Ensure accurate information on private sector, no system to collect data on the size, utilization and quality of care provided.	12
Train healthcare providers to provide services that are non-discriminatory (e.g. in relation to factors such as age, gender, disability, HIV status).	16
Social Determinants of Health	7
Promoting action on social determinants of health and health in all policies.	18
Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health and build the capacities necessary for its implementation.	15

Determine priority health promotion, disease prevention and behaviour change programmes.	15
Enhance people's participation and engagement for reducing risk factors through health promotion interventions.	10
Promote policy interventions particularly to benefit the disadvantaged populations with massive health inequities and address their basic development needs.	7
Integration of GESI approach into health service delivery.	5
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	14
Gender analysis of barriers to health service access and use.	9
Development and implementation of gender sensitive health services.	16
Development of screening and referral for gender-based violence.	15
Increase stakeholder involvement in planning, delivery, and review of services, including with representation of women and most vulnerable communities.	13
Increase intersectoral collaboration to address social determinants of health.	11

GOVERNANCE AND LEADERSHIP ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Management and Coordination	11
Strengthen in-country health sector coordination.	11
Improve management and institutional capacities with enhanced decentralisation.	15
Improve engagement and involvement of communities (including women and representatives of vulnerable groups) in planning, delivery, and review of health services.	10
Develop implementation plans for policy documents.	12
Develop data on scale and composition of the private sector.	11
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. Promote best practices in hospital management and clinical leadership.	9
Undertake internal Monitoring and Auditing to ensure resources are used as planned.	9
Create standardized monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.	10

Regulation	10
Develop and implement policies, strategies, and legal frameworks.	17
Improve regulation and effective oversight of the private sector.	17
Accreditation system in public and private health care facilities and ensuring compliance with the professional code of ethics.	16
Develop 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 to improve the populations' care seeking behaviour.	11
Integration of GESI approach into management of governance and leadership.	3
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.).	15
Gender analysis of health systems reform and implementation.	10
Development and implementation of gender sensitive policies.	9
Increase representation of women and other key groups into decision-making bodies.	10
Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.	11

HEALTH EMERGENCY PREPAREDNESS SCORING ACTIVITY

Health System Activity	**Highest score = highest priority**
Management and Coordination	11
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.	17
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.	14
Ensure operational readiness to manage identified risks and vulnerabilities related to health.	13
Access to services and engagement	9
Improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations.	17

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.	15
Data and Surveillance	5
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.	15
Introduce disaster risk assessment, management of mass casualties and establishing private ambulance services.	13
Closely monitor and evaluate the impact of emergencies.	14
Capacity Development	6
Strengthen capacity of country health emergency preparedness and response to high threat infectious hazards.	15
Strengthen capacity to prevent, investigate, mitigate, manage, monitor, evaluate and control public health threats.	15
Strengthen capacity to each out to affected communities with integrated effective assistance targeting their specific public health emergencies.	13
Integration of GESI approach into emergency preparedness and response.	4
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	13
Gender analysis of primary and secondary effects of emergencies.	11
Development and implementation of gender sensitive health services.	15
Increase participation of women and other key on decision-making bodies.	13
Increase participation of key stakeholders in the design of emergency preparedness and planning.	17

HEALTH INFORMATION SYSTEMS ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Data Systems and Management	10
Establish effective health information system that provides accurate and timely health data for evidence-based planning and implementation disaggregated by gender, location, and other factors such as age, disability, HIV status as relevant.	15
Effective M&E system to track health system performance, disaggregated by gender, location and other factors such as age, disability, HIV status as relevant.	11

Develop effective and integrated disease early warning and surveillance system.	8
Establish system of civil registration and vital statistics.	8
Improve capacity to undertake research.	13
Data Quality	
Develop, update, publish and institutionalize data quality assurance mechanisms.	15
Sensitization and training on data quality.	11
Integration of GESI approach into health information systems	3
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	15
Development and analysis of gender-sensitive data.	12
Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.	12
Increase women's representation on data collection and analysis teams.	10

HEALTH FINANCING ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Financial Management	11
Strengthen health financing strategy development and implementation.	11
Ensure a sound public financial management and accountability system.	9
Improve collection and analysis of data on health financing, including OOP expenditure.	11
Develop rules and procedures for the purchase of services and goods in the public sector and to ensure strong accountability system in the public sector.	13
Improve financial reporting systems.	7
Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage	10
Reduce financial barriers to access by exploring alternative mechanisms such as prepayment methods and pooled funds to reduce out-of-pocket payments.	12
Integration of GESI approach into health financing management and delivery	3

Development of gender responsive budgets.	15
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	13
Development and analysis of gender-sensitive health financing schemes.	9
Increase representation of women and other key groups on financial management committees.	15
Increase participation of patients and community in financial management committees.	11

MEDICAL PRODUCTS AND TECHNOLOGIES ACTIVITY SCORING

Health System Activity	**Highest score = highest priority**
Management, Regulation, Quality Assurance	12
Develop import regulations, guidelines, and standards to improve the safety and practices of pharmaceutical sector.	15
Develop effective procurement, warehousing, logistics and supply chain system.	9
Undertake an assessment of existing procurement and supply chain management system & needs.	10
Capacity development to ensure quality care and safety are integrated into health management structures.	17
Improve procurement, inventory, storage, management, and distribution systems.	11
Accredited training curricula for pharmacists.	17
Establish private sector regulatory framework.	21
Reduce prevalence of counterfeit and low-quality drugs.	10
Implementation of treatment protocols for essential drugs at each level.	12
Availability, Access, and Use	10
Improve availability of essential medicines, vaccines and commodities that satisfy the priority health care needs of the population, in adequate amounts and of assured quality and at a price that the community and the health system can afford.	17
Capacity building to promote rational prescribing, dispense and use of medicines and technologies and reduce over prescription.	11
Integration of GESI approach into management and use of medical products and technologies	3
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	12

Development and analysis of gender-sensitive medicines and technologies management and use.	11
Increase representation of women and other key groups, including patients and communities, on relevant committees.	14

GENDER EQUALITY AND SOCIAL INCLUSION 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 **Somaliland**, were to enable stakeholders identify which GESI activities they felt were most important and/or relevant for their context. In addition, as relevant GESI activities under each of health systems component can sometimes be difficult to identify, 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.

Activities that received the high priority across all health systems areas included:

- Increasing the representation of women and other key groups, such as patients and the community, in decision-making and committees (six out of seven health systems areas)
- Development and implementation of gender-sensitive policies and services (five out of seven health systems areas)
- Disaggregation and analysis of sex disaggregated data and relevant gender data (two out of seven health systems areas)
- Development of screening and referral for gender-based violence (one out of seven health systems areas)

Human Resources for Health		
Increase women's representation in HRH leadership positions.	22	
Development and implementation of gender-sensitive HRH policies and strategies.	21	
Health Information Systems		
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	15	
Development and analysis of gender-sensitive data.	12	
Increase participation of patients and community in assessment and reviewing any disaggregated data to measure improvements in inequalities.	12	
Health Financing		
Development of gender responsive budgets.	15	

Increase representation of women and other key groups on financial management committees.	15	
Medical Products and Technologies		
Development and analysis of gender-sensitive medicines and technologies management and use.	11	
Increase representation of women and other key groups, including patients and communities, on relevant committees.	14	
Governance		
Collection and use of data disaggregated by factors such as sex, location, age, disability, etc.)	15	
Increase citizens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states.	11	
Health Service Delivery		
Development and implementation of gender sensitive health services.	16	
Development of screening and referral for gender-based violence.	15	
Emergency Preparedness		
Development and implementation of gender sensitive health services.	15	
Increase participation of key stakeholders in the design of emergency preparedness and planning.	17	

HEALTH SYSTEM 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, and to review responses to the four questions posed, and to collaboratively examine health systems issues and challenges, and the rationale for and validity of the health systems priorities identified with the respondents. 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.

DIRECTOR OF HEALTH SERVICES AND HOSPITALS, MINISTRY OF HEALTH DEVELOPMENT

HEALTH SYSTEM CHALLENGES

Service delivery is the main health system priority that needs to be strengthened. Service delivery in Somaliland is not adequate nor effective to sufficiently meet the health needs of the population. Health facilities often lack adequate drugs, equipment and technology, and health emergency preparedness systems are weak. The key health system challenges raised by the Directorate of Health Services and Hospitals include:

- Lack of highly competent staff
- Concerns around the motivation of staff
- Inadequate specialized doctors with expertise in fields like oncology
- Lack of skilled health workers in health emergencies and preparedness
- Unavailability of protocols and guidelines
- Quality of healthcare services
- Inadequate medical equipment, especially for handling health emergencies such as COVID-19
- Inadequate budget for and donation of medical equipment
- Poor repair and maintenance of medical equipment due to lack of medical engineers, with no health training institutions producing this cadre
- Poor documentation systems in the healthcare facilities
- Weak public private partnership in health to cater for the health needs of Somaliland
- Inadequate healthcare infrastructure

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) Health Emergency and Preparedness.

Summary of Health Systems Components Priority Ranking by the Director of Health Services and Hospitals, MoHD

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

PRIORITY AREAS OMITTED

The respondent identified that the following priority areas should also be included:

- Private Health Sector Strengthening
- Clinical Audit and Quality Control of Health Services
- Systems Protocol and Treatment Guidelines

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 & recruitment	Other: recruiting highly committed and skill.

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

The respondent reported that Medical Products and Technologies could be addressed by the health partnership (HP) model. In addition, the respondent identified the following areas for potential UKPHS support:

Service Delivery

- Improve quality of health services from primary, secondary to tertiary levels of care
- Support with building the infrastructure of healthcare facilities
- Strengthen maternal, reproductive and neonatal health interventions
- Development of protocols and guidelines on quality of care

Governance and leadership

- Strengthen public private partnerships
- The private health sector constitutes about 70 to 80% of the healthcare system, indicating the need to strengthen the private health facilities to have clinical audit system, and protocols/guidelines
- Strengthen public and private health sector partnership by supporting implementation of public private health partnership strategies, stakeholder meetings and conferences, consultations, coordination of hospitals and assessment of the healthcare facilities
- Develop protocols and guidelines on different health emergencies

HRH

- Support with post graduate training programmes for doctors, including other health related cadres
- Training and systems to ensure teamwork, good communication between healthcare workers and professional collaboration when providing care to patients and training on how to provide care to patients
- Systems of motivating and encouraging healthcare workers
- Management trainings for administrators
- Training for healthcare workers on medical engineering to have enough knowledge and skills on how to repair and maintain equipment through preservice and in-service training
- Equip, coordinate and train healthcare workers on health emergency preparedness in departments such as intensive care unit, and emergency and trauma units
- Regarding gender equity and social inclusion, ensure both women and men can access training or education, learn in the same institutions and can get similar jobs, without major obstacles

Information systems

- Software that can service as special identification for patients, hence hospitals to have full information about patients enabling continuity of care and follow ups
- Introduce District Health Information System (DHIS) in private hospitals as well to have a more complete picture of the burden of morbidity and mortality
- Developing electronic database for all patients, and appropriate technology to have medical histories for patients and be able to more accurately calculate morbidity and patients can also send their chief complaints of their illnesses while at home
- Accurate data collection system that can help in decision making

Medical drugs, equipment, and technologies

- Curriculum, equipment, lecturers to train medical engineers and all regional health facilities should have a well-trained medical engineer
- Equipment of healthcare facilities to be able to diagnose, also ICU equipment like monitors and ventilators, ensure there is oxygen. Some regions have no ventilators
- Donation or budget for medical equipment to ensure they are adequate in regional and district health facilities

Health emergency preparedness

- Produce and deploy sufficient doctors, ambulances, and equipment for handing health emergencies
- Developing and strengthening systems for managing, planning, coordination and command of health emergencies

DIRECTOR OF HUMAN RESOURCE FOR HEALTH, MINISTRY OF HEALTH DEVELOPMENT

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the Directorate of Human Resources for Health include:

- Lack of training for non-medical staff in areas such as finance, administration, planning, human resource, accounting, cleaners, and watchmen
- Lack of well-coordinated continuous professional development courses for healthcare workers, sometimes leading to duplication of courses
- Most of the healthcare workers do not take the existing CPD courses likely due to the fees charged for these courses by the health training institutions
- There is no CPD center to deliver such courses
- Currently linkages between renewal of National Health Professionals Council (NHPC) and licensing and registration of healthcare workers with CPD modules is lacking
- Some partners provide training without informing the human resources department in the MoHD, which affects proper planning of CPD courses for staff as per their needs
- Some courses offered as CPD or IST are not relevant

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by the Director of Human Resource for Health, MoHD

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

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 & recruitment	Other: Non-medical staff/supportive staff, some of them to get development
HRH regulation and professional standards	Other: Establish Centre of continuous professional development for health workers
Management and coordination of HRH	Other: Top up salary in a central MoHD and regional in a department of human resource
Integration of GESI approach into HRH interventions	Other: Create gender balance Basic on context that can promotion any title of the positions

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

The respondent identified the following areas for potential UKPHS support:

HR Planning

- Strengthening systems for planning and distribution of the health workforce to address maldistribution especially urban-rural imbalances

Pre-service education/training

- Training programs for non-medical staff such as finance, administration, planning, and human resource
- Reinforcing professionalism and ethics courses in the nursing and midwifery curricula

In-service training and Continuing Professional Development

- Conducting needs assessment of CPD courses relevant to HCWs in improving quality of care
- Reviewing CPD and IST policy and guidelines, evaluate implementation and develop a plan to operationalize these policies in coordination with the Department of Planning
- Developing criteria for the categories of healthcare workers that should take CPD courses
- Awareness raising program and system for healthcare workers to undertake CPD and IST courses
- Training of master trainers who will offer CPD and IST courses to healthcare workers
- Supporting the design and delivery of CPD/IST courses on professional standards and ethics to teach staff how to provide care in a professional and ethical way
- Supporting NHPC and MoHD to develop post graduate curricula for doctors, nurses, and midwives but with higher priority for doctors in specialties such as pediatrics, orthopedics, etc.
- Capacity building of staff at central and regional level
- Developing a framework to improve professional standards

Performance management

- Developing/strengthening performance appraisal system at the MoHD to identify staff in need of training

Task shifting

- Developing task shifting and sharing policy to address shortages of health professionals to provide healthcare services such as mental health

Research

- Conducting research on human resource for health and needs assessment of health cadres in shortage

Gender equity and social inclusion

- More balanced representation of females and males in the different levels of care as per context needs

NATIONAL HEALTH PROFESSION COMMISSION (NHPC)

FUNCTIONS OF NHPC

The mandate of the NHPC falls under three main areas as follows: 1) regulation of healthcare professionals; 2) accreditation of health training institutions; and 3) regulation of healthcare facilities.

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the NHPC include:

- Funding gaps and shortages of staff, which limits coverage of NHPC activities
- Improving the harmonization of training curricula for some health cadres
- Training for staff to assess and accredit new post graduate training programs
- Strengthening linkages between CPD courses and renewal of licenses and promotion of staff
- Strengthening systems for recognising and awarding credits for teaching and publications for continuous professional development courses not yet in place
- Lack of specific guidelines focusing on gender equity and social inclusion to increase representation of women and marginalized groups in health professions

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by the Chair of NHPC

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

PRIORITY AREAS OMITTED

The respondents reported that as the NHPC is the only government institution mandated by law to regulate the healthcare professions in Somaliland, more focus should be given to regulation; any activities related to the regulation are important to NHPC.

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

Respondents indicated that HRH is the most important priority as it plays a vital role in improving the quality of the healthcare system in Somaliland. When all healthcare professionals are registered and licensed; their education is accredited and a concrete standardized CPD program is developed, this will raise the standards and impact positively on health service delivery. Therefore, focusing on empowering HRH is vital for better health systems.

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

- Formal training of NHPC staff on accreditation of health training institutions
- Capacity building to assess and accredit post graduate programs, and license graduates from these programs
- Assessment of health training institutions offering formal CPD programs and healthcare professionals who have undertaken CPD courses
- Assessing needs for CPD

- Linking short term courses and CPD programs with licensing of HCWs, as well promotion and salary increment, in collaboration with the MoHD
- Develop standardized system and criteria for admission of students to medical and health related courses, as well as system of assessing the expertise of faculty teaching these programs
- Standardization of curricula for health cadres, in collaboration with the Ministry of Education/Higher Education and the National Commission of Higher Education
- Development of guidelines to standardise short-term training courses; some are not recognised by all health training institutions
- Development of a system to recognise teaching, as well as publications
- Improving the quality of health professionals, by ensuring only qualified lecturers teach in their areas of expertise
- Scale up interventions focusing on regulation of health facilities in the private sector
- Awareness raising on accreditation, registration and licensing of health training institutions and healthcare workers in both the public and private sector
- Development of guidelines on gender equity and social inclusion of vulnerable and marginalised groups

SOMALILAND NURSING AND MIDWIFERY ASSOCIATION

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the Somaliland Nursing and Midwifery Association include:

Regulation and registration of HCWs

- Some of those health care workers who are employed, and practicing are not registered because of staff shortages within NHPC to assess all staff but they now have a new board and chairperson
- No national examinations for nurses and midwives to standardize the quality of graduates
- Some qualified nurses and midwives have not yet been registered and licensed
- Most of the associations are not working well due to lack of funding, affecting collaboration and implementation of joint activities
- There is no directorate of nursing and midwifery at the central MoHD
- A draft clinical audit policy is yet to be finalised, clinical audit committees have not been formed in healthcare facilities for conducting clinical audits

Mental health capacity and service provision

- Mental illnesses are many, but there are few psychiatrists and no mental health nurses, and no training institution offering mental health training

Information Systems

- No robust data available due to weak research capacities

Human Resource Management

- Supervision, monitoring, and distribution of staff not adequately conducted in the regions, with many HCWs residing and working in the cities, while rural areas are left out

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by the Executive Director of SLNMA

Priority Ranking	Health System Component
1	Human Resources for Health

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

PRIORITY AREAS OMITTED

The respondents reported that health services are a priority because 'patients deserve safe, affordable, ethical, and sustainable health services'. In addition, they ranked health emergency preparedness as a key priority, and importance of having an emergency preparedness and response plan, as well as training HCWs on how to mitigate emergency risks, especially considering the current COVID-19 situation.

In addition, the stakeholder identified the following 'other' priority areas:

- Voice and leadership: Ensure nurses and midwives have a strong voice at all levels of health care, including at the point of care, board level and within government
- Need for nursing specialities in areas such as neonatal care, anaesthesia, paediatrics, ICU, mental health, etc
- Support to SLNMA resource centres and expansion of Nursing and Midwifery research capacity
- Improving nurses and midwives' capacity and competencies through CPD
- Improving the level of education of nursing and midwifery tutors and clinical instructors
- Availability of teaching material including CDs, books, and '*Mama Natalie'* mannequins
- Capacity building for SLNMA program team

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

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

HRH

- Regulation, education, and in-service training through continuous professional development
- Accreditation systems for CPD programs
- Training of SLNMA staff on CPD programs
- Train and produce mental health doctors and mental health nurses; the mental health nursing curricula developed by SLNMA has not been delivered due to funding limitations,
- Train more ICU nurses
- Train clinical instructors
- Distribution system for staff to ensure they are employed in all the regions

Regulation

- Examination board as a quality assurance measure, exams, especially for graduates from non-accredited schools, who can be given support, if required, to pass the exams
- Strengthening health professional associations, such as the Somaliland Medical Association (SMA), Somaliland Pharmaceutical Association (SOPHA) and SLNMA to build their capacities to function optimally

Quality Service Delivery

- Management and monitoring systems such as clinical audit and monitoring and evaluation systems to ensure HCWs are delivering quality healthcare services

Gender equity and social inclusion

- Mainstreaming gender equity and social inclusion in all programs

Governance and Leadership

- Establishment of Nursing and Midwifery Directorate in the MoHD to ensure representation of nurses and midwives at the central level of the MoHD
- Training healthcare workers in leadership and governance within the health system
- Training programs for staff working in SLNMA on leadership and management
- Well-coordinated supervision and monitoring system for professionals in all regions

Health information system (and research)

- Reliable data, including census data to plan programs and activities, disaggregated in terms of age and gender
- Strengthen and support surveillance capacity and systems at central and regional levels
- Strengthen research and availability of robust data to plan appropriately on how to address maternal mortality rate, and increasing rates of cesarean section in Somaliland

Health emergency preparedness

- Develop and implement an emergency response plan and contingency plan
- Train emergency staff on how to prepare and handle emergencies
- Guidelines on how to mitigate risks

HARGEISA GROUP HOSPITAL

Hargeisa Group Hospital is the national referral hospital in Somaliland, with a department of education and quality improvement.

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the Hargeisa Group Hospital include:

- Inadequate funding in non-communicable diseases (NCDs) due to donor driven programs focusing more on reproductive health, HIV, TB, reproductive health, and NCDs have been forgotten
- Poor referral systems and low utilisation of lower levels of care health facilities
- Much of the focus is on treatment, while primary health care and prevention interventions has been neglected
- Low awareness about the importance of quality improvement programs among staff and managers
- Weak leadership and governance systems
- Poor monitoring and evaluation of resources allocated to health
- Lack of health emergency preparedness plan, equipment, and well-trained staff to handle health emergencies
- Lack of mental health services. There is a mental health department in Hargeisa Group Hospital and in the regional health facilities, as well as 140 privately owned mental health institutions in the community which indicates the dire need to implement interventions in mental health

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by the Hargeisa Group Hospital

Priority Ranking	Health System Component
4	Human Resources for Health
6	Health Information Systems
5	Health Financing

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

PRIORITY AREAS OMITTED

The respondents reported that each sector lacks policies and guidelines that direct the activities both at ministerial level and health services delivery level.

Summary of key areas that can be supported by a health partnership

The respondent felt that most, if not all, the priorities could be addressed by a HP, but service delivery, emergency preparedness, governance and leadership and HRH could be specifically addressed.

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

Service Delivery

- Developing specialties, policies and guidelines, and integration of gender mainstreaming in all areas
- Establishing and scaling up the essential package of health services, mainly on NCDs such as diabetes and hypertension and ensuring access and equitable service to patients with NCDs
- Re-orient the structure of the hospital and re-learn from past experiences and current structures, how to provide effective services. There is a grant to open a new hospital and it is good to plan how to merge these services
- Development of database for health facilities and policy planning for improvement is important
- Capacity building on First Aid, with a focus on primary trauma care as is being supported by Kings College, London, ensuring there is continuity
- Improving mental health, chronic diseases, acute illnesses, eye health and dental health
- Develop demand generation for health services by looking into the health needs of the community, marginalized groups and refugees and orient healthcare models to meet these needs, such as renal failure, hypertension, ICU services for stroke, etc.
- Strengthen the referral system and systems to bridge the gap between referrals from rural areas to the national referral hospital, to reduce the number of referrals and improving access at the lower levels
- Improving primary health care areas and health promotion and prevention to reduce the burden of patients at the national referral hospital and improve outcomes and increase life expectancy
- Improving in-service training in areas such as NCDs and mental health
- Develop management systems, policies, procedure manuals, and guidelines on provision of care to patients
- Addressing gender-based violence and gender mainstreaming within the healthcare system and including women in every stage of assessing, planning and implementation of services
- Support to Quality Improvement, which is a new concept in Hargeisa Group Hospital. Develop quality of care guidelines for implementation by the existing multidisciplinary quality improvement teams
- Management of mental health cases and availability of drugs
- Building the capacity of healthcare workers and the community on rehabilitation and re-introducing mentally ill patients into the community

Leadership and Governance

- Strengthen leadership and governance capacity and sector coordination throughout all programs
- Build capacity of human resource, finance, and hospital level managers, and provide ward level management training
- Monitoring and evaluating resource allocation to ensure resources are utilised properly

- Develop monitoring and evaluation tools, legal and regulatory frameworks and collect data to monitor achievements, progress, and gaps
- Conduct operational research to help the hospital and staff understand the impact of interventions

Health emergency preparedness

- Planning and training staff on how to prepare for and handle health emergencies, assess readiness and develop mechanisms, communication, and all component of a multisectoral approach, with the involvement of government institutions, community, and private sector

EDNA ADAN UNIVERSITY

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the Edna Adan University include:

- Borders are porous and in the event of pandemic, as is the case currently with COVID-19, there is a risk of easy spread of infection
- Somaliland hospitals have very low preparedness for emergency and there is inadequate knowledge of risk assessment to avoid, mitigate or eliminate impact
- There is no personal protective equipment and patient life-saving equipment like ventilators, or rescue groups and transportation
- Health workers have little training or experience to deal with highly infectious conditions or to handle health emergencies
- Lack of standard operation procedures and guidelines for frontline workers on health emergencies, most of the knowledge is from curricula (theoretical)
- Health facilities are lacking vital equipment such as ventilators, needed for health emergencies
- Some faculties are the weak link affecting the quality of training and production of health workers
- Many textbooks in English, e.g. Myles Textbook for Midwives, which is a foreign language, and teachers need to explain, show again and again, getting students to perform to ascertain they have skills to perform safely
- There is unbalanced representation of women in the health sector
- Lack of a strong epidemiology master's in public health program that could be of great impact to the country
- Cultural barriers, such as female genital cutting (FGC) affecting reproductive health, and refusal of cesarean sections due to myths ('grandmothers had many babies without cesarean section'), affects utilisation of emergency obstetric interventions

PRIORITY AREAS

In order of priority from the component ranked highest, the top three (or immediate, intermediate, and long term) health system priorities are: (1) Health Emergency and Preparedness; (2) Human Resource for Health; and (3) Service Delivery.

Summary of Health Systems Components Priority Ranking by Edna Adan University

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

3	Service Delivery
1	Health Emergency Preparedness

PRIORITY AREAS OMITTED

The respondents did not report any priorities that were omitted.

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY A HEALTH PARTNERSHIP

The respondents noted that improving health system performance should include:

1. Equitable treatment of all citizens
2. Everyone has the right to receive health service delivery
3. Everyone has a right to up-to-date health information
4. Everyone has a right to be free from any form of discrimination

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

Health emergency preparedness

- Health worker personal protective equipment and equipment such as ventilators to better manage health emergencies
- Training provided for health workers on infection prevention control, triage, isolation and how to handle emergencies
- Awareness raising in the communities to reduce misconceptions that Somalis cannot get COVID-19
- Advocacy for professionalism and importance of using evidence-based practice
- Developing video demonstrations as a teaching and learning strategy for medical and non-medical workers
- Guidelines and protocols for nursing and medical professions on how to handle contagious patients
- Though some guidelines for health emergencies are available in curricula, the guidelines now should be more focused on corona virus; these could be combined with other respiratory infections, and distributed to health workers
- Accredited universities can be trained together on health emergency preparedness and can be master trainers for delivering training in other universities
- Use of UK expertise to build capacity of master trainers who will share knowledge with locals in Somaliland

Human resource for health

- Promoting professionalism through teaching and developing systems to ensure professionalism in the workplace
- Building capacity of teaching faculty through Bachelor, Masters, and PhDs programmes
- Strengthen online courses, and develop videos, load resources onto memory sticks that students can use without the need for an internet connection
- Have local brilliant candidates in the context to train others
- Strengthen supervision, monitoring, observation, evaluation, guidance, continued education, regulation to raise the bar and sense of professionalism
- Enhance production of a skilled health workforce, equitably distributed across country
- Strengthen in-service training, regulation of professional standards, and management and coordination of HRH
- Provide more post graduate programs for medical doctors and other cadres, to give them more skills and knowledge to better manage cases e.g. postgraduate one-year course in maternal and newborn health
- Training of Trainers (faculty who will train hospital managers and IST Trainers) on lesson planning, counselling and assessment of students, research, critical thinking, etc. to make programmes sustainable
- Production of skilled health professionals and standardisation of curricula
- Increase participation of women in the health workforce

Service delivery

- Awareness raising programs to clear community myths and misconceptions related to cesarean section refusal and the practice of FGC

- Interventions on communicable and non-communicable diseases, surveillance, quality of services, and awareness raising about illness
- Access to and utilisation of gender sensitive approaches

HEALTH PROFESSIONS ASSOCIATIONS

Discussions were held with the Health Professions Associations included the Somaliland Medical Association, the Somaliland Pharmaceutical Association, and the Somaliland Medical Laboratory Association.

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the Health Professions Associations include:

- Funding shortages affecting functions of health professions associations
- Harmonisation of quality of training for different health professions
- Most learning materials for CPD and IST are in English, but Somali is the most understood and preferred language of many healthcare workers
- No prioritisation of CPD and IST courses to be offered, or what is offered to junior and senior health workers
- Lack of linkages between CPD contact hours and renewal of license
- Cost of registration and license with NHPC is unaffordable for some healthcare providers
- Lack of active collaborations and joint activities

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 and (3) Health Information Systems.

Summary of Health Systems Components Priority Ranking by Health Professions Association

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

PRIORITY AREAS OMITTED

Respondents did not identify any omitted priority areas.

Summary of key areas that can be supported by the health partnership

Respondents identified the following areas for potential UKPHS support:

Human resource for health

- Survey healthcare workers about their CPD/IST needs and best teaching/learning methods, using group/focus group discussions (FGDs) to better understand their needs
- Identify accredited institutions/consultants to coordinate development of CPD/IST courses/manuals
- Validation workshops for developed CPD/IST courses/manuals
- Resources to translate CPD/IST courses/manuals to Somali to increase reliability of the course
- Printing and distribution of CPD/IST courses, manuals, booklets etc.

- Facilitate meetings with academic institutions to share and discuss on how to initiate use of CPD/IST manuals, and developing system for sharing timetable of CPD/IST, how the courses should be taken
- Building the capacity of institutions about CPD/IST
- Prioritisation of the types of CPD/IST course to be given first and others later
- Meetings with NHPC board to discuss accreditation of CPD/IST courses
- Consensus on how many credit hours per year per profession
- Strengthen linkages between CPD/IST courses and licensing and renewal
- Develop joint monitoring and evaluation framework of the NHPC board and professional associations
- Development and implementation of gender sensitive HR policy
- Capacity building of health care professionals in different areas of research
- Harmonisation of curricula as per different health professions for training institutions
- Harmonisation of national exams for each health profession

Service delivery

- Training healthcare workers on quality of care
- Programs to increase access and utilisation of health services
- Support expansion of health infrastructure

Health information system

- Training health workers on how to improve data quality
- Training on using data for decision making for communicable diseases and prevention and control
- Support establishment of effective monitoring and evaluation system for health systems

UNIVERSITY OF HARGEISA

HEALTH SYSTEM CHALLENGES

The key health system challenges highlighted in discussions with the University of Hargeisa include:

- Insufficient skilled health professionals at post graduate level and inequitable distribution across the regions of Somaliland
- Lack of standardised national examinations for nurses, midwives, and other health professionals
- Lack of a system to motivate healthcare workers to take CPD courses at health training institutions
- Maldistribution of healthcare workers across the country: many healthcare workers in the cities and few in rural areas
- Limited research on underlying HRH issues related to retention and maldistribution

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; and (3) Health Information Systems.

Summary of Health Systems Components Priority Ranking by University of Hargeisa

Priority Ranking	Health System Component
1	Human Resources for Health
3	Health Information Systems
7	Health Financing
6	Medical Products and Technologies

4	Governance and Leadership
2	Service Delivery
5	Health Emergency Preparedness

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 & recruitment	Other: Standardized national exam for nurses, midwives, doctors, and other health professionals
Health information Systems	
Data Systems and Management	Other: Develop and implement methods and materials for study designs, policy briefs
Data Quality	Other: Train MoHD staff on different approaches of research such as quantitative, qualitative
Service Delivery	
Improve delivery of disease specific programmes and interventions	Other: Community health outreach interventions (Randomised controlled trials in the maternal and child health centres and villages)
Access to and utilization of health services	Other: Develop methods and strategies to increase access and utilization of health services
Delivery and Quality	Other: Developing standard operating procedures and guidelines for health institutions and training staff on how to utilize

SUMMARY OF KEY AREAS THAT CAN BE SUPPORTED BY A HEALTH PARTNERSHIP

Respondents identified the following areas for potential UKPHS support:

Human Resources for health

- Post graduate programs including pediatrics, orthopedics, and health profession education courses
- Senior lecturers and professors to lecture on both undergraduate and post graduate courses
- Training of lecturers abroad through a twining program with UK university on medicine, nursing, midwifery, and public health programs
- Faculty twinning between Hargeisa University and UK university to conduct research jointly for capacity building
- Research on Khat and how it contributes to hypertension and stroke
- Establish centre of excellence for CPD and IST to offer short training courses for graduates and healthcare workers, including advanced skills for laboratory staff

Service delivery

- Community health outreach interventions, collaboration between different faculties
- Support development of standard operating manuals and guidelines on maternal health and mental health
- Development of methods and strategies to increase access and utilization of health services
- Promote awareness and contribution to improve health through prevention of Khat, and smoking practices

Health information system

- Trainings on data quality assurance

- Training of healthcare workers on research according to the needs of the country

AMOUD UNIVERSITY

HEALTH SYSTEM CHALLENGES

The respondent reported that Somaliland is under the burden of poverty and disease deteriorated by civil unrest, brain drain, as well as inappropriate training programs. The health systems are not adequately addressing the increasing burden of disease. Traditional, faith and other informal sources of care are used more because they are more available, accessible, affordable, and acceptable. The health system is facing many challenges such as the destruction of health infrastructure and supply systems; limited number of health professionals, and the few that are available are more concentrated in main cities with lower skill levels; weak governance and leadership; lack of policies and regulations and new and re-emerging diseases.

The key health system challenges highlighted in discussions with Amoud University include:

- Rural areas lack healthcare workers, with the majority concentrated in towns
- CPD programs not linked to renewal of license
- Professionalism and ethics missing in many health workers
- The MoHD authority and commitment are not strongly demonstrated across all levels of healthcare
- The number of health professionals is not enough, and the skills of healthcare workers are not standard
- There is a problem of leadership and governance at central to lower level healthcare facilities
- Teaching hospitals are not well equipped to serve as training facilities for both undergraduate and post graduate programs

PRIORITY AREAS

The respondents reported that human resources development is a factor for improved health care. The three priority areas ranked are responding to the current needs of the health system of Somaliland. All are essential for any successful and sustainable change in health system. Even though the other three areas are also important for the rebuilding of the health system but with the time they can also be developed gradually. Since the country is just recovering they felt that it needed the immediate production of health professionals who can fill the gap in the health workforce, which are very serious; advance the service delivery; and improve the governance and leadership to ensure access of the few available resources to all the communities in the different parts of Somaliland.

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

Summary of Health Systems Components Priority Ranking by Amoud University

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

PRIORITY AREAS OMITTED

The respondents identified the following additional priorities:

- Development of policies and regulations to ensure the quality of the health service provision and make it accountable and transparent and produce professional standards and ethics for healthcare
- Development of educational policies since there is a mushrooming of health training institutions with inappropriate educational training programmes
- Support for the teaching hospitals of the health training institutions. Teaching hospitals bring together the educational programmes, research, and patient care in a unique environment where the health professionals are trained. The teaching hospitals foster an environment to bring together new treatments from the research to the bedside, safely and regularly. Since the teaching hospitals are the key clinical training sites for the health professionals offering students exposure to a broad mix of medical conditions, patient care services and practicing health professionals as lecturers. Therefore, tangible support must be given in improving their diagnostic means and be part of HP projects. Amoud University has Al-Hayatt hospital which is unique for the teaching of Amoud students. To carry out its activities it needs training on integrated hospital management systems, designed to manage all hospital operations, such as the financial, administration, legal and compliance

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

Health System Priority Areas	Activities under Health System Priority Area
Governance and Leadership	
Regulation	Other: Training on monitoring evaluation and auditing
Integration of GESI approach into management of governance and leadership	Other: Strengthening community participation in decision-making, development of plans, implementation and monitoring and evaluation
Service Delivery	
Improve delivery of disease specific programmes and interventions	Other: E.N.T services

Summary of key areas that can be supported by the health partnership

Respondents felt that HPs could contribute to the rebuilding of health system with emphasis to the identified priorities paying more attention to the equity, efficiency, access, quality with equal distribution of the produced health professionals in the different regions of Somaliland minimizing the concentration of the few available health professionals at the main cities and equally distributed to different regions of Somaliland.

in addition, respondents identified the following areas for potential UKPHS support:

Human resource for health

- Equitable distribution of healthcare workers in all regions, urban and rural areas of Somaliland
- Improve the quality of training, making standardized curricula for medical professions
- Upgrade and build capacity of teaching staff and administration to produce skilled health professionals
- Develop CPD/IST policy and link to renewal of license, for example, doctors should have three CPD courses per year to enable them to renew their license
- Conduct needs assessment to decide on CPD/IST courses
- Provide refresher courses in obstetrics/gynecology and ENT
- Training of health care professionals to be professional and ethical
- Strengthen leadership and governance at the MoHD level
- Provide regular programs on regulation of clinics and health facilities and conduct accreditation of health training institutions every three years
- Regulate number of health training institutions to three for medical training as they are considered adequate
- Provide internship program for medical students to include rotation in both urban and rural areas
- Strengthen systems to ensure political commitment and policy to better manage and coordinate equitable distribution of health workers across the country

- Strengthen research capacity in health facilities and health training institution to generate good data that will enable plans to be prepared and health care services to be provided
- Build capacity of teaching hospitals to be training facilities for both undergraduate and postgraduate programs

Leadership and governance

- Provide leadership and governance CPD/IST programs for the MoHD to build MoHD leadership qualities ('*without leadership qualities all everything will not work from central MoHD to healthcare facilities*")
- Leadership and governance training in the health training institutions
- Health training institutions to be supported to be CPD training centers, ensuring the sustainability of the programs,
- Facilitate TOTs within the health training institutions
- Improve management and institutional capacity and enhanced decentralization to empower staff at lower health service delivery levels and improve performance
- Support the implementation of existing strategies and legal frameworks on leadership and governance

Service delivery

- Address health workforce quality problems
- Furnish health facilities with supplies, medical items and equipment
- Strengthen systems to ensure equitable distribution of health facilities as well as healthcare workers across all the regions in Somaliland

WHO

HEALTH SYSTEM CHALLENGES

The WHO respondent provided written feedback on health systems priorities only, and did not participate in a KII, and therefore there was no discussion of the health systems challenges.

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by WHO

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

PRIORITY AREAS OMITTED

The respondent identified the following additional priorities:

- Human Resources for Health, *including pharmaceutical HR*
- Medical Products and Technologies *including strengthening medicines regulatory authority and supply chain management*

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 & recruitment	Other: Estimate the need for production of various cadres based on international standards. Collaborate with professional training institutions to standardize curricula, ensure training/learning material and capacity building of tutors.
Medical Products and Technologies	
Management, Regulation, Quality Assurance	Other: Strengthening medicine regulatory authority, (MRA) through establishing priority regulatory functions drug registration unit, pharmacovigilance, inspection, quality control, etc. Develop import regulations guidelines and standards to improve the quality and safety of medicines & health technologies beside recruitment of required pharmaceutical personnel.
	Other: Start implementing the institutional development plan (IDP) and the recommendation of the assessment of the MRA of 2017.
Service Delivery	
Improve delivery of disease specific programmes and interventions	Other: HIV, STIs, TB and Malaria.
	Other: Blood safety and blood bank, Deworming & Health awareness.

Summary of key areas that can be supported by the health partnership

The respondents identified the following areas for potential UKPHS support:

- Health service delivery
- Human resources for health
- Essential medicines

NAGAAD NETWORK

NAGAAD consists of representation from 46 women's organisations across the country. It has operational offices in all six regions, and representative in Nairobi. NAGAAD was formed to serve as an organised, collective voice of women who were determined to fight for their socio-economic and political rights as equal citizens of Somaliland.

HEALTH SYSTEM CHALLENGES

The NAGAAD respondent provided written feedback on health systems priorities only, and did not participate in a KII, and therefore there was no discussion of the health systems challenges.

PRIORITY AREAS

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

Summary of Health Systems Components Priority Ranking by NAGAAD Network

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

PRIORITY AREAS OMITTED

The respondent reported that giving specific consideration to mother and child health care is important.

Summary of key areas that can be supported by the health partnership.

The respondent did not identify any areas for UKPHS support.

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 core group of MoHD stakeholders, comprising the MoHD Minister, Director General and Director of Planning, and the FCDO Health Advisor.

During this meeting, the THET/LSTM assessment team provided further information on the UKPHS programme, including the overall value of the grant and the timeframe, as well as the HP modality and the priorities that could be feasibly be addressed through such a model. The team also elaborated on the National Oversight Mechanism, its proposed composition and primary function, and role in the oversight of the UKPHS in Somaliland.

The team provided an overview of the draft scoping assessment report and the summary prioritisation document for the MoHD group, including the overall process and key findings and priorities that had been identified through the key informant interviews (KIIs) and the small stakeholder group discussions that had been facilitated.

The MoHD then reviewed the information shared and the priorities identified internally review. In a subsequent meeting with the THET/LSTM assessment team, the MoHD presented its final set of priorities. It also identified who would represent the MoHD on the NOM.

FINAL HEALTH SYSTEMS PRIORITIES TO BE ADDRESSED BY HPS

After reviewing the information shared and the priorities identified internally review, the MoHD then met with the THET/LSTM assessment team to present its agreed final set of priorities. Out of the seven health systems each component, they identified five that were priority for potential HPs, as shown in the table below.

MoHD Priority Health System Components and Areas for HP support

Priority health system component	Priority Health Systems Areas
1. Governance and Leadership	Strengthen leadership and governance capacity and sector coordination
	Develop legal and regulatory frameworks

2. Health Emergency Preparedness	Strengthen/develop protocols and guidelines on different health emergencies and risk mitigation
	Develop and strengthen planning and systems for coordinating a multisectoral emergency response
3. Human Resource for Health	Strengthen in-service training and CPD systems and delivery and align these with performance management and accreditation systems
	Improve the quality of in-service and preservice training, with emphasis on accreditation and assessment
	Review and revise the pre-service Midwifery curriculum
4. Health Information systems	Develop monitoring and evaluation tools to monitor achievements, progress, and gaps
	Strengthen research capacity and conducting operational research
5. Service Delivery	Support Quality of Care (QoC) initiatives and scale up/roll out to lower level facilities, training and tools aligned with supportive supervision processes

Under each of these health systems components the MoHD identified a range of priority areas that could be supported by a HP under the UKPHS programme.

1. Governance and Leadership

The MoHD identified two key activities under this component, including strengthening leadership and governance and sector coordination capacity and developing legal and regulatory frameworks. The MoHD was requested to think about what kind of partners and expertise there are in-country related that could link up with a UK partner to address the priorities related to legal and regulatory frameworks.

2. Health Emergency and Preparedness

The MoHD identified two priorities under this HS component. The first was strengthening/developing protocols and guidelines on different health emergencies and risk mitigation. The second was developing and strengthening planning and systems for coordinating a multisectoral emergency response with the involvement of government institutions, community, and private sector.

3. Human Resources for Health

The MoHD felt that in-service training and CPD systems and delivery needed to be strengthened and that these systems should be aligned with performance management and accreditation systems and processes. This training should also include the design and delivery of bespoke leadership and management training courses for midlevel managers in the central Ministry. CPD courses could be a mix of short courses and longer courses, such as diplomas, as required. It will be important to conduct a needs assessment so that training can address identified gaps in knowledge and skills. The HP could link with the Civil Service training agency for the training of the midlevel managers to ensure the courses developed and deliverable are applicable for their day to day work.

In terms of improving the quality, assessment and accreditation of in-service training should be aligned with appraisals, progression, and promotion.

On the pre-service training the MoHD identified that the review of the midwifery curriculum was a priority and that this work could be supported by a HP. Currently, there are different durations for the delivery of the midwifery curriculum, which leads to challenges with its accreditation; standardising the curriculum might help address and resolve this issue.

4. Health Information Systems

The MoHD identified that developing M&E tools to monitor achievements, progress and gaps was the first priority. Secondly, there is a need to strengthen research capacity and conduct operational research to improve understanding of the impact of interventions and to generate evidence to inform policy and practice.

NATIONAL OVERSIGHT MECHANISM (NOM) FOR UKPHS PROGRAMME

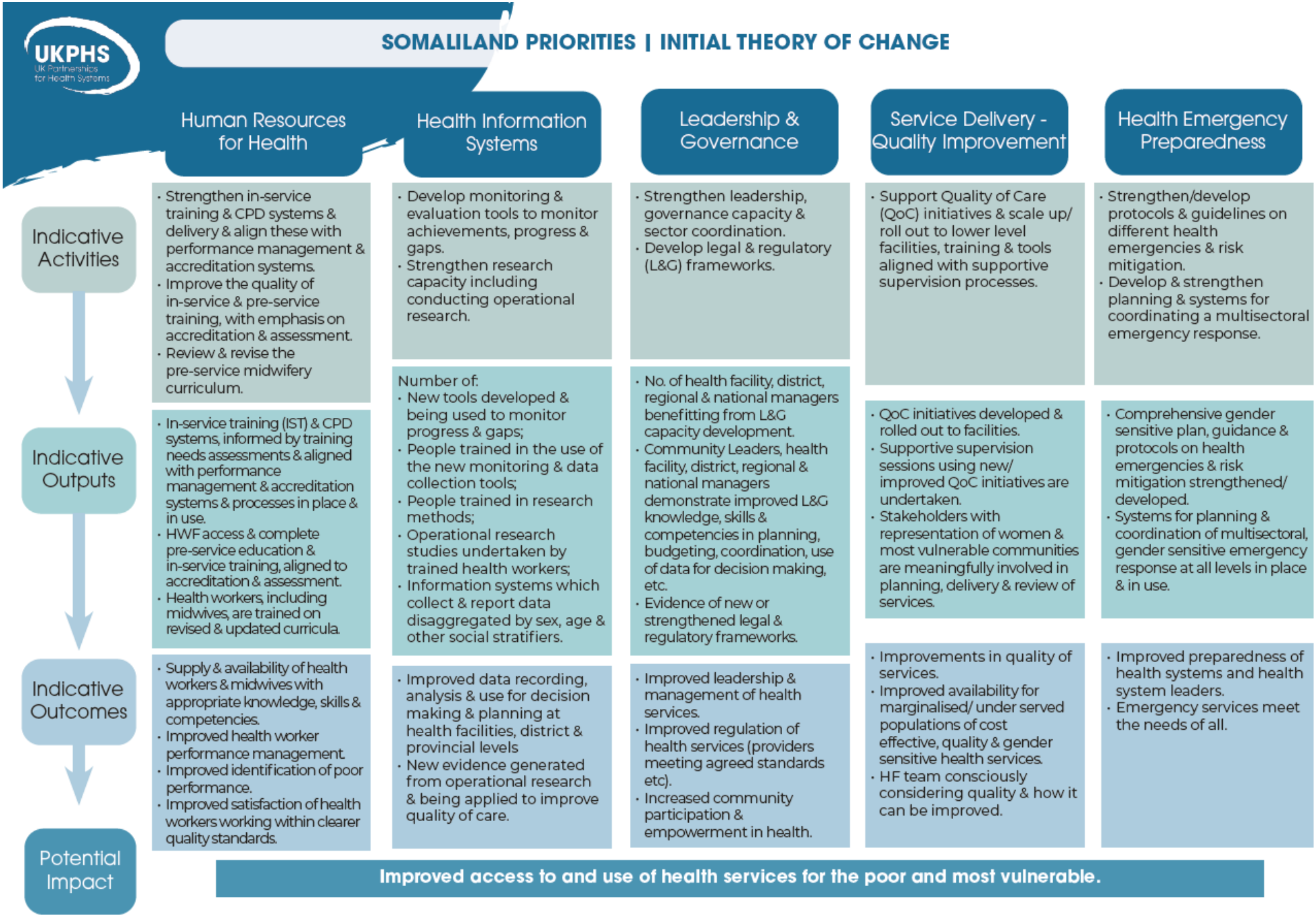
The proposed NOM will play a key role in ensuring the programme has national oversight and meets nationally identified priorities. The NOM could be established specifically for the UKPHS programme or the function could be overtaken by an existing forum or structure.

The MoHD sought further clarification on the composition and role of the NOM. The TOR was reviewed as explained the role of the NOM will be to review the applications submitted to ensure these were supportive of and aligned with the identified health systems priorities and there are synergies with the work being supported by other development partners. The NOM will also review biannual reports and participate in annual reviews.

The MoHD identified that the following officials would represent the MoHD on the NOM.

1. Dr. Mohamed Abdi Herrgeye, Director-General
2. Mr. Saeed, Director of Planning

MoHD officials enquired if there would be opportunities to visit HPs in other countries to learn how other partnerships work. THET clarified that there is no funding available for such kind of visits but that MoHD officials would be welcome to participate in the THET annual conference in October which would be a virtual event, where they could engage with other partners and stakeholders.


UKPHS
UK Partnerships for Health Systems
SOMALILAND PRIORITIES | INITIAL THEORY OF CHANGE
Human Resources for Health
Health Information Systems
Leadership & Governance
Service Delivery - Quality Improvement
Health Emergency Preparedness
Indicative Activities
Indicative Outputs
Indicative Outcomes
Potential Impact
· Strengthen in-service training & CPD systems & delivery & align these with performance management & accreditation systems.
· Improve the quality of in-service & pre-service training, with emphasis on accreditation & assessment.
· Review & revise the pre-service midwifery curriculum.
· Develop monitoring & evaluation tools to monitor achievements, progress & gaps.
· Strengthen research capacity including conducting operational research.
· Strengthen leadership, governance capacity & sector coordination.
· Develop legal & regulatory (L&G) frameworks.
· Support Quality of Care (QoC) initiatives & scale up/ roll out to lower level facilities, training & tools aligned with supportive supervision processes.
· Strengthen/develop protocols & guidelines on different health emergencies & risk mitigation.
· Develop & strengthen planning & systems for coordinating a multisectoral emergency response.
· In-service training (IST) & CPD systems, informed by training needs assessments & aligned with performance management & accreditation systems & processes in place & in use.
· HWF access & complete pre-service education & in-service training, aligned to accreditation & assessment.
· Health workers, including midwives, are trained on revised & updated curricula.
Number of:
· New tools developed & being used to monitor progress & gaps;
· People trained in the use of the new monitoring & data collection tools;
· People trained in research methods;
· Operational research studies undertaken by trained health workers;
· Information systems which collect & report data disaggregated by sex, age & other social stratifiers.
· No. of health facility, district, regional & national managers benefitting from L&G capacity development.
· Community Leaders, health facility, district, regional & national managers demonstrate improved L&G knowledge, skills & competencies in planning, budgeting, coordination, use of data for decision making, etc.
· Evidence of new or strengthened legal & regulatory frameworks.
· QoC initiatives developed & rolled out to facilities.
· Supportive supervision sessions using new/ improved QoC initiatives are undertaken.
· Stakeholders with representation of women & most vulnerable communities are meaningfully involved in planning, delivery & review of services.
· Comprehensive gender sensitive plan, guidance & protocols on health emergencies & risk mitigation strengthened/ developed.
· Systems for planning & coordination of multisectoral, gender sensitive emergency response at all levels in place & in use.
· Supply & availability of health workers & midwives with appropriate knowledge, skills & competencies.
· Improved health worker performance management.
· Improved identification of poor performance.
· Improved satisfaction of health workers working within clearer quality standards.
· Improved data recording, analysis & use for decision making & planning at health facilities, district & provincial levels
· New evidence generated from operational research & being applied to improve quality of care.
· Improved leadership & management of health services.
· Improved regulation of health services (providers meeting agreed standards etc).
· Increased community participation & empowerment in health.
· Improvements in quality of services.
· Improved availability for marginalised/ under served populations of cost effective, quality & gender sensitive health services.
· HF team consciously considering quality & how it can be improved.
· Improved preparedness of health systems and health system leaders.
· Emergency services meet the needs of all.
Improved access to and use of health services for the poor and most vulnerable.

ANNEX 1A. PROGRAMME OVERVIEW & FREQUENTLY ASKED QUESTIONS

The UK Partnerships for Health Systems Programme – an overview

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

To understand the health system priorities that could be addressed through HPs, between January and August THET and LSTM undertook 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 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 MoHD 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 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 MoHD 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 is due to take place at between March and August 2020. The grant call will be launched in November 2020.

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

ANNEX 1B. UK PARTNERSHIPS FOR HEALTH SYSTEMS - FREQUENTLY ASKED QUESTIONS

What is UK Partnerships for Health Systems?

The UK Partnerships for Health (UKPHS) programme was announced by the FCDO 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 on 2nd December 2019 and will run for 43 months 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?

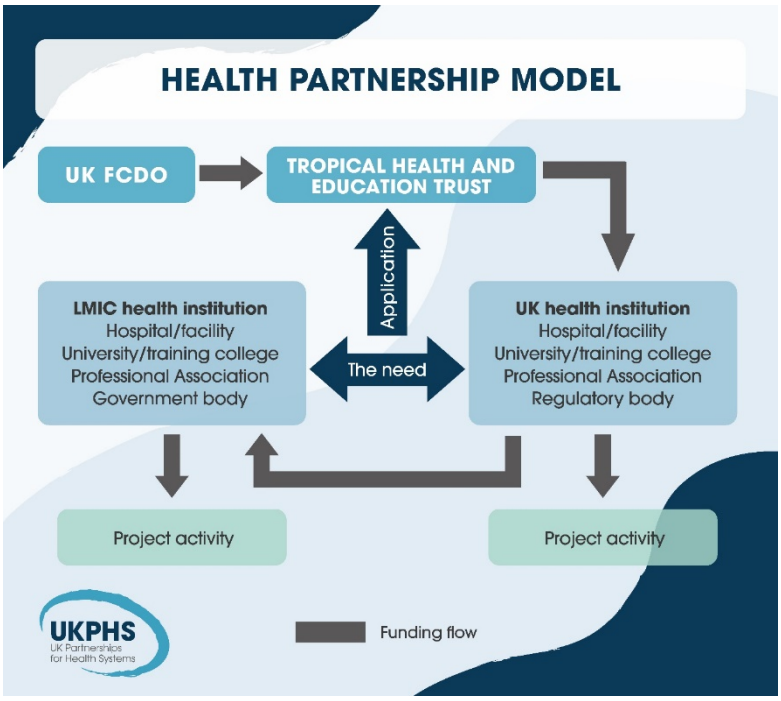
UKPHS focuses on 10 strategic countries which were identified by FCDO – Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, **Somalia and Somaliland**, Tanzania, Uganda, and Zambia. Grants must address pre-identified health priorities, as identified by stakeholders within the country.

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 Somaliland 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 Somaliland 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 Somaliland partners. THET will also conduct annual monitoring visits to the Somaliland 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 Somalia and Somaliland 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.

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?

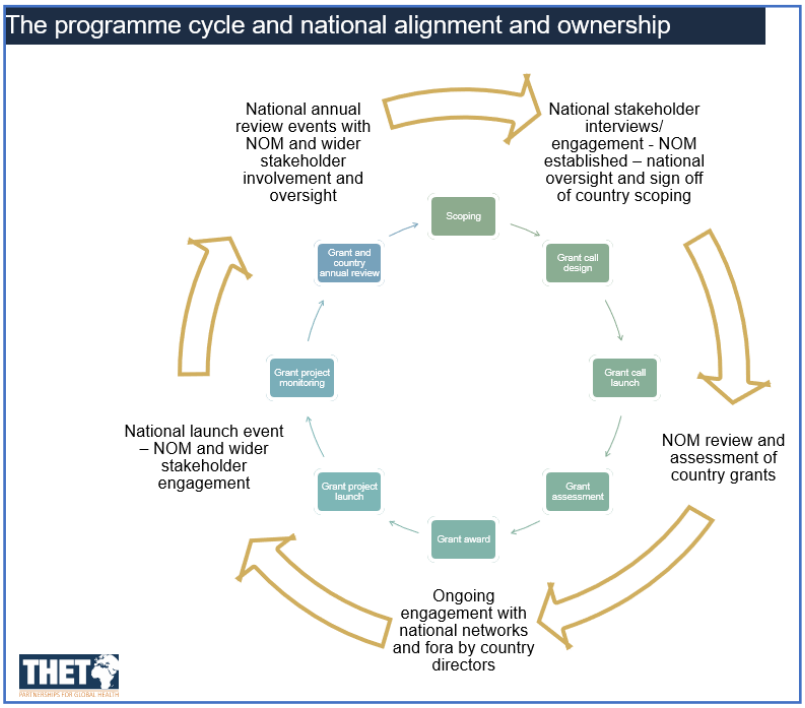
DFID commissioned an independent evaluation of the programme in 2016 which found that "Health Partnership Scheme projects have contributed to the health system strengthening by strengthening health worker capacity in terms of their skills, knowledge and confidence". However, there were some lessons learned 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 are 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 will be reviewed during the scoping trip.
- 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 may 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 will be determined through a scoping visit undertaken specifically to engage with national stakeholders. Over the course of the scoping visit, national stakeholders will be 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 will then be agreed upon and used to develop a country specific Theory of Change, which will form 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, newborn 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 bachelors 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, SOMALILAND

Human Resources for Health

Health System Priority Areas	Activities under Health System Priority Area
Enhancing HRH production & recruitment	Produce sufficient skilled health professionals and workers (M/F) with equitable distribution to implement health services.
Continuous Professional Development	Develop appropriate continuing professional development for all categories of workers in the health sector.
	Initiate and strengthen continuing education including in-service training.
	Conduct needs assessment for continuous professional development.
	Monitor and evaluate continuous professional development activities.
	Accreditation of continuous professional development courses and providers.
In-service training of health workers	Strengthen IST ownership and institutionalisation.
	Strengthen coordinated approach to IST planning implementation and evaluation.
	Strengthen quality of In-service training of health workers.
	strengthen IST linkage to continuous professional development of health workers.
HRH regulation and professional standards	Establish performance appraisal system.
	Improve professional standards and ethics in healthcare.
	Regulate medical training curricula.
	Strengthen the HRM and regulatory frameworks with a goal of improving professional standards of practice and ethics.
	Address gaps in the accreditation of training institutions and their programmes.
	Standardization of curricula and competences.
Management and coordination of HRH	Formulate HRH policies to address issues around distribution of the workforce, training and development, retention and regulation of the health workforce.
	Develop functional and integrated human resource information system (IHRIS) to inform evidence of in-post health workers as well as the absorption and attrition rates.
	Enact policies on task shifting/sharing in the health workforce.
	Establish diaspora data of health workforce to help study the role of the Diaspora in service delivery.
	Conduct research on underlying HRH issues that would inform the human resource management system under development and capacity building to enhance evidence-based workforce planning especially on attraction, recruitment, deployment, retention, training, performance management and support to the health workforce at MoHD central and regional levels.
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	Establish effective health information system that provides accurate and timely health data for evidence-based planning and implementation disaggregated by gender, location and other factors such as age, disability, HIV status as relevant.
	Effective M&E system to track health system performance, disaggregated by gender, location and other factors such as age, disability, HIV status as relevant.
	Develop effective and integrated disease early warning and surveillance system.
	Establish system of civil registration and vital statistics.
	Improve capacity to undertake research.
Data Quality	Develop, update, publish and institutionalize data quality assurance mechanisms.
	Sensitization and training on data quality.
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	Strengthen health financing strategy development and implementation.
	Ensure a sound public financial management and accountability system.
	Improve collection and analysis of data on health financing, including OOP expenditure.
	Develop rules and procedures for the purchase of services and goods in the public sector and to ensure strong accountability system in the public sector.
	Improve financial reporting systems.
Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage	Reduce financial barriers to access by exploring alternative mechanisms such as prepayment methods and pooled funds to reduce out-of-pocket payments.
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	Develop import regulations, guidelines, and standards to improve the safety and practices of pharmaceutical sector.
	Develop effective procurement, warehousing, logistics and supply chain system.
	Undertake an assessment of existing procurement and supply chain management system & needs.
	Capacity development to ensure quality care and safety are integrated into health management structures.
	Improve procurement, inventory, storage, management, and distribution systems.
	Accredited training curricula for pharmacists.
	Establish private sector regulatory framework.
	Reduce prevalence of counterfeit and low quality drugs.
	Implementation of treatment protocols for essential drugs at each level.
Availability, Access, and Use	Improve availability of essential medicines, vaccines and commodities that satisfy the priority health care needs of the population, in adequate amounts and of assured quality and at a price that the community and the health system can afford.
	Capacity building to promote rational prescribing, dispense and use of medicines and technologies and reduce over prescription.
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	Strengthen in-country health sector coordination.
	Improve management and institutional capacities with enhanced decentralisation.
	Improve engagement and involvement of communities (including women and representatives of vulnerable groups) in planning, delivery, and review of health services.
	Develop implementation plans for policy documents.
	Develop data on scale and composition of the private sector.
	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. Promote best practices in hospital management and clinical leadership.
	Undertake internal Monitoring and Auditing to ensure resources are used as planned.

	Create standardized monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.
Regulation	Develop and implement policies, strategies and legal frameworks.
	Improve regulation and effective oversight of the private sector.
	Accreditation system in public and private health care facilities and ensuring compliance with the professional code of ethics.
	Develop 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.
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
Scaling up of essential and basic health and nutrition services	Continuation, integration and scaling up of equitable, accessible essential package of health services including mental health as a core component.
	Integration of community based health and nutrition services in health service delivery.
	Develop specialised interventions for non-communicable diseases.
	Improve delivery of disease specific programmes and interventions including AIDS, TB, malaria, polio and vaccine preventable diseases.
Health infra-structure	Provide the necessary operational environment for effective service delivery.
	Develop and implement health infrastructure improvement plan/ standard.
	Address GESI-sensitive access issues in infrastructure developments, such as separate toilets for male and female staff and patients.
	Create database of facilities and policy and plan for improvement of infrastructure or medical equipment based on population need.
	Update infrastructure and ensure sufficient maintenance.
Improve delivery of disease specific programmes and interventions	Strengthen reproductive, Maternal, Neonatal, Child Health (MNCH) and Nutrition
	Control Communicable Diseases and Surveillance.
	Provide first aid and care of clinically ill and injured.
	Treat common illness.
	HIV, STIs, TB
	Manage chronic disease and other diseases, care of the elderly and palliative care.
	Mental health and mental disability.

	Dental health
	Eye health
Access to and utilization of health services	Increase access to and utilization of cost-effective, quality and gender sensitive health services especially for women, children, and other vulnerable groups.
	Review effectiveness of demand generation interventions.
	Develop action plan to reach the marginalized and underserved populations – including provision of EPHS to rural, nomadic communities, internally displaced persons, pockets of deprived urban settlements and most geographically inaccessible districts.
Delivery and Quality	Improve quality of services provided at the health facility level (including referral care and client charter).
	Promote awareness and contribution to improved personal health care through prevention and health promotion.
	Ensure quality assurance standards, patient safety and infection control norms.
	Ensure accurate information on private sector, no system to collect data on the size, utilization and quality of care provided.
	Train healthcare providers to provide services that are non-discriminatory (e.g. in relation to factors such as age, gender, disability, HIV status).
Social Determinants of Health	Promoting action on social determinants of health and health in all policies.
	Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health and build the capacities necessary for its implementation.
	Determine priority health promotion, disease prevention and behaviour change programmes.
	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 in ensuring 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 capacity of country health emergency preparedness and response to high threat infectious hazards.
	Strengthen capacity to prevent, investigate, mitigate, manage, monitor, evaluate and control public health threats.
	Strengthen capacity to each out to affected communities with integrated effective assistance targeting their specific public health emergencies.
Integration of GESI approach into emergency preparedness & 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.

UKPHS Scoping - Guidance for Health System Priority Areas Reviewers/Respondents – Somaliland

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

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

Documents Reviewed for Somaliland
Republic of Somaliland Ministry of Health, Health Sector Strategic Plan (HSSP II) 2017-2021
Central Statistics Department, Ministry of Planning and National Development, Somaliland Government. The Somaliland Health and Demographic Survey 2020.
Republic of Somaliland, The National Development Plan II 2017-2021
Republic of Somaliland, Somaliland National Vision 2030
National Continuous Professional Development Guidelines
National Strategic Plan for In-service Training of Health Workers
Somaliland Ministry of Health - Health Workforce Survey
Republic of Somaliland, Ministry of Health. National Health Policy 2011
Costed Nutrition Capacity Development Framework for Somaliland

The priorities have been categorized 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

Instructions

We would greatly value your reflection on the priorities listed in the tables below. Please review the priorities listed in these tables and share your views on which are the most important. There is no need to comment on each area if you are not familiar with the priorities in that area.

Steps:

1. Please rank the following seven health systems components on page three in order of priority (with 1 being the top priority).
2. For the top three priorities you have ranked, please review the associated health system component table (between pages 4 and 11)
3. In the health system component table, please score each with a score of between 1-5 (5 being very important, and 1 being less important).
4. Within each priority area, please score the priority activities (including any additional ones you have identified) underneath each area (again, please give a score of 1-5 depending on the importance).

After having reviewed and ranked the priority HSS areas and scored the sub-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 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

Human Resources for Health

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Enhancing HRH production & recruitment		Produce sufficient skilled health professionals and workers (M/F) with equitable distribution to implement health services
			Other:
	Continuous Professional Development		Develop appropriate continuing professional development for all categories of workers in the health sector
			Initiate and strengthen continuing education including in-service training
			Conduct needs assessment for continuous professional development
			Monitor and evaluate continuous professional development activities
			Accreditation of continuous professional development courses and providers
	In-service training of health workers		Strengthen IST ownership and institutionalisation
			Strengthen coordinated approach to IST planning implementation and evaluation
			Strengthen quality of In-service training of health workers
			strengthen IST linkage to continuous professional development of health workers.
	HRH regulation and professional standards		Establish performance appraisal system
			Improve professional standards and ethics in healthcare
			Regulate medical training curricula
			Strengthen the HRM and regulatory frameworks with a goal of improving professional standards of practice and ethics
			Address gaps in the accreditation of training institutions and their programmes.
			Standardization of curricula and competences
			Other:
	Management and coordination of HRH		Formulate HRH policies to address issues around distribution of the workforce, training and development, retention and regulation of the health workforce.
			Develop functional and integrated human resource information system (IHRIS) to inform evidence of in-post health workers as well as the absorption and attrition rates.
			Enact policies on task shifting/sharing in the health workforce.
			Establish diaspora data of health workforce to help study the role of the Diaspora in service delivery.
			Conduct research on underlying HRH issues that would inform the human resource management system under development and capacity building to enhance evidence-based workforce planning especially on attraction, recruitment, deployment, retention, training, performance management and support to the health workforce at MoHD central and regional levels.
			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

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Data Systems and Management		Establish effective health information system that provides accurate and timely health data for evidence-based planning and implementation disaggregated by gender, location and other factors such as age, disability, HIV status as relevant
			Effective M&E system to track health system performance, disaggregated by gender, location and other factors such as age, disability, HIV status as relevant
			Develop effective and integrated disease early warning and surveillance system
			Establish system of civil registration and vital statistics
			Improve capacity to undertake research
			Other:
	Data Quality		Develop, update, publish and institutionalize data quality assurance mechanisms
			Sensitization and training on data quality
			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

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Financial Management		Strengthen health financing strategy development and implementation
			Ensure a sound public financial management and accountability system
			Improve collection and analysis of data on health financing, including OOP expenditure
			Develop rules and procedures for the purchase of services and goods in the public sector and to ensure strong accountability system in the public sector
			Improve financial reporting systems
			Other:
	Protect the poor and under-privileged from catastrophic health expenditure ensuring that people can access affordable service, therefore moving towards universal health coverage		Reduce financial barriers to access by exploring alternative mechanisms such as prepayment methods and pooled funds to reduce out-of-pocket payments.
			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

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Management, Regulation, Quality Assurance		Develop import regulations, guidelines and standards to improve the safety and practices of pharmaceutical sector
			Develop effective procurement, warehousing, logistics and supply chain system
			Undertake an assessment of existing procurement and supply chain management system & needs
			Capacity development to ensure quality care and safety are integrated into health management structures
			Improve procurement, inventory, storage, management and distribution systems
			Accredited training curricula for pharmacists
			Establish private sector regulatory framework.
			Reduce prevalence of counterfeit and low quality drugs
			Implementation of treatment protocols for essential drugs at each level.
			Other:
	Availability, Access, and Use		Improve availability of essential medicines, vaccines and commodities that satisfy the priority health care needs of the population, in adequate amounts and of assured quality and at a price that the community and the health system can afford
			Capacity building to promote rational prescribing, dispense and use of medicines and technologies and reduce over prescription
			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, on relevant committees.
			Other:

Governance and Leadership

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Management and Coordination		Strengthen in-country health sector coordination
			Improve management and institutional capacities with enhanced decentralization
			Improve engagement and involvement of communities (including women and representatives of vulnerable groups) in planning, delivery and review of health services
			Develop implementation plans for policy documents
			Develop data on scale and composition of the private sector
			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. Promote best practices in hospital management and clinical leadership.
			Undertake internal Monitoring and Auditing to ensure resources are used as planned.
			Create standardized monitoring and evaluation tools for measuring the outputs and outcomes with the objective of improving the quality of performance and operational productivity.
			Other:
	Regulation		Develop and implement policies, strategies and legal frameworks
			Improve regulation and effective oversight of the private sector
			Accreditation system in public and private health care facilities and ensuring compliance with the professional code of ethics.
			Develop 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.
			Other:
	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

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per HS Area	Activities under Health System Priority Area
	Scaling up of essential and basic health and nutrition services		Continuation, integration and scaling up of equitable, accessible essential package of health services including mental health as a core component
			Integration of community based health and nutrition services in health service delivery
			Develop specialised interventions for non-communicable diseases
			Improve delivery of disease specific programmes and interventions including AIDS, TB, malaria, polio and vaccine preventable diseases.
			Other:
	Health infra-structure		Provide the necessary operational environment for effective service delivery.
			Develop and implement health infrastructure improvement plan/ standard
			Address GESI-sensitive access issues in infrastructure developments, such as separate toilets for male and female staff and patients
			Create database of facilities and policy and plan for improvement of infrastructure or medical equipment based on population need.
			Update infrastructure and ensure sufficient maintenance
			Other:
	Improve delivery of disease specific programmes and interventions		Strengthen reproductive, Maternal, Neonatal, Child Health (MNCH) and Nutrition
			Control Communicable Diseases and Surveillance
			Provide first aid and care of clinically ill and injured
			Treat common illness
			HIV, STIs, TB
			Manage chronic disease and other diseases, care of the elderly and palliative care
			Mental health and mental disability
			Dental health
			Eye health
			Other:
	Access to and utilization of health services		Increase access to and utilization of cost-effective, quality and gender sensitive health services especially for women, children, and other vulnerable groups
			Review effectiveness of demand generation interventions
			Develop action plan to reach the marginalized and underserved populations – including provision of EPHS to rural, nomadic communities, internally displaced persons, pockets of deprived urban settlements and most geographically inaccessible districts
			Other:
	Delivery and Quality		Improve quality of services provided at the health facility level (including referral care and client charter)

			Promote awareness and contribution to improved personal health care through prevention and health promotion
			Ensure quality assurance standards, patient safety and infection control norms
			Ensure accurate information on private sector, no system to collect data on the size, utilization and quality of care provided.
			Train healthcare providers to provide services that are non-discriminatory (e.g. in relation to factors such as age, gender, disability, HIV status).
			Other:
	Social Determinants of Health		Promoting action on social determinants of health and health in all policies.
			Enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health and build the capacities necessary for its implementation
			Determine priority health promotion, disease prevention and behaviour change programmes
			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.
			Other:

Health Emergency Preparedness

Score (1-5) of HS Areas	Health System Priority Areas	Score (1-5) of Activities per 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 in ensuring services meet the needs of all.
			Other:
	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
			Other:
	Capacity Development		Strengthen capacity of country health emergency preparedness and response to high threat infectious hazards
			Strengthen capacity to prevent, investigate, mitigate, manage, monitor, evaluate and control public health threats
			Strengthen capacity to each out to affected communities with integrated effective assistance targeting their specific public health emergencies
			Other:
	Integration of GESI approach into emergency preparedness & 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

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11.	Hargeisa Group Hospital	Yasin Abdi	bileoct1963@gmail.com

ANNEX 5. LIST OF DOCUMENTS REVIEWED FOR SOMALILAND

1. Costed Nutrition Capacity Development Framework for Somaliland
2. National Continuous Professional Development Guidelines
3. National Strategic Plan for In-service Training of Health Workers
4. Republic of Somaliland, Ministry of Health. National Health Policy 2011
5. Republic of Somaliland, Ministry of Health, Health Sector Strategic Plan (HSSP II) 2017-2021
6. Republic of Somaliland, Somaliland National Vision 2030
7. Republic of Somaliland, The National Development Plan II 2017-2021
8. Somaliland Ministry of Health - Health Workforce Survey
9. Central Statistics Department, Ministry of Planning and National Development, Somaliland Government. The Somaliland Health and Demographic Survey 2020.