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Review Article

Universal Health Coverage Implementation in Somalia: Opportunities and Challenges

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ABSTRACT

Universal health coverage (UHC) refers to enhanced access to quality healthcare services without incurring financial hardships. It encompasses palliative care, rehabilitation, treatment, prevention, and promoting good health. Notably, in September 2019, the Ministry of Health and Human Services in Somalia collaborated with UN, WHO, and other health organizations to develop a UHC roadmap for Somalia that delineates the priority action strategies and performance targets attainable by 2023. Primarily, the low UHC index of 22% was identified as one of the key concerns. Moreover, the essential UHC interventions in the country were only 14 out of the 219 recommended ones. Additionally, the healthcare system lacked essential platforms, including community-level, population-based, health centres, first level, and referral hospitals, which are crucial in delivery of services. Furthermore, extreme poverty, low availability of essential drugs, and poor public participation were highlighted as contributory factors. Assessing UHC roadmap implementation, and identifying key opportunities and challenges is crucial in gauging the progress achieved to date, and improving the strategies of achieving the set targets within the required period.

Keywords: Universal health coverage, Health services, Public health, Disease burden

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Universal Health Coverage Historical background

The organized system of healthcare service delivery first emerged in Germany towards the end of the 19th century. The trade unions advocated for a social insurance system for employees that was funded through wages.[1] notably, the huge impact of the initiative drew the attention of the government since the welfare programs addressed social and public health problems such as tuberculosis and alcoholism. Subsequently, in the mid-20th century, WHO acknowledged health as a fundamental human right since access to therapeutic services became critical in determining the survival of most individuals.[2] Moreover, in 2012, United Nations endorsed UHC globally to counter the multiple health challenges faced by numerous nations. Importantly, UHC seeks to provide financial risk protection and enhance accessibility to essential-health services, including immunization and availability of vital medicinal drugs. Notably, the success of UHC implementation in impoverished countries can be deterred by social determinants such as poverty, income inequality, and education. Consequently, UHC outlines a three-dimensional approach of countering the deterrents (accessibility, affordability, and acceptability).[4] Evaluating the headways made in Somalia towards physical accessibility of the health facilities, financial affordability of the services, and willingness of individuals to seek the therapeutic interventions is pivotal in determining the progress made towards UHC implementation.

Evaluating UHC roadmap implementation since its inception in 2019

Assessing the UHC roadmap implementation towards essential service delivery can be executed by examining activities initiated to curb the high maternal and child under-five mortality rates. Additionally, interventions developed towards curtailing HIV, TB, malaria, and hepatitis B incidences, as well as reducing deaths resulting from heart diseases, cancer and diabetes should be analysed. Moreover, for process-level targets, efforts realised towards increasing family planning coverage and reducing adolescent pregnancies as well as minimizing tobacco consumption should be determined. Lastly, the progress towards equipping the healthcare facilities, enhancing public awareness, and providing insurance covers should be scrutinised. Therefore, identifying activities initiated towards public participation, improving health financing, expansion of essential health services and population coverage is critical after the first year to monitor the implementation performance.[3]

Initiating a health financing mechanism is a fundamental aspect of the implementation process that drives the success and sustainability of the other activities. Multiple countries have implemented UHC by adopting different approaches of funding healthcare services of vulnerable citizens. In Ghana and Kenya, a national health insurance scheme that covers majority of the population, is financed through mandatory deductions from salaries of public and private sector employees. Additionally, individuals who are not in these sectors can enrol by paying low premiums since the insurance covers a wide range of services.[5] Conversely, Rwanda offers a community-based health insurance policy for low income earners and children below five years. The insurance schemes are financed by all public servants and employees working in the formal sectors. Notably, in Thailand, the insurance schemes include all children below 12 years, the elderly who are above 60 years, and the low income earners, while in Vietnam, the social insurance health coverage is managed at provincial level and premiums are subsidized for children below 6 years, the older individuals, and low income earners.6 Notably, the UHC implementation in the different countries is highly dependent on the economic capabilities, population density, and social demographics. Therefore, interviewing the relevant stakeholders would provide the information required for improving the health financing schemes and essential service delivery for the vulnerable individuals in Somalia.

Objectives

Main objective

Evaluating universal health coverage implementation in Somalia, identifying key opportunities and challenges, as well as seeking recommendations using a qualitative analysis.

Specific objectives

1. Evaluation of roadmap implementation process and activities for the inception year 2019-2020.
2. Identifying the key opportunities facilitating the implementation of the UHC Roadmap in Somalia.
3. Identifying the key challenges hindering the implementation of the UHC Roadmap in Somalia.
4. Setting out priority recommendations to initiate and or roll out implementation of UHC Roadmap in Somalia.

Study Design and Methodological Approach

A disc review of the available documents on the Implementation of the UHC in Somalia was conducted, a qualitative analysis was conducted using interview check list to evaluate the progress of implementation of the UHC roadmap in Somalia. The strategic components that was assessed using checklist include initiation of activities that address health service and population coverage, public participation, and health financing. Notably, the participants where officials directly involved in implementation of UHC road map in government and NGOs, (Figure 1).

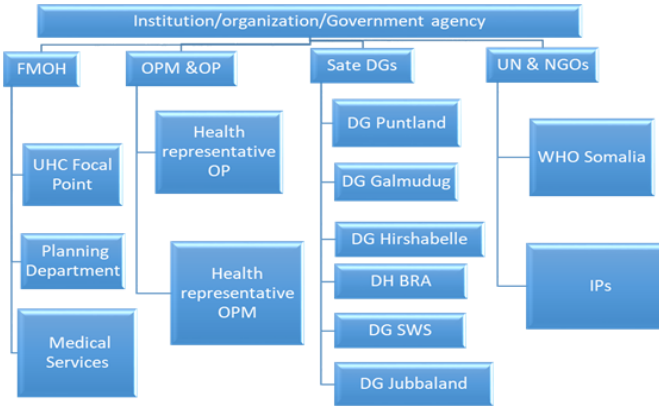

Figure 1: FMOH, OPM&OP, Satellite DGs and UN&NGOs representatives, where DG- Direc General, FMOH- Federal Minister of Health, OP- Office of the president, OPM - Office of the Minister. UHC –Universal Health Coverage, and IPs- Implementing Partners.

Application and significance of results

All data generated from the study will be availed publicly to create awareness of the UHC roadmap to the locals and facilitate its implementation. Moreover, the information provided by the stakeholders will be evaluated to assess the progress achieved and improve the areas that are lagging behind. Additionally, it will be used to identify the direct challenges that hamper the implementation process and the potential solutions that can be used to overcome them.

Lastly, the results will be crucial in developing health service structures that are specifically tailor-made to meet the needs of the Somali population.[7]

UHC Roadmap for Somalia

Unfortunately, Universal Health Coverage for Somalia is having the lowest UHC index in the world, indicating only 22 percent of Somali people have access to essential services, with increased financial burden and catastrophic health expenditure specially on poor people with high out-of-pocket expenditure and low Per capita public expenditure on health; approximately US$ 10–12 per person per year, which is far below the global standard for health sector investment.[7]

With the technical support of World Health Organization and in close collaboration with health authorities of the Federal Member States, Ministry of Health and Human Services of Federal Republic of Somalia developed a roadmap towards universal health coverage, through a consultative process among donors, United Nations, Civil Society Organizations and the community[5], which aims to:

- Improve access to quality essential health services
- Reduce number of people suffering financial hardships
- Improve availability of essential medicines, vaccines, diagnostics and devices for Primary Health Care
- Strengthen Health emergency preparedness and detecting, preventing and responding to emerging high-threat infectious public health hazards
- Addressing determinants of health - leaving no one behind, by reducing risks through multi-sectoral approaches and ensuring health in all policies.

But there is no Established multispectral mechanism for UHC at the highest level Institutionalize a mechanism for public involvement in the development and promotion of, although the roadmap for health system strengthening to achieve UHC with short, medium and long-term goals was developed, but implementation and the strengthening of reliable monitoring and evaluation system to track, evaluate and report UHC progress is not in place.

Identifying Key opportunities for implementation of UHC roadmap in Somalia

Some of the probable resources that can be exploited include the high number of private hospitals. They can be used to enhance essential health service delivery in regions without government health facilities. The government can negotiate a subsidised package for low income earners in each region. Moreover, the low population density substantially decreases the potentially high health care expenses per region, and partnering with private hospitals improves accessibility to health services. Notably, since majority of the population in the region are pastoralists who migrate from one place to another, setting up mobile clinics in remote areas would be less costly and more appropriate. The mobile clinics can be moved periodically in designated areas for a certain duration, depending on the locations frequented by the pastoralists to enhance coverage. Furthermore, setting up new health facilities can be effected by seeking funds from NGOs and donors to improve accessibility. Additionally, the political leaders can be tasked with the responsibility of promoting the UHC agenda in their communities to enhance acceptance.[4] Importantly, consulting stakeholders in the government, health ministry, and other officials involved in implementing the UHC roadmap would be vital in identifying other opportunities that can be harnessed.

Investigating the key challenges that hinder the implementation of the UHC Roadmap in Somalia

One of the formidable challenges experienced in implementation of UHC in Somalia is number of health workers, which is critical in service delivery. Notably, the total number of medical doctors is less than 1000, while the entire population is over 12.3 million. Moreover, consultants are 148, where only 81 are gynaecologists, and 43 are paediatricians (MOH & FRH, 2018). The number is significantly inadequate and hinders progress towards maternal and child care. Additionally, the other health workers exhibit a low density of 4.28 health workers per 10,000 populations. Moreover, the outpatient service delivery fulfils only 5% of the required target, and the health facilities are also remarkably scarce, with a density of 1 health facility per population of 10,000 individuals (MOH & FRH, 2018). Furthermore, the inpatient bed capacity is 21 percent of the required level and availability of services is 18% of the target. Notably, the expansion of health facilities and bed capacity requires huge capital. In contrast, Somalia is ranked among the least developed countries in the world. Therefore, the government may not have the capacity to equip the available hospitals with the necessary equipment or set up new facilities. Primarily, majority of the population are pastoralists, farmers, and small-scale traders; hence financing insurance through deductions from the civil servants may not adequately fund the medication of the high number of people living in poverty.[5] Therefore, approaches of addressing these challenges can be developed through consultation with the stakeholders to ensure successful implementation of UHC Roadmap.

Exploring recommendations for implementation and addressing the challenges

Multiple activities can be initiated and assessed to address the various performance targets of UHC Roadmap. Since Somalis have a difficulty with health care financing, and the government contribution to the health service is very low, more than 80% of the population use the private sector out of Pocket payment, it is time for Somalia to consider implementing Health insurance mechanisms such us Community based Health insurance system.[6] Deployment and Scaling up of Community based Health Workers programs is also crucial to increase demand of health services this will more over contribute in changing the health seeking behaviour of the population and enhance health service utilization among the population.[3,8] Prevention activities such as improving awareness on importance of immunization and organising door to door vaccination can significantly improve coverage. Additionally, issuance of treated nets to the vulnerable communities, especially mothers with children under five years can reduce the high malaria prevalence in Somalia. Moreover, enhancing the detection and diagnosis of

prevalent communicable diseases Example TB can ensure prompt treatment; to reduce the mortality rate associated with the diseases. Therefore, the ministry can develop timelines for implementing the different activities and monitor their progress annually. Notably, Kenya has a UHC index of approximately 50%, some of the UHC activities they adopted include providing free delivery services, and expanding the maternity wings, which has considerably improved access to antenatal care.[9] Moreover, the TB and HIV drugs are widely available and are administered free of charge in government hospitals, and vaccination such as polio are periodically issued to children door to door during outbreaks. Therefore, initiating preventative activities and free medication of chronic illnesses can improve the health situation in Somalia. The challenge of few healthcare professionals can be addressed by outsourcing medical services, encouraging the trained doctors of Somali origin in foreign countries to return and train others, as well as apply artificial intelligence technology. Other African countries such as Kenya addressed the challenge of few health professionals by importing specialist doctors from Cuba to work in different government hospitals.[9] Other countries such as Nigeria have explored the option of importing doctors from Europe to meet the high demand for health services.[6] Additionally, numerous trained health care professionals of Somali origin presently reside in other countries. Promoting programs on social media that would encourage them to come back and train others would substantially alleviate the workforce shortage. Moreover, Somalia can embrace the advances of new technology in medicine called artificial intelligence, whereby machines are developed using neural networks that mimic the intelligence of the human brain. The devices are designed using algorithms and computational models, and can perform tasks that are primarily executed by humans.[8] Studies indicate that the machines outperform medical specialists in performing tasks such as diagnosis and have been recommended in regions with low number of consultants.[7,10] Additionally, conducting a qualitative analysis through questionnaires to seek for further suggestions from stakeholders is crucial in identifying opportunities that can be seized to enhance the implementation of UHC roadmap in Somalia.

Authors Contribution

A.A.M: Analyzed and interpreted the data, writing of the manuscript, comprehended the study, and participated in drafting the data collection and coordination. Conceived the idea of the study, literature review and developed the design and methodology, analysis plan, and finalized the manuscript through critical edits.

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Conflict of Interest

The authors report no conflict of interest.

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