



SOMALIA

Maternal & Newborn Health Country Profile



OVERVIEW

Somalia, located in the Horn of Africa, has a young and rapidly expanding population. After decades of conflict and recurrent flooding and drought, millions of people are displaced and face extreme poverty and malnutrition. While the situation in Somalia has improved, violence continues and people remain vulnerable to natural disasters, food insecurity, and locust outbreaks.

Somalia's [2024 Humanitarian Response Plan](#) estimates 6.9 million people are in need of immediate humanitarian assistance with more than 4 million people facing high levels of food insecurity in the first half of 2023, and more than 4 million people internally displaced, 80% of whom are women and children.¹

The humanitarian crisis in [Galgaduud](#) – one region where EQUAL works in Somalia – has experienced consecutive poor rainy seasons leading to large-scale displacement, especially from rural to urban areas.² People have limited access to essential health services and inadequate supply of clean water and sanitation facilities. While Benaadir – the other EQUAL study site – has better health care access, people in the region [experience malnutrition, disease, and death rates WHO considers to be at “emergency” levels.](#)³

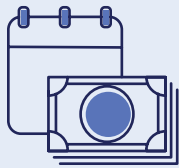
SOMALIA'S HEALTH SECTOR

A strong health system is essential to building a more resilient Somalia, yet after decades of insecurity, the health system is strained and suffers from gaps in capacity, infrastructure, and staffing. According to the [Somalia Essential Package of Health Services](#), only 25% of people had access to essential health services in 2020, leading to poor health outcomes with women and children most affected.⁴



HEALTH SYSTEM STRUCTURE

Somalia's health system is devolved with three tiers – Federal Government, Federal Member States (FMS), and regional health authorities – each with its own mandate. The federal government Ministry of Health (MoH), in close collaboration with FMS ministries of health, are responsible for developing the sector's overall policy and regulatory framework including quality control, oversight of human resource capacity development, and coordination across health sector actors. Regional health authorities are responsible for essential primary healthcare service delivery.



FINANCING

In the [2024 government budget](#) totaling \$1.08 billion, approximately 4.9% was allocated to the Ministry of Health. This is far below the 15% Abuja Declaration target set by African Union countries.⁵ Donors provide significant financing to fill gaps including top-up salaries for staff, commodities, and service delivery. [Out-of-pocket expenditure](#) is a burden on households.⁶



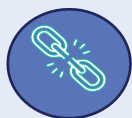
HEALTH WORKFORCE

Somalia faces a significant shortage of skilled health workers with only [four doctors, nurses or midwives for every 10,000 people](#) as of 2018.⁷ Because of this workforce shortage – among many other factors – the [2020 Somalia Health and Demographic Survey](#) reported that access to skilled birth attendance and facility-based deliveries decreased from 36% in 2011 to 32% in 2020.⁸ Qualified health workers often move from the less secure rural areas to the more secure urban locations, resulting in an unbalanced allocation of health workers. At the same time, many providers have migrated to other countries.



HEALTH FACILITIES

There are Primary Health Care units in rural areas, Health Centers at the sub-district level, Referral Health Centers in districts, and Regional Hospitals in regional capitals. Services are often offered by non-state actors including the UN, international NGOs, and the private sector. A [2016 Service Availability and Readiness Assessment](#) found a “total of 1,074 health facilities in the country, of which only 799 were operational and accessible, indicating an acute shortage.” Among functional facilities, only 20% met all infection control prevention standards.⁹



SUPPLY CHAIN

[Shortages of supplies and medicines are common](#) and related to issues with procurement, storage, and transportation. Insecurity on the roads further complicates the supply chain.¹⁰

MATERNAL AND NEWBORN HEALTH IN SOMALIA

Somalia has among the world's highest rates of maternal and neonatal mortality. UNICEF estimates that four out of 100 Somali children die during their first month of life, eight out of 100 die before their first birthday, and one out of 20 women (age 15-49) die due to pregnancy or birth-related complications each year.¹¹



MATERNAL MORTALITY RATIO

621 deaths per 100,000 live births (2020)¹²



NEONATAL MORTALITY RATE

35 deaths per 1,000 live births (2022)¹³



STILLBIRTH RATE

28 deaths per 1,000 live births (2021)¹⁴

These rates are significantly higher than the 2020 global average which sits at 223 maternal deaths per 100,000 live births¹⁵ and 17.1 neonatal deaths per 1000 births in 2021. They also exceed the targets set by the SDGs which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030;¹⁶ to reduce neonatal mortality to as low as 12 deaths per 1000 live birth; and the stillbirth target set in the Every Newborn Action Plan (ENAP) to reduce stillbirths to less than 12 stillbirths per 1000 total births by 2035.¹⁷

LEADING CAUSES OF MATERNAL AND NEONATAL MORTALITY IN SOMALIA

The leading direct drivers of maternal mortality in Somalia include hemorrhage, hypertension, and sepsis while more than 80% of newborn deaths are due to prematurity, asphyxia, complications during birth, or infections such as pneumonia, diarrhea, measles, and neonatal disorders.^{18, 19}

Access to and use of MNH services plays a significant role in these poor outcomes. The 2020 Somalia Health and Demographic Survey reports that only 32% of deliveries happen with skilled health personnel; only 31% of women who had a live birth received antenatal care from skilled personnel during their last birth; and 89% of mothers did not receive a postnatal checkup in the first two days after childbirth.²⁰ The previously mentioned 2016 assessment found that Basic Emergency Obstetric and Neonatal Care (BEmONC) services were only available in 45% of urban facilities and 20% in rural areas while Essential Newborn Care (ENC) was offered in 29% of urban and 12% of rural facilities.²¹

In the face of these statistics, the MoH and health partners are now implementing a range of strategies to improve outcomes including introducing kangaroo mother care and increasing provider training in maternal and newborn care.²²

COVID-19 disrupted health services across Somalia – a WHO survey conducted between 2020-2021 revealed up to 50% of essential health services – including essential MNH care – experienced disruptions.²³

MATERNAL AND NEWBORN HEALTH IN SOMALIA

The EQUAL research consortium will conduct its studies in two areas of Somalia – Galguduud (an administrative region of Galmudug state) and Banaadir (an administrative region in southeastern Somalia).

MNH IN GALMUDUG (2020)²⁴

- 34% of women aged 15-49 who had a live birth in the 5 years before the Somalia Health and Demographic Survey received antenatal care from skilled health personnel during the pregnancy of their most recent birth.
- 30% of births occurred in health facilities.
- 42% of births were delivered with the assistance of a skilled health professional.
- 13% of mothers and 10% of newborns had a postnatal check within the first 2 days after delivery.
- 76% of women aged 15-49 had at least one problem accessing health care.

MNH IN BANAADIR (2020)²⁵

- 49% of women aged 15-49 who had a live birth in the 5 years prior to the Somalia Health and Demographic Survey received antenatal care from skilled health personnel during the pregnancy of their most recent birth.
- 49% of births were delivered with the assistance of skilled health personnel.
- 38% were delivered at a health facility
- 8% of mothers and 7% of newborns had a postnatal check during the first 2 days after delivery.
- 70% of women reported that they had at least one problem accessing health care.



POLITICAL WILL FOR MNH IN SOMALIA

The development of a roadmap toward Universal Health Coverage (UHC), a country specific Every Newborn Action Plan, and support for the Global Action Plan for Healthy Lives and Well-being for All (GAP) demonstrate a national commitment to improving health outcomes.^{26, 27, 28}

MNH TARGETS / INDICATORS IN SOMALIA

Somali Roadmap to UHC²⁹

- Reduce maternal mortality ratio to 450 maternal deaths per 100,000 live births by 2030
- Increase skilled birth attendance to 55% by 2030
- Reduce neonatal mortality to 25 deaths per 1,000 live births by 2030

Somalia Every Newborn Action Plan³⁰

- Reduce newborn mortality rate from 38.5 per 1000 live births to 30 per 1000 live births by 2023
- Reduce stillbirth rate from 35.5 per 1000 total births to 28 per 1000 total births by 2023



POLICIES AND PLANNING

Somalia's MNH strategy is outlined in several national strategies and plans including but not limited to:

- Community Health Strategy for Somalia* (2015)³¹
- Somali Human Resources for Health Development Policy (2016-2021)³²
- Somali National Development Plan (2019–2024)³³
- Somali Roadmap towards UHC (2019-2023)³⁴
- Somalia Every Newborn Action Plan (2019-2023)³⁵
- Essential Package of Health Services (2020)³⁶
- Somalia Health Sector Strategic Plan (2022-2026)³⁷
- Reproductive, Maternal, Neonatal, Child and Adolescent Health Strategy for Somalia (2023–2027)
– not yet officially published
- National Midwifery Strategy for Somalia (2024-2029) – not yet officially published

* An update of the community health strategy is underway.

MNH COORDINATION

With so many actors working on MNH in Somalia, a number of platforms have been established to enhance coordination and collaboration.

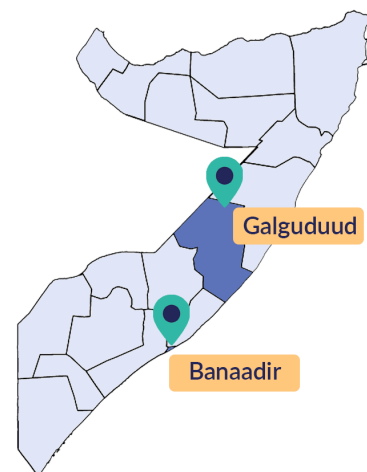
- Somalia NGO consortium (not MNH specific)
- National health professional council
- Reproductive Health Working Group
- Somalia Health cluster
- Newborn Technical Working Group
- Health Sector Committee
- Health Advisory Board



EQUAL'S RESEARCH IN SOMALIA

The EQUAL research consortium will conduct research in Benaadir and Galgaduud including:

- **Political economy analysis:** A qualitative study to understand how political and economic dynamics at the national and subnational levels affect how MNH policies, strategies, and services are prioritized and how this changes over time – including during periods of increased conflict.
- **Midwifery workforce development:** Studies to assess the quality of midwifery pre-service education and the experiences of early career midwives in low-income, conflict-affected countries. Through this study, EQUAL aims to improve understanding of the factors affecting midwifery workforce participation, retention, performance, and resilience during periods of increased insecurity.
- **Community-based MNH service delivery:** Implementation research to evaluate the ability of community health workers (CHW) to deliver high quality, evidence-based, client-demanded MNH services in rural communities.



EQUAL PARTNERS IN SOMALIA



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For more information, contact:

Dr. Abdi Dalmar,

Somali Research and Development Institute (SORDI)

drdalmar@sordi.so

EQUAL@rescue.org



EVIDENCE & IMPACT FOR MOTHERS & NEWBORNS
LIVING IN CONFLICT