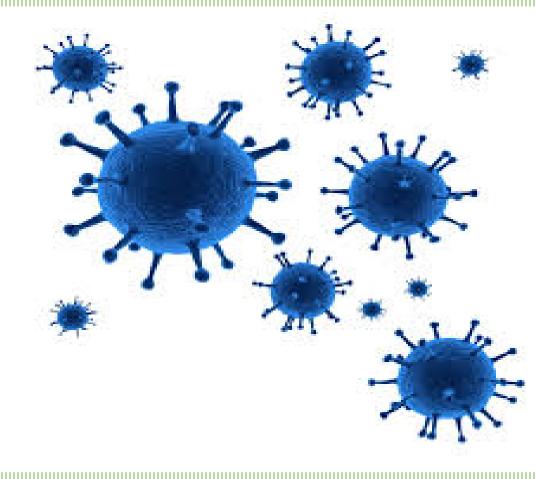


### SOMALIA RESPONSE TO COVID-19

H.E Dr. Fawziya Abikar, Minister of Health & Human Services

August 12, 2020



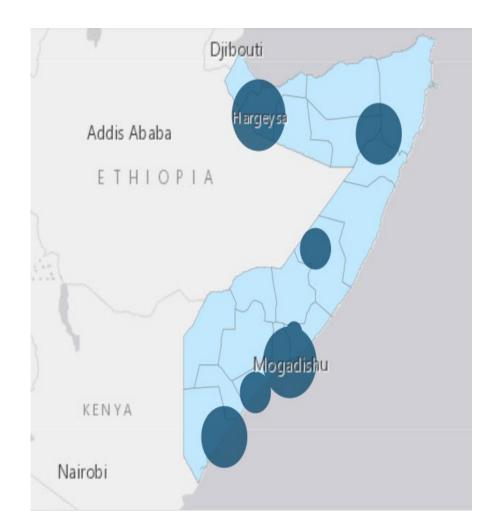


### The current situation

- Iockdown lift on 3 august 2020 and travelers being tested increased the samples.
- ❑ The positivity rate of the tested cases is significantly lower than in previous weeks (from 3% last week to 1% this reporting week).
- Similarly, the cumulative positivity rate, since the start of the outbreak, has declined gradually and as of last two week, the positivity rate stands at 26%.

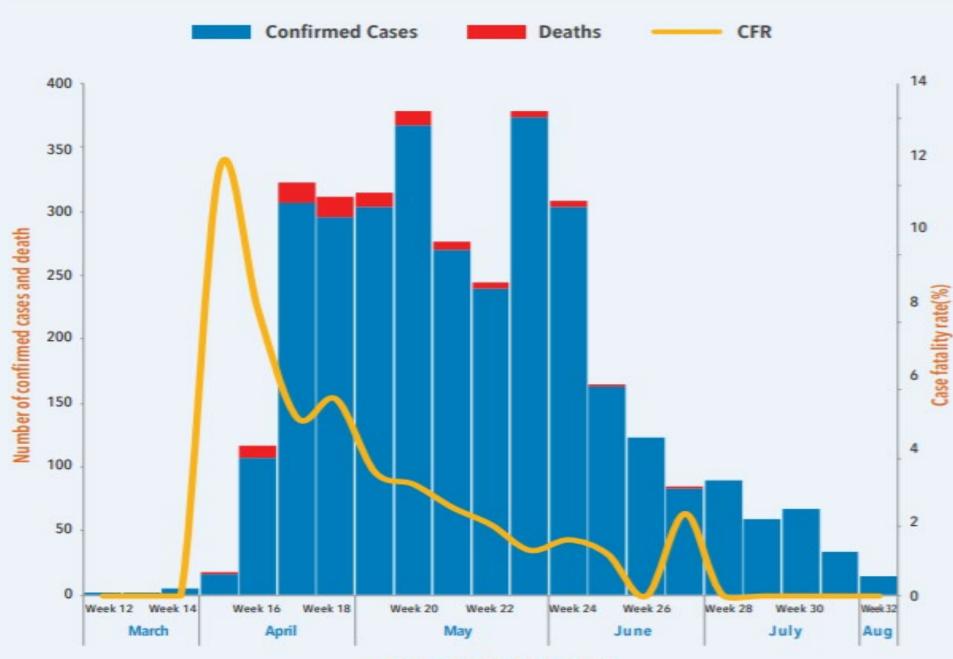
KEY INDICATORS		16 MARCH – 8 AUGUST 2020
Ċ,	Suspected COVID-19 cases tested	12,617
İİ	Laboratory- confirmed COVID-19 cases	3,227
<b>\</b>	Reported COVID-19 deaths	93
T	Recovered cases	2,293
***	Close contacts identified	18,607
Ť	Case fatality rate (CFR)	2.89%

### Table of Contents



No	Current Situation	Ø
01	What we did in Somalia	
1.1	Alert Level system	
1.2	Border measures	
1.3	All-of-Government process	<b></b>
2	Major Acheivments	R
3	Pandemic Challenges	
4	Significant Impact	

#### EPI CURVE OF COVID-19 CASES IN SOMALIA 16 MARCH-08 AUGUST 2020



Epidemiological weeks

### What we did in Somalia

#### **1. Introduced alert**



- Somalia Gov. conducted risk assessment on community transition and widespread
  - a) Business closed except essential service
  - b) Educational facilities closed
  - c) People instructed stay home
  - d) Travel is severally limited
  - e) All gathering cancelled and Public venues closed
  - f) Patriotization of health care and specified hospitals for pandemic management

1.2. Restrict & Reduce

- People instructed to say home in their bubble except for essential movement
- Physical distancing of at least two meters instructed in uncontrolled environment and One meter in controlled environment
- Public institutions and development partners order to work from home
- People with high risk of severe illness are encouraged to stay at home where is possible
- Inte- reginal movement restricted
- Health facilities were used virtual non-contact consultation
- □ Gathering of on 10 -20 person was allowed but for salah and other Islamic Gathering and important business

**1.3.** Prepare

- Border entry measures to minimize of importing covid-19 cases
- □ Intensive testing for covid-19
- Rapid contact tracking any positive cases
- Schools and workplaces open and must
  - operate safely
- Physical distancing encouraged
- Self-isolation and quarantine required

2. Border Control

- Somalia Border management was another
  challenging due highly movement and business
  reliant on two neighboured countries Kenya
  and Ethiopia
- From March to August 2020, movement was restricted and border was tightening with the cooperation of the two neighboured countries Kenya and Ethiopia, compulsory self-isolation flowed by suspected travel
- Currently lockdown is lifted local and international flights reopened and border movement started

2. All-of-Government process

 All of Government Institutions united for Covid-19 Response and Country Prime Minster Office Established National Covid-19 Response Committee.
 Technical Committees nominated and activated

Activated Temporary pandemic emergency response structure in the MoH

### **Major Acheivments**

- □ Health care system re-periodized and reviewed Developed comprehensive plan for Covid-19 Created and deployed especial dashboard for Covid-19 Information system and engaged pubic through media to know how the pandemic changes over time Multiple emergency responses public awareness campaigns coordinated. Government received international donation and managed
  - appropriate distributions
- □Sustaining the critical functions of the laboratories

- Maintain the community-based interventions and program
- □Strengthen the PHC services including mental health
- Build effective linkage and referral between community level, PHC and secondary level care
- Improve public health surveillance, information management and impact measurement

### **Major Chlaalenges**

- Low testing capacity in Federal Member States
- Limited tracking and tracing of Covid-19
- Disruption of health service utilization
- Limited resources under funding
- Limited training on of COVID-19 case management
- Movement, public awareness

### LESSONS LEARNED

#### **Pandemic coordination**

Ensuring communications reached all communities
 Emergency Response planning and Implementation action by action
 Clear and consistent communications

### Equity

Guidance for residential care providers

### **Domestic reviews**

Contact tracing reviewPPE review

## THE SIGNIFICANT IMPACTS OF COVID-19 ON THE LIVELIHOODS AND HEALTH OF SOMALI COMMUNITIES

# According to NEXUS Policy Brief of August 2020 flowing was key significant of Covid-19 to the people of somalia

- Prevalence of COVID-19 spread was becoming higher day after day and increasing the public restrictions and lockdown which also affected the livelihood and
- Covid-19 restrictions caused reduction of opportunities for income generation and household finances.
- People feeling panics and risk but often do not have the resources to take protective, preventative measures
- Remittances have been adversely affected by the pandemic