Ministry of Health

National Malaria Control Program

East and Southern Africa CRSPC

Somalia

3-6 October 2023

Speke Resort

Epidemiological Profile of the Country

Malaria Parasite		
Major Parasite	**Plasmodium falciparum (>90%)** **Low level of Plasmodium vivax**	
Malaria Vector		
Major Vector	**An. Arabiensis**	
Other Anopheles Species	**An. Funestus, An. Pharoensis and An. d'thali**	
Emerged vector Species	**An. Stephensi emerged as an efficient malaria vector. (SL & PL)** *(See the map)*	
Rainy Seasons		
Malaria Seasons	**Two rainy seasons: Gu (Spring) March-June & Deyr (Autumn) October-December**	
Malaria Main Interventions		
Main Interventions	**Case Management: Diagnosis & Treatment** **Vector Control: IRS, LLINs and LSM**	**Surveillance**

Current Somalia Treatment Protocol

Description	Treatment
First Line Treatment Uncomplicated Malaria	Pf cases given AL including single does for primaquine, if Vivax full course primaquine excluded nor allowed specific criteria.
Second Line Treatment Uncomplicated Malaria	PHQ
Frist Line Treatment for severe Malaria Cases	Artesunate injection
Second Line for Severe Malaria	Quinine
Frist Trimester For Pregnancy Mother	**The updated national treatment protocol based on AL will be treated pregnancy mother for all trimester**
Referral Treatment	Artusunate both injection IM and Artusunate Suppository
Gametocidal drug	**Single Dose Primaquine for PF only**

Somalia Malaria NSP Goals:

By 2023 – 2026 MNSP and in line with the Regional Malaria Action Plan and Global Technical Strategy as well as GF Objectives:

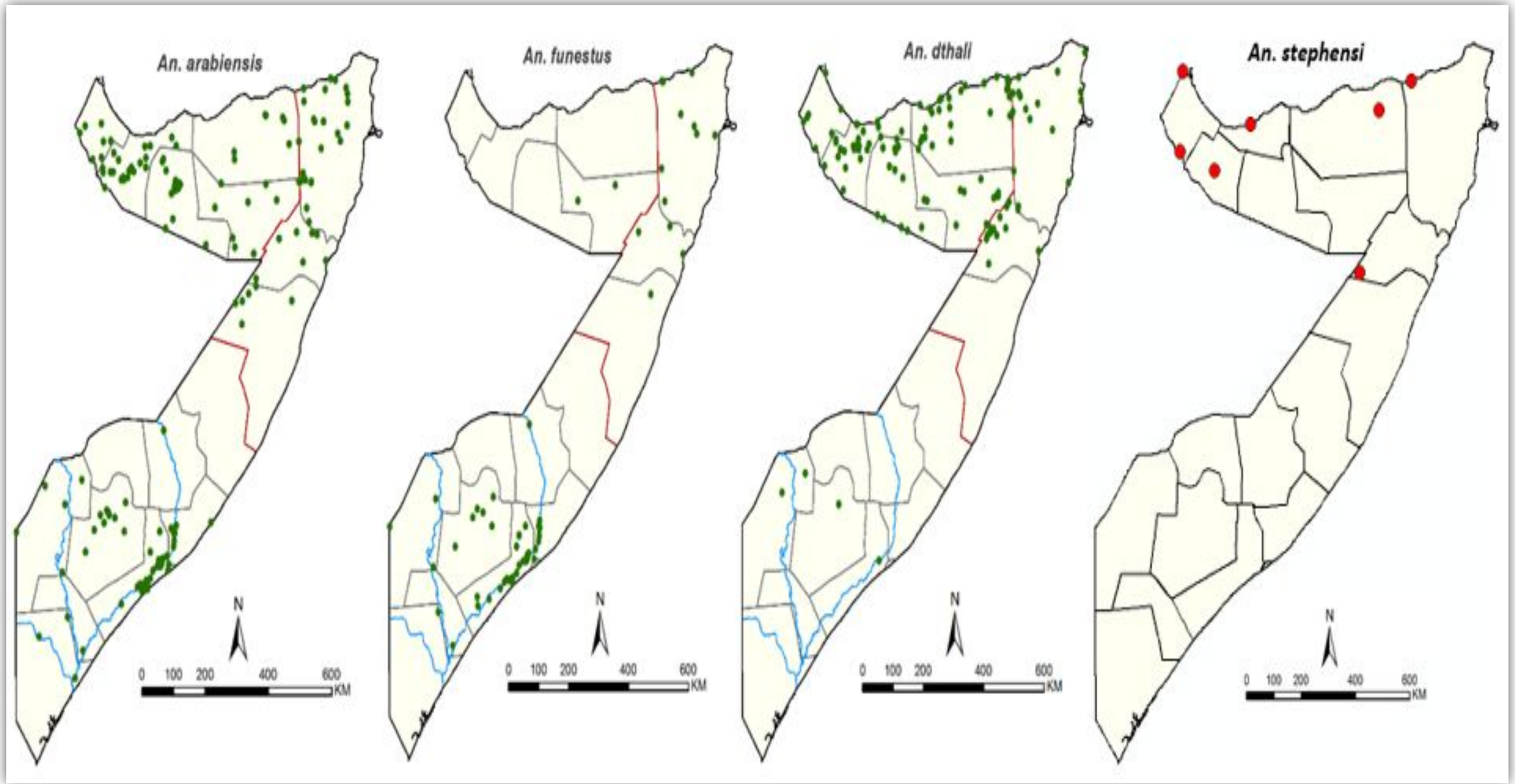
Objective 1. Ensure there is interruption of local *Plasmodium falciparum* transmission in 30% of the regions;

Objective 2. Prepare 50% of regions for Elimination (malaria incidence <1 case per 1000) in which there has been historically low transmission;

Objective 3. Reduce malaria case morbidity and mortality by 20% in endemic areas

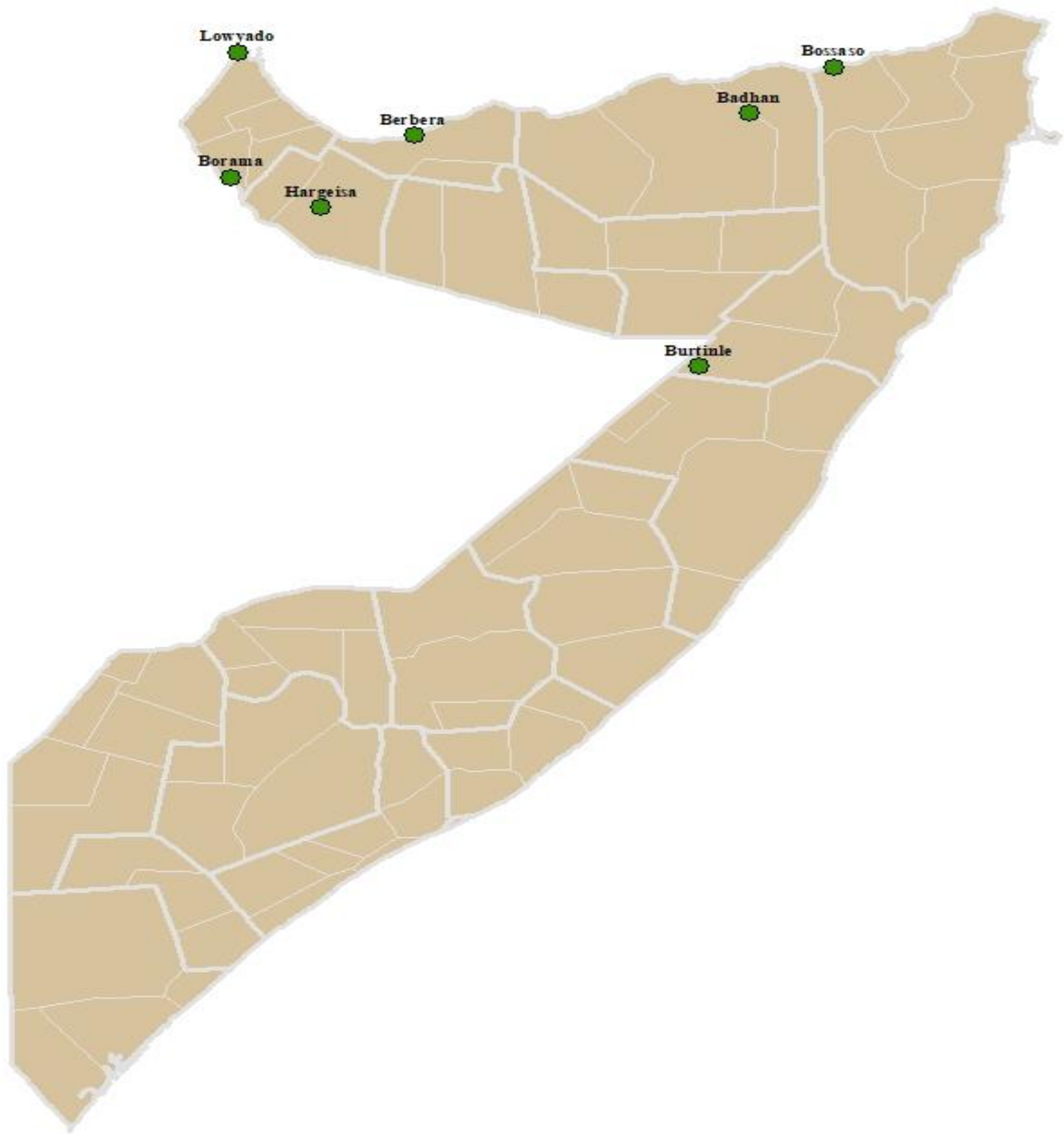
Objective 4. Integration of neglected vector borne disease through IVM and Case Management

Vector Species Composition



Distribution of An. stephensi

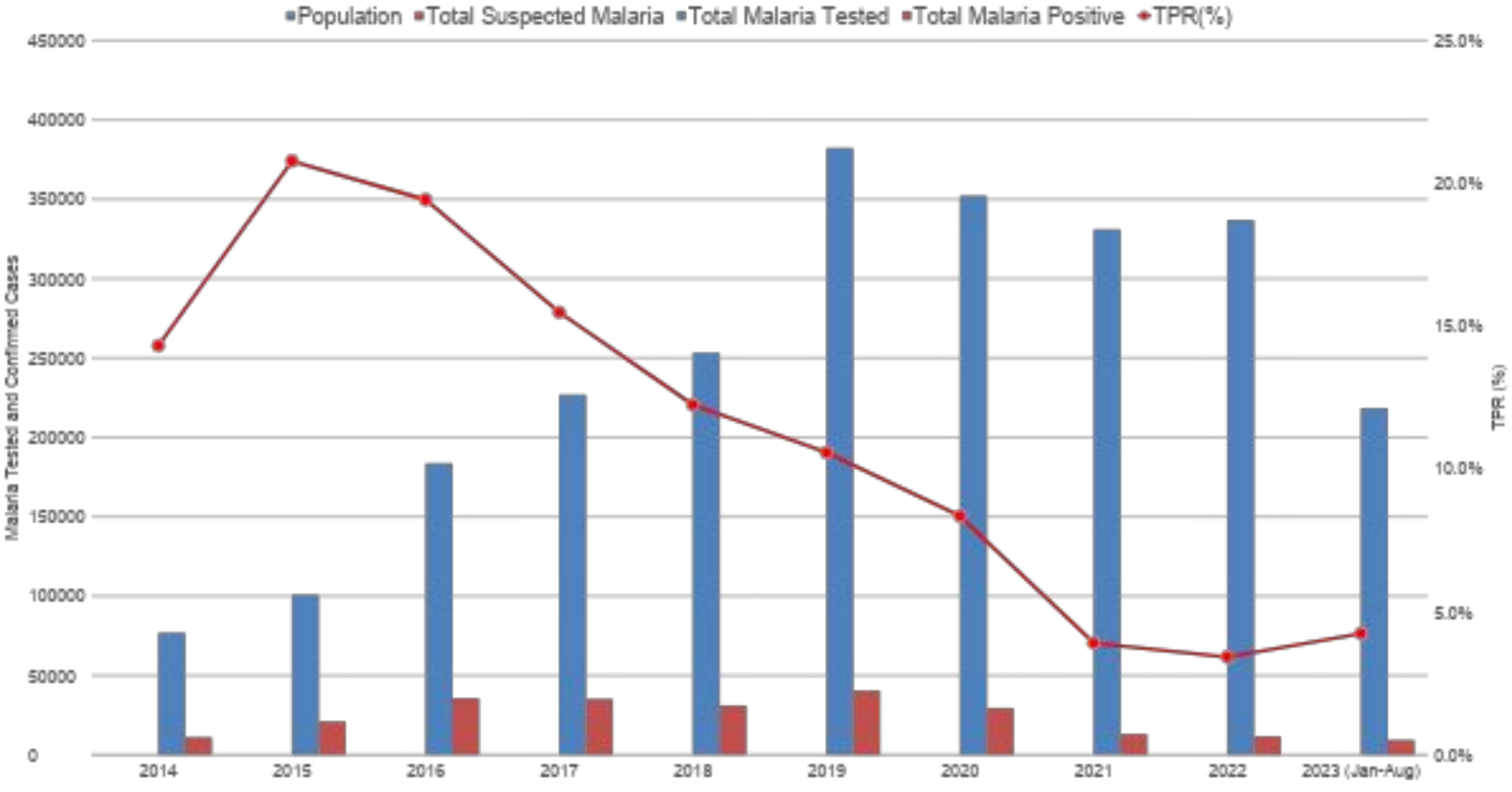
- 2019 An. stephensi was detected in Bosasso in Puntland
- 2020-An.stephensi was detected in Berbera, Hargeisa and Lawyado in Somaliland
- 2022-An.stephensi was detected in Burao and Borama in Somaliland
- *An. stephensi* genetic diversity revealed three cytochrome oxidase I (*COI*) haplotypes
- It has been detected the *kdr* L1014F mutation, associated with pyrethroid resistance



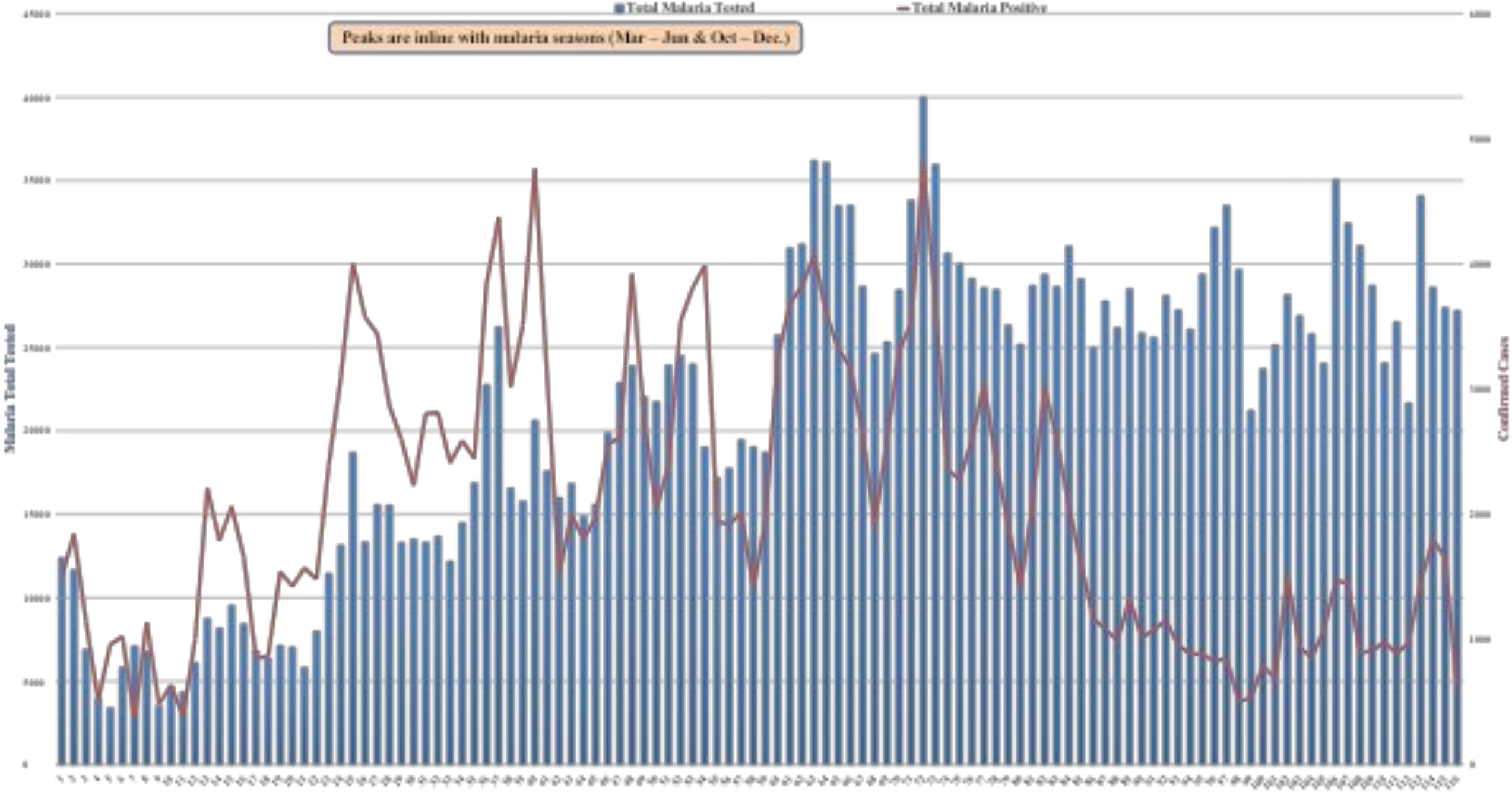
Program Implementation Status

Indicator	Baseline	Target	Actual	Target	Actual
	2019	2021		2022	
Malaria Incidence per 10,000/year	2.15	1.72	1.1	1.38	6.56
Malaria Deaths/ 100,000/year	N/A	<0.01	0.15	<0.01	0.005
Confirmed cases (Elimination District): Annual parasite incidence	0.11	0.08	0.07	0.06	0.03
Malaria test positivity rate	12.79%	10.20%	3.92%	8.19%	3.40%
#of districts reporting zero local transmission for two consecutive years	3	5	15	24	24
Proportion of targeted households sprayed by IRS within the last 12 months	85%	85%	85%	85%	85%

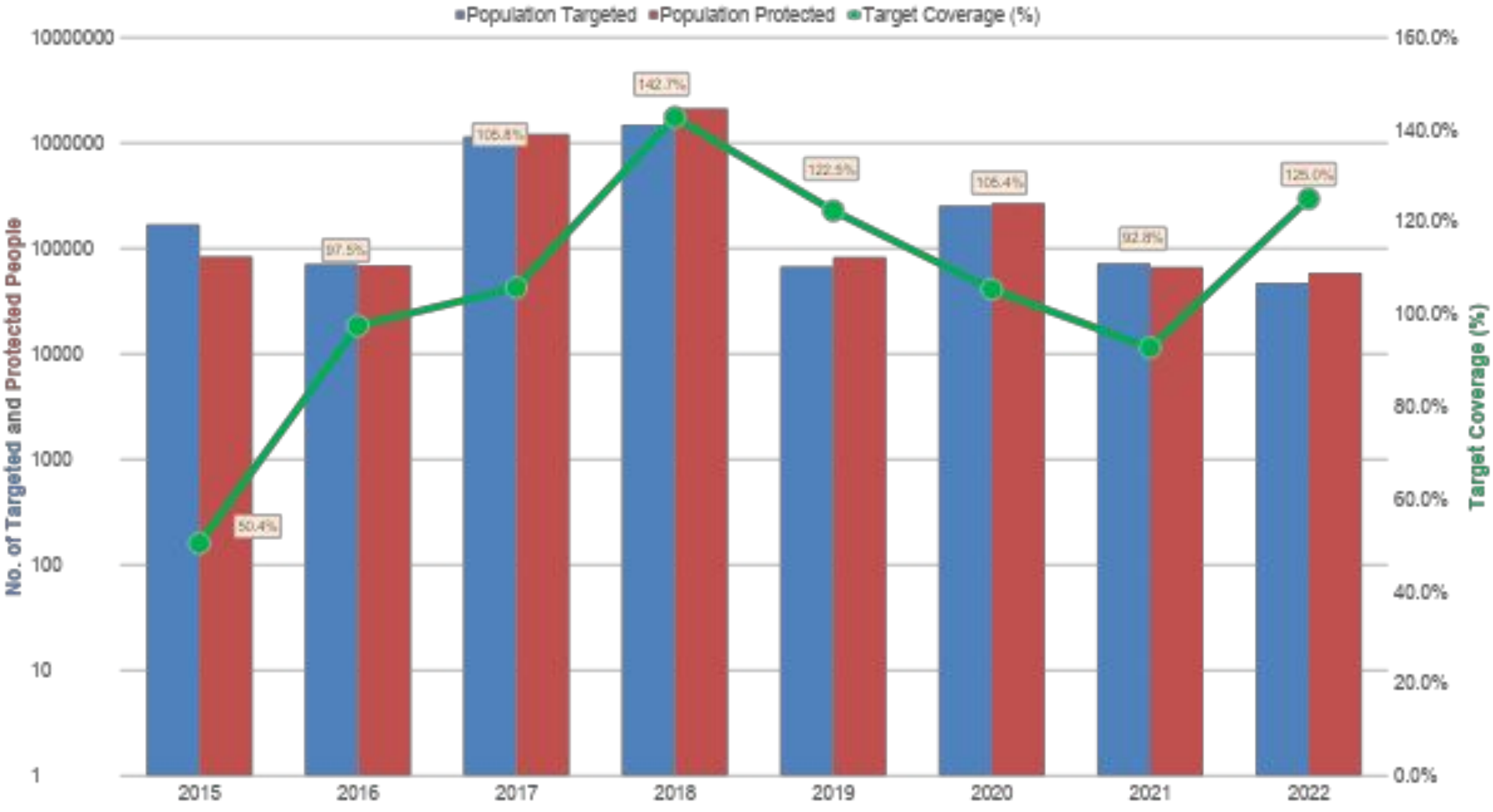
Malaria Cases in Somalia 2014-2023 (Jan-Aug)



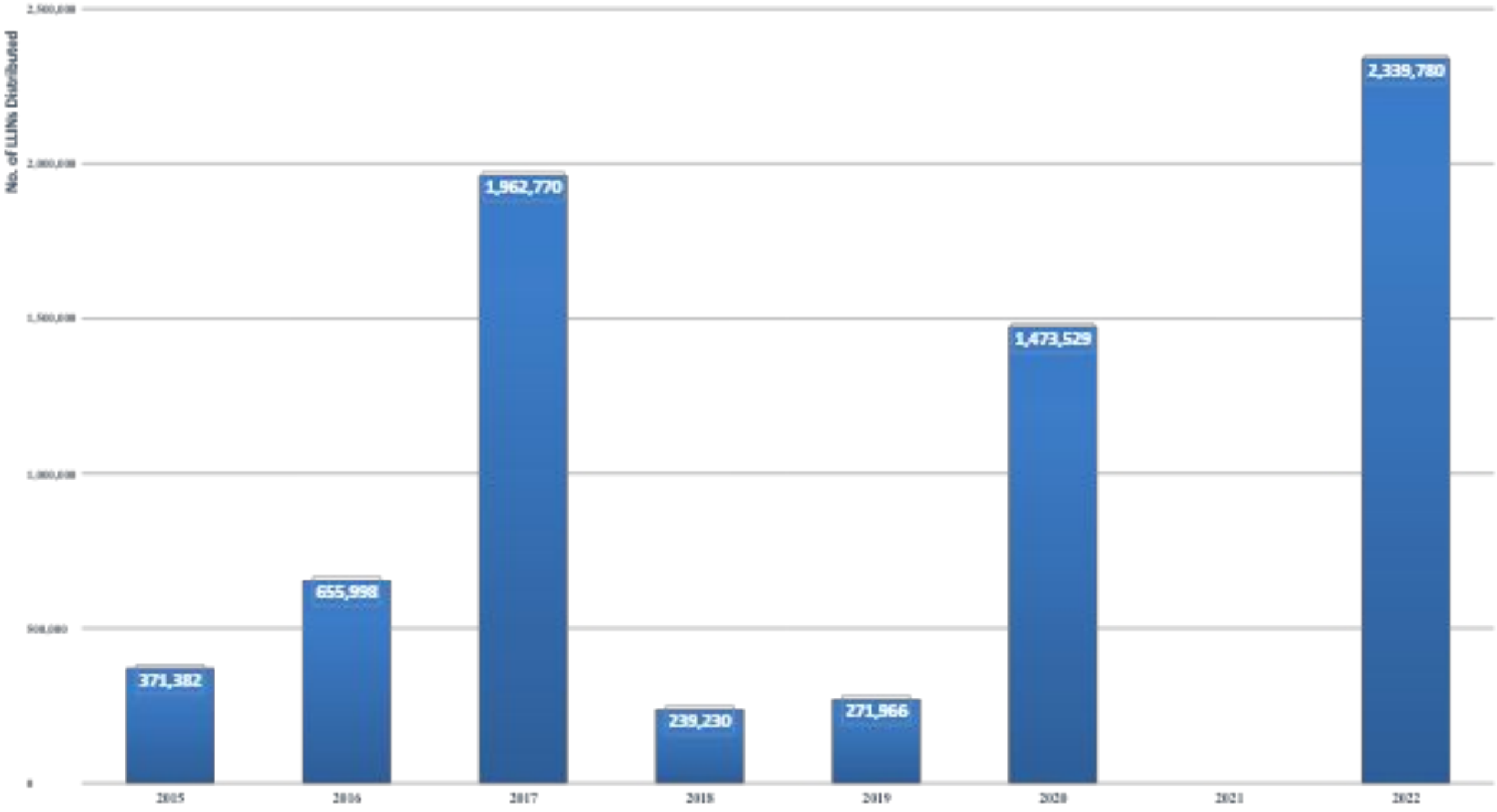
Monthly Malaria Cases in Somalia 2014-2023 (Jan-Aug)

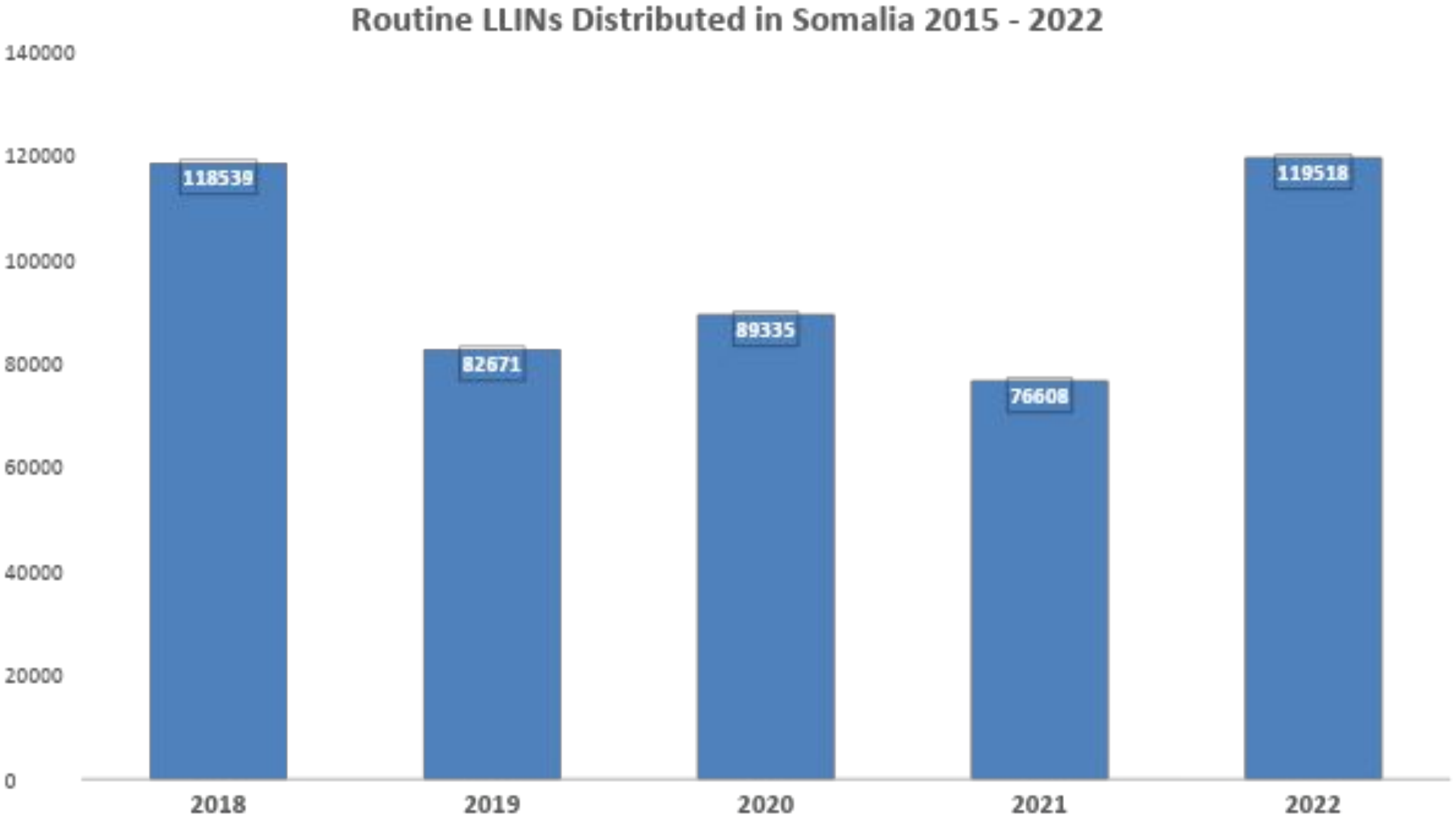


Yearly IRS in Somalia 2015- 2022



Mass LLINs Distributed in Somalia 2015 - 2022




Routine LLINs Distributed in Somalia 2015 - 2022
140000
120000
100000
80000
60000
40000
20000
0
118539
82671
89335
76608
119518
2018
2019
2020
2021
2022

Malaria achievements

- **Intervention measures (Mass & routine LLINs and IRS) + LSM in some part of the country**
- **Health facility level case management**
- **HRP2 gene deletion and Invasive vector discovery**
- **Increasing the number of elimination district**
- **Availability of Dengue RDTs & Other VBD (D/Y/Z/CKH) during the Dengue outbreak by WHO**
- **Fogging campaign were done in some parts of the country**
- **NSP extension and successful GC& application**
- **Updated and developed policies and guidelines (SBCC strategy, LLINs Distribution guideline, IVCM strategy & elimination guidelines (Puntland)**

Key Bottleneck/challenges

- Difficulties in responding to emergencies & outbreaks due to weak EPR system and inaccessibility to certain areas.
- Single donor funding dependency and limited domestic fund and weak expectation of sustainability.
- Poor Insecticide Management regulations in the country
- Availability of Stagnant water particularly breading sites of urban mosquito management and Man Made breeding sites.
- limited access to timely delivery of health services and supplies;
- Security Challenge faced malaria intervention (Civil War, IDPs, Droughts, Floods and other Man Made Disasters
- Insecticide resistance and antimalarial drug resistance

Key Bottlenecks /Challenges

- Lack of coordination on cross border population movements
- Limited engagement of private sector health facilities
- Low and underreporting of malaria mortality cases (low utilization of Hospitals)
- Lack of integration of FHW, CHW and ICCM at community level due to lack of integration and there are fragmentation resource.
- Still there is no systematic DHIS2 and LMIS reporting system at facility levels
- Timely supplies delivery to end-user due to security situation in some of the regions
- Limited Warehouses at regional level as well as low capacity of PSM staff in the regions.
- Limited service access to the special groups (remote area, Nomadic people, Refugses and people living unsecure areas.

Best practices

- ✔ Malaria service is fully integrated with Primary health care (not vertical such as HIV and TB) and it helps sustainability.
- ✔ Program-specific database integrated DHSI2 as well as CSR and provided monthly, weakly and Daily.
- ✔ Quarterly Supervision of health facilities and tools supervision in place
- ✔ Private sector engagement providing integrated malaria services (Partial)
- ✔ Training of Community level volunteers & educators to conducting participatory household visits

Way Forward

Elimination implementation (capacity building and improving or revising elimination tools)

- HRP2 gene deletion surveillance countrywide
- Invasive Vector (An. Stephensi) further investigation and study
- Private sector involvement – Piloting
- Conducting Therapeutic Efficacy Study
- Resource mobilization for malaria and other VBDs

TA Requirement

Activity	Timeline	TA need
Development of Elimination; Sustained and control strategy	2023	National consultant & International TA
Country Advocacy and Local Resource Mobilization including government funding (Business Plan)	2023	National consultant & International TA
Cross border collaboration strategy	2023	National consultant & International TA

TA Requirement

Activity	Timeline	TA need
Support of Malaria Burden stratification, Gap Analysis and prioritization of intervention.	2020	National consultant & International TA

Mahadsanid

Thank you

Merci