

Beyond the Brink: Somalia's Health Crisis

By Bryson Brown

Introduction

Somalia is approaching a daunting anniversary: in 2011, the country will begin its twentieth consecutive year without an effective centralized government. The fall of the Soviet supported Siad Barre government in 1991 created a power vacuum that was filled by warlords, clans and, most recently, Islamists. Fourteen interim governments have failed to supplant those forces. Health infrastructure and the general health of the population have been devastated as a result. Precious few organizations are still providing health-related services. Unfortunately, recent events suggest that this crisis is going to get worse before it gets better. Al-Shabab, the dominant Islamic extremist group in southern Somalia and self-professed allies of al-Qaeda, has supplanted the current interim government as the ruling force in the southern and central regions. The invasion of the Ethiopian Army along the southern border in 2006, which was designed to displace and disrupt Al-Shabab, was ineffectual and unsustainable. The invasion, the continuation of extreme Islamic rule and the lack of a centralized government continue to degrade health capacity and damage individual and community health outcomes, particularly for women and vulnerable populations.

Detailed below is the current state of Somalia's health status. It is intended to provide information that will tell the story of where Somalia has been, where it is now and where it is headed in terms of national health outcomes and infrastructure directly related to health. Despite the troubling past and chaotic present, there are reasons to be cautiously optimistic.

Past and Current Capacity

Although Somalia's poor national health was exacerbated by state collapse, health security has long eluded the vast majority of Somalis. Many parts of Somalia's health system collapsed or never existed prior to state dissolution in 1991. The Barre government and the preceding parliamentary and colonial governments all presided over inadequately funded and poorly planned health objectives that were formed by political interests, usually at the cost of community need. The most vulnerable populations, namely those in the politically disenfranchised rural regions, had no local access to clinical or preventative services.

There have been a few notable achievements in the Barre-run health care system. Between 1966 and 1973, several capacity building institutions were established, including a nursing school in Hargeisa and Mogadishu and a faculty of medicine and surgery in Mogadishu. In the mid-1970s, a relatively successful smallpox eradication campaign was established by the government and was buttressed by tuberculosis and primary health care programs developed and financed by the Finnish International Development Agency.

The decline of the Barre government, and with it the Somali state and its bare bones health care system, is attributed mainly to Barre's decision to invade Ethiopia. The war with Ethiopia, in which Barre planned to seize control over the neighboring Ogaden region of Ethiopia, lasted from 1977 to

1978. The losing military campaign came at a great price. The campaign received massive social and economic capital that could have sustained and improved social services nationwide. The Soviet Union, which had financially supported both Barre's Somalia and Ethiopia, broke off ties with the Barre regime in response to the invasion. The combination of the costly war and the global economic downturn of the late 1970's plunged Somalia into a deep recession that has lasted over thirty years. The tumultuous time between the beginning of the invasion and Barre's fall from power in 1991 marked a period where virtually all health gains made over the previous three decades were lost. The almost twenty years of anarchy since state collapse in 1991 has destroyed what little health infrastructure remained.

Three Primary Health Threats – AWD, Cholera and FGC

Ongoing instability has led to the deterioration of the little sanitation and safe-water infrastructure that existed prior to Siad Barre's ousting. According to some sources, only 10 per cent of the rural population and 63 per cent of the urban population has access to improved drinking water. Sources also indicate that even fewer people have access to improved sanitation, with rural access rates hovering around 7 per cent and urban access rates of 51 per cent. The problem is even more grave when one considers that 63 per cent of the population is rural. It is no surprise then that acute watery diarrhea (AWD) and cholera are widespread and frequently at the center of disease outbreaks.

The World Health Organization (WHO) has attempted to reduce the impact of AWD by developing local capacity, and this course seems to be working. Reported cases of AWD fell from 118,187 in 2007 to 78,378 in 2009 and the cause specific mortality rate associated with AWD fell 80 per cent, from 1,076 deaths in 2007 to 324 in 2009. The WHO is focusing their efforts on strengthening coordination between local health actors, early disease detection and training health care workers. This is allowing for a timely response to outbreaks. Nonetheless, the lack of sanitation and safe-water infrastructure will continue to compromise the health of Somalis and promote conditions where cholera and AWD outbreaks are possible, even likely.

Female Genital Cutting (FGC), a practice that threatens the short and long-term health of women, is performed throughout Somalia and by all regional ethnic groups. Surveys by UNICEF, CARE and the now defunct Somalia National Ministry of Health suggest that between 90-99 per cent of all Somali women have experienced FGC. Type III cutting, where part or all of the genitalia is removed and the vaginal opening is sewn nearly shut, has been performed on approximately 91 per cent of all women surveyed. Type III cutting is considered the most extreme form of FGC, but is practiced regularly due primarily to the belief that it is required by the Koran. It is also thought to preserve a woman's virginity and thus her family's honor—the two being significantly linked. The scar tissue left by the cutting is also considered to be aesthetically appealing.

In Somalia, FGC is traditionally done without the use of modern operating equipment or anesthesia and is traditionally performed in unsanitary conditions, increasing the likelihood of infection. FGC can immediately lead to hemorrhaging, vaginal ulceration, urinary incontinence and septicemia, any of which can invite fatal infections. Long-term health implications include the

development of anemia, cysts and abscesses, urinary tract infection, and fistulae. Any of these conditions could ultimately result in death. Potentially fatal or severe injuries related to childbirth, such as obstructed labor, also occur more frequently in women who have Type III FGC. All of these health outcomes place a great health burden on the individual, but also on the severely limited health system in Somalia.

Throughout the 1980s the Somali federal government and European NGOs worked to eliminate FGC. Both the government and the NGOs opposed FGC based on its negative implications on women's mental and physical health. The government also campaigned to dispel the belief that it is required by Islam. The collapse of the Barre government led to the elimination of programs related to stopping FGC. UNICEF and the U.S. Embassy are the only groups since the early 1990's to contribute to programs related to the termination of FGC.

Conclusion

Currently, the international community is not willing to address what ails Somalia: statelessness. The intervention of U.S. forces in what became known as the 'Black Hawk Down Catastrophe' has made the international community reluctant to contribute anything more than rhetoric but attitudes may be changing. International focus may not be on Somalia and the health issues of her people, but it is on fighting terrorism and extremist Islam - both of which now find refuge in Somalia. Piracy along the Coast of Aden is just one more reason the world should dedicate itself to state building in Somalia. While security alone will not address the health needs of Somalia, a secure environment is a necessary condition for building a health system that can begin to address the many needs of the population.

The current Somali interim government is weak and international attention has waned. Most health infrastructure has been destroyed over the last twenty years and large numbers of medical professionals have fled. Yet there are some reasons to be optimistic. As discussed, the WHO has recorded a reduced incidence of AWD and are assisting in the establishment of a well planned, if basic, local health system. UNICEF is funding malaria control activities and USAID is establishing a presence in the southern regions of Somalia. Edna Adan, former Foreign Minister of Somaliland, has started Edna Adan Maternity and Teaching hospital in Hargeisa, Somaliland, which is dedicated to increasing access to medical services and building capacity through its midwife training school. In addition, some of the more autonomous regions of Somalia, such as Somaliland, and to a lesser extent Puntland, have experienced very little of the chaos that has engulfed the rest of the country. As a result, those regions have been able to build state capacity, in turn making it possible to build health infrastructure. These are reasons to be hopeful, as long as the world begins to focus its resources and political will on Somalia's long awaited recovery.

Annotations

Bradbury, Mark, and Catholic Institute for International Relations. 2008. *Becoming Somaliland*. African Issues. London: Progressio.

Annotation: *Becoming Somaliland* details the fall of the central government of Somalia and the rise of the functional and stable breakaway state of Somaliland. Details include information about where the new government is focusing its resources and the development of a civil society and a healthcare system. It also focuses on the issue of statehood in regards to the self-declared Republic of Somaliland, which declared independence from greater Somalia in 1991. The question of statehood is significant because the international community has not recognized Somaliland as separate from Somalia and this impacts the ability of the state to attract health aid that is strictly meant to support the development of health infrastructure in Somaliland. Bradbury also considers the role access to health services has on nation building.

Bulatao, Rodolfo. 2003. "Which health services reduce maternal mortality? Evidence from ratings of maternal health services." *Tropical Medicine & International Health* 8, (8): 710.

Annotation: This journal focuses on maternal mortality and maternal health data from 49 countries in the developing world. The article uses data from previous research studies to analyze what services actually have the most efficient and effective impact on maternal mortality. The findings conclude that, above all, a range of interventions and services are necessary in order to decrease maternal mortality. In addition, evidence suggests that, contrary to popular belief, urbanization and education do not have an effect on maternal mortality once access and income are controlled. Since Somalia and Somaliland have maternal mortality rates that are among the highest in the world, the development of their health systems should be founded on sound research and data.

Capobianco, Emanuele. 2010. Somalia Malaria Strategy. 2005-2010. Available online: www.rollbackmalaria.org/countryaction/nsp/somalia2005-2010.pdf

Annotation: This paper outlines the strategy the WHO is using to fight malaria in Somalia. It distinguishes itself with its details and specificity. The author uses an outline of the country's history with malaria as a starting point and reflects on previous strategies that have worked and failed in the region. He also considers all the elements that are encouraging the spread of malaria and how their organization might act to control those elements. The strategy report also provides a list of the materials that need to be procured, such as mosquito nets, in order to successfully meet the goals of WHO.

Capobianco, Emanuele, and Veni Naidu. 2008. *A review of health sector aid financing to Somalia*. Working paper, World Bank. No. 142. Washington, D.C.: World Bank.

Annotation: This book focuses on how the international community has financed Somalia's health sector from 2000-2006. One of the study's primary purposes is to elucidate the "complex aid architecture" of this system. Capobianco suggests that even though aid to the health sector is steadily growing, in particular the average spent per Somali, and the fact that Somalia has more dedicated aid for their health system than do other fragile states, this international contribution may not be enough to address the many health needs of the population. The study also notes that the funds are not being used wisely, or at least sufficiently, and a more strategic approach needs to be developed.

CARE. "Somalia country profile." Available online:
<http://www.care.org/careswork/countryprofiles/95.asp>.

Annotation: CARE is one of the few organizations, along with USAID, UN agencies and the WHO, who are operating on the ground programs in Somalia. While not all of these programs are related directly health services, they all are connected to community health at least indirectly. The profile provides a summary of each program being run in Somalia. The health programs include FGC prevention programs, which is specifically related to practices in the region. This site helps one to understand the kinds of services that are being provided and the state of the health infrastructure in Somalia.

Danieli, Yael, ed. 2001. *Sharing the Front Line and the Back Hills: International Protectors and Providers: Peacekeepers, Humanitarian Aid Workers and the Media in the Midst of Crisis*. Amityville, NY: Baywood Publishing Co.

Annotation: Yael Danieli has compiled stories from humanitarian-aid workers who are in some of the most dangerous places in the world, including Somalia, Sudan and Iraq. Some aid workers discuss their opinion that the only thing that can really change the reality on the ground is the local population. Two stories speak specifically to life in Somalia: "From Wyoming to Somalia" by Dale Skoric and "An Ambush in Somalia" by Shirley Brownell. All of the stories reveal mistakes that are made on the ground by individuals and institutions alike and can help individuals understand how health infrastructure plays a role in development and the growth of stability and peace in a region racked by conflict.

Department of Immunization, Vaccines and Biologicals. 2009. "WHO vaccine-preventable diseases: Monitoring system 2009 global summary." World Health Organization Geneva, Switzerland: World Health Organization. Available online:
http://whqlibdoc.who.int/hq/2009/WHO_IVB_2009_eng.pdf.

Annotation: This document compiles health data about current trends in vaccine-preventable diseases. No one country is singled out, but rather entire regions, such as East Africa, are analyzed as whole parts. In this way the document helps readers to track and identify areas that are experiencing troubling trends or great successes. It does provide individualized immunization

data country by country, just as the WHO has since 1980. The problem with this document is that it relies on states to self-report, which can lead to participant bias. Countries often either inflate or deflate their data according to what will be most beneficial. In addition, countries that do not have a strong centralized government, like Somalia, and have regions within its borders that are experiencing conflict, tend to not report or do so with estimations based on old data that may itself be incorrect.

Devereux, Stephen. 2006. "Vulnerable livelihoods in Somali Region, Ethiopia." *Institute of Development Studies Research Reports* 57. Available online: <http://www.ntd.co.uk/idsbookshop/details.asp?id=894>

Annotation: This report focuses on the causes and consequences of "livelihood vulnerability" in the Somali region of Ethiopia, a region inhabited by a population similar to Somalia's both demographically and culturally. Livelihood vulnerability is a term used to describe the interruptions in people's ability to provide for their persons. Such interruptions include natural disasters, which the region has regularly suffered through in the form of droughts, and man-man catastrophes, such as the clan-warfare and political instability being experienced in the region. The significance of this work is that it highlights the primary issues threatening human health and sustainability in the area.

Human Rights Watch. 2010. World Report 2010: Events of 2009. New York: Seven Stories Press.

Annotation: As one of the preeminent institutions, whose reporting solely covers human rights abuses and the deteriorating political environments that make human rights abuses likely, Human Rights Watch is perhaps best positioned to speak on the on-the-ground conditions of Somalia. Somalia is currently a unique country in that it is considered a failed state. It has, in fact, broken up into three separate entities: Somalia, Somaliland, Puntland. Al-Shabab, the extreme Muslim organization, rules many parts of Somalia and arbitrarily attacks other parts of the country ruled by opposition organizations. The Human Rights Watch 2010 Report generalizes abuses by both Al-Shabab and the opposition organizations. Human Rights Watch also identifies keys that indicate the direction of Somalia's future and reports on what should be done by the government of Somaliland in order to create conditions that will stabilize society and make the development of health and human services possible.

Jones, Seth G., and RAND Center for Domestic and International Health Security. 2006. Securing health. Santa Monica, CA: RAND Center for Domestic and International Security.

Annotation: This work focuses on the role of access to health services during nation building and/or post-conflict reconstruction, and includes a case study specific to Somalia. The authors research the significance of planning, coordination, infrastructure and resources and determine the role these elements play in rebuilding societies. In addition, the study argues that health can have an "independent impact on broader political, economic, and security objectives during

nation-building operations”. The end product of this research into the role of health services in reconstruction is an outline focusing on best practices and a quantitative and qualitative study regarding the reconstruction efforts of nations that have gone or are going through a reconstruction process.

Kingston, Paul W. T., and Ian Spears, ed. 2004. States-within-States: Incipient Political Entities in the Post Cold War Era. New York: Palgrave Macmillan.

Annotation: Kingston and Spears begin the book by listing all the reasons why there has been a weakening of political authority in many developing countries. Included in the list is the end of the Cold War, the rise of globalization and failed governance. Failed governance not only includes the inability of a state actor to maintain control and provide security for a given area, but also refers to the inability or unwillingness to provide basic social services, such as minimal access to healthcare. Kingston and Spears identify states that have failed because of all the listed reasons, but do not align themselves with the philosophy that failed states will inevitably lead to chaos. Both authors suggest that failed states can lead to the development of new states within those failed states. This examines some successes, such as Somaliland and Kurdistan, within greater failures, Somalia and Iraq, and identifies the keys to their success.

Lewis, I. M. 2008. *Understanding Somalia and Somaliland: Culture, History, Society.* New York: Columbia University.

Annotation: Dr. Ioan Lewis presents a fluid and thorough account of the current situation in Somalia and Somaliland. In so doing, he provides insight on how colonial occupation, culture and Islam have shaped modern day Somalia and the breakaway Republic of Somaliland. In addition, he discusses the stabilizing influence that the Islamist government provided during 2006, only to be ousted by Ethiopian and American forces the next year. Lewis also touches on the tradition and widespread prevalence of nomads and how this impacts stability and development. His expertise and the information provided concerning Islamists, nomads and colonial occupation will help shape a better understanding of the complexity of the region and how these complex elements are going to impact the construction of health care infrastructure and efforts to improve access to health care.

McFalls, Joseph. 2007. “Population: A lively introduction.” *Population Bulletin* 62, (1): 1.

Annotation: This publication focuses on the significance of demographics, particularly population growth. It most frequently uses the United States as a baseline to measure population growth worldwide, but includes issues related to population growth that impact all societies and countries. The significance of this publication is its data-based evidence that reveals the impacts population growth has on societies. This is particularly relevant in the case of the Somali health system because Somalia is entering a period of unprecedented population growth at a time when

the available resources, most importantly water, are quickly dwindling and severely hindering health and human services, such as health clinics.

Moccia, Patricia, and David Anthony, ed. 2008. *The State of the World's Children 2009: Maternal and Newborn Health*. Rep. no. 1. Vol. 62. New York: UNICEF.

Annotation: UNICEF is one of the world's leading organizations focused on the well-being of children. This report identifies the places where there is the greatest need for maternal and neonatal services and the specific actions that will help to reduce maternal and child mortality. The report specifically targets the needs of Africa and Asia. Chapter 4, titled "Strengthening health systems to improve maternal and newborn health," focuses on the keys to implementing a continuum of health care that will better address the specific issues of maternal and child mortality. It uses Africa and Asia as a context and thus makes basic suggestions that are feasible based on economic and logistic considerations.

Moghadam, Valentine M, ed. 2007. *From Patriarchy to Empowerment: Women's Participation, Movements, and Rights in the Middle East, North Africa, and South Asia*. Syracuse, N.Y.: Syracuse University Press.

Annotation: This book focuses on the struggles and parallel movements of women throughout North Africa, Central Asia and the Middle East, with the final chapter discussing the role women in a rebuilding society need to play in order for the state to be successful. It also focuses on the significance of the progress of the women's empowerment movement during the last several decades. Such movements include the rise of women to powerful and influential political positions that could ultimately alter the role of women throughout similar conservative societies. Many of the issues that are addressed are similar to the issues facing women in Somalia and Somaliland, including access to health services such as pregnancy prevention.

Office of the Senior Coordinator for International Women's Issues. 2001. *Somalia: Report on female genital mutilation (FGM) or female genital cutting (FGC)*. U.S. Department of State. Available online: http://www.asylumlaw.org/docs/somalia/usdos01_fgm_Somalia.pdf.

Annotation: The U.S. Department of State has compiled a brief but comprehensive historical perspective on the practice of Female Genital Cutting in Somalia. In so doing it identifies the incidence rates of FGC and how the practice cuts across socio-economic, language and ethnic barriers. The report also details the negative health outcomes FGC has on women's mental and physical health. In addition, the State Department also sheds light on why the practice continues despite efforts to curtail it throughout the last several decades.

Qayad, Mohammed. 2007. "Health care services in transitional Somalia: Challenges and Recommendations." *Bildhaan: An International Journal of Somali Studies* 7: 190-210.

Annotation: This is an excellent paper to use as a general resource for issues regarding the health infrastructure and other health data of Somalia. Qayad provides a great amount of information regarding how Somalia's history is impacting Somalia's current state. More importantly, the author identifies significant moments in Somali history that still impact health services in the country today. The paper also identifies troubling indicators that suggest the futures of Somalia and Somaliland are not going to become any brighter barring major changes. In addition, Qayad writes about the past successes of the Somali health care system and suggests that progress is possible if reform and stability are present.

Rutherford, Ken. 2008. *Humanitarianism Under Fire: The US and UN intervention in Somalia*. Sterling, VA: Kumarian Press.

Annotation: Ken Rutherford starts with the basics about Somali history and culture. He is in a good position to do so considering his experience in Somalia during the early 1990's and his extensive work both within Somalia and with Somali refugees since that time. Multiple chapters focus on the United States' attempts to "Save Somalia" in one way or another. Rutherford goes into detail about why these efforts did nothing to save Somalia from anarchy, and why "Armed Nation Building" and "Armed Humanitarian Intervention", the titles of chapters 4 and 5, had little impact on the confluence of events that had set Somalia down this path many years before the United States started its humanitarian mission. This information is significant because it reveals the development and intervention strategies that have been tried and why they have failed.

Shay, Shaul. 2008. *Somalia between Jihad and Restoration*. New Brunswick, N.J.: Transaction Publishers.

Annotation: Shaul Shay sheds light on the role of extreme Islam in Somali society and how it impacts the development of infrastructure. In particular, it focuses on the rise and fall of the Islamic Courts Union (ICU) and what that means for the future of Somalia, the region and the United States. The book also analyzes the background of the ICU and how an extreme Islamist regime could take power so quickly and thoroughly. Ultimately Shay shares his recommendations on how to prevent the foundation of a state that could well become the epicenter of international terrorism training. These recommendations include the need to build a state that provides rudimentary social services such as access to basic health services.

United Nations Children's Fund. 2008. *The State of the World's Children 2009: Maternal and Newborn Health*. 2009. New York: UNICEF. Available online: <http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>

Annotation: This report is primarily concerned with the state of maternal and neonatal health, particularly in Africa and Asia, since these continents represent 95 per cent of maternal deaths and 90 per cent of neonatal deaths. The purpose of the work is to identify what actions must be

taken in order to improve the state of both concerns in 2011 and beyond. While the report is grounded in how to provide improved access to health services, there is also a great deal of time dedicated to identifying the social and cultural practices that degrade health outcomes, particularly for women and children. Ultimately the document serves as a guide to the future for UNICEF in concerns their health outreach to women and children in developing countries.

_____. 2010. "Somalia - Statistics." Available online:
www.unicef.org/infobycountry/somalia_statistics.html.

Annotation: One of the only organizations outside of the WHO that collects credible health data on countries like Somalia is UNICEF. While their focus is almost strictly on the health of children, the information itself provides a very good picture of the general health of the population. In this respect, children can be seen as indicators of overall community health. This particular set of data provides information regarding the nutrition level, education level, the rates of infectious and non-communicable diseases, and economic and demographic indicators among children in Somalia. It is a great compilation of information that illuminates the dire straits the children of Somalia face.

_____. 2010. *UNICEF Humanitarian Action: Partnering for Children in Emergencies*. Available online:
http://www.unicef.org/har2010/files/UNICEF_Humanitarian_Action_Report_2010-Full_Report_WEB_EN.pdf.

Annotation: This UNICEF report highlights the 28 most pressing crises around the world, Somalia not being the least amongst them. The reason for this report is to solicit the international community for \$1.2 billion in funds to address the highlighted issues. Although UNICEF is dedicated to the welfare of children, this report, like many of UNICEF's reports, recognize the interconnectedness of systems and events and their impact on children. In the report, UNICEF plans for action and aid distribution, in Somalia during the upcoming year are specifically addressed, as is Somali health data.. Over \$12 million is earmarked specifically for health related programs and the report details just how that money will be spent and why it needs to be spent.

World Health Organization. 2007. "Somalia: Health profile." Available online:
<http://www.who.int/gho/countries/som.pdf>.

Annotation: The WHO has the largest library of information regarding the health status of countries and communities that often go ignored because of security threats and hostile governments. Somalia qualifies as one of the most poorly documented populations in the world. Therefore the WHO is often the only provider of information of health in Somalia. While they have several different profiles about Somalia, even within the field of health, this particular profile is strictly data and charts that provide information regarding baseline health indicators.

The most prevalent diseases, causes of death in children under-5 and rates of immunization are included in these graphics. This information is indispensable if one wishes to get a general idea on the health status of Somalia.

_____. 2008. "Somalia Country Profile." WHO Somalia. Available online:
www.emro.who.int/somalia/pdf/WHO%20in%20Somalia.pdf.

Annotation: The Eastern Mediterranean Regional Office of the WHO is responsible for compiling health data on Somalia, among other countries. Like several of the other WHO and UNICEF research products, this country profile includes graphics that chart vital health statistics and information. But that is not the primary use of the piece. This piece is designed to inform the public about the actions the WHO is taking on the ground in order to improve health outcomes in Somalia. More specifically it mentions the locations and activities of programs throughout the country and how those programs are specifically designed to combat the particular issues facing that community.