Opportunity for health systems strengthening in Somalia

Somalia is once again making headlines; this time for a polio outbreak in the capital and its surroundings.[1] Despite the efforts of a widely lauded control programme that had been making steady progress in the past few years, this development should come as no surprise.

Divided into three administrative regions—Puntland state in the northeast, Somaliland in the northwest, and south-central regions—the country is most widely known for its political instability and chronic health crises. Because of extended periods of conflict and instability, Somalia has become the quintessential fragile state. As a result of this prolonged fragility, existing health infrastructures have been destroyed and effective institutional investment in quality health services has been prevented.[2] This breakdown of health service provision is a symptom of a dysfunctional health system, which is in turn characterised by poor infrastructure; an inability of governments to deliver services; an absence of equity, incoherent, or non-existent policies; a scarcity of actionable information; and poor management.[3] These characteristics have meant that, in many regions of Somalia, health services are largely non-existent, exposing an already vulnerable population to a high disease burden and malnutrition.

Seen in this context, sustained health efforts such as eradication of polio within the borders of Somalia cannot be reasonably expected to succeed in the long term. Although short-term emergency planning and well organised vertical programmes such as that of the polio eradication are essential, long-term success depends on a vibrant and functioning health system. However, research into health systems in fragile states has largely been overlooked, despite the important role such research would have in the improvement of health outcomes.[4]

Throughout the years of fragmentation and near total collapse, various efforts have been undertaken in a bid to reconstruct a functioning and dynamic health system. The recent Joint Health and Nutrition Programme (JHNP) is one such effort.[5] Through explicit identification of health system strengthening as a primary goal, the programme has taken a step in the right direction. Importantly, the JHNP will be led by the Somali Health Authorities with UN partners playing a supporting part. To reach the stated goal of assurance of equitable, affordable, and effective health services to the population, the plans will focus on six main building blocks: (1) strengthening leadership and governance; (2) increasing health workforce quality and quantity; (3) delivering equitable health services through functioning health facilities; (4) developing a nationally financed and locally prioritised health financing system; (5) ensuring provision of appropriate and sufficient health products; and (6) establishing a comprehensive monitoring and evaluation system.[6] Although these goals might be challenging for any government, they are especially ambitious within the context of Somalia. At present, in view of the scarcely existing health facilities with inadequate geographical reach, constrained supply, and insufficient staff capacity, overall access to health services remains poor.[7] As a result, the programme intends to contract out service delivery to implement partners already present in the country. The emphasis will be on capacity building with the long-term goal being a gradual withdrawal of these partners as the government agencies shoulder greater responsibility.[2]

However, this process of government-led contracting within the context of fragile states raises many important research questions. These questions range from its effect on government legitimacy to health system fragmentation, and long-term sustainability, efficiency, and equitability. Research on some of these issues has been done to a certain degree in fragile states such as Afghanistan.[8] Nevertheless, the dissemination of results has been slow to reach policy makers.[4] So far, no such research has been undertaken within Somalia, mainly because of low prioritisation by humanitarian and government bodies, and scarce local capacity to undertake this type of longitudinal research.

The implementation of the JHNP and similar programmes is both an occasion to tackle some of the most challenging health issues in Somalia and a learning opportunity for development and policy practitioners working in similar contexts. The programme signals a concerted shift towards rehabilitation and development. More importantly, an emphasis on health systems will go beyond the traditional purview of public health and will be at the intersection of development economics, health policy, and governance—a truly multidisciplinary approach to a pressing global health issue. Finally, it is hoped that a focus on health systems will contribute to the long-term resilience in Somalia and allow for Somalis to reach their full promise and potential.

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I declare that I have no competing interests.

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