

Somaliland: a self-declared country's fight against COVID-19

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Abstract

Somaliland despite having a weak health system, managed COVID-19 better than some well-resourced countries in the continent by establishing a National Task Force to direct efforts in early detection, surveillance, risk communication and infection control of the virus. The Ministry of Health has been able to garner personnel with medical skills to increase the response workforce and also supervise the activities of medical facilities across the country. However, these measures have shown unfavorable effect on the economy. Somaliland is in active trade with other African countries and neglecting the impact of the virus can greatly affect the trade partner countries. Appropriate relief funds should be offered by capable countries to lessen the economic impact of the pandemic in the country. In the meantime, it is time to reframe the health system of Somaliland and improve sectors that have been underfunded like emergency, intensive care units and the surgical departments.

Key words: *Somaliland, COVID-19, pandemic, responses, challenges, health system*

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Introduction

COVID-19 is a pandemic which threatens global public health, plaguing many countries around the world. Globally, there have been a cumulative tally of 99,864,391 confirmed cases of COVID-19 with 2,149,700 deaths, reported to the World Health Organization (WHO) as of 27 January 2021 [1]. COVID-19 has negatively impacted on various aspects of peoples' lives around the world including Africans. It was expected that African leaders would be afraid of what would be left of the continent with its frail healthcare system and shortage of human resources for health.

Counterintuitively, African public health system gave a rapid response to the pandemic before cases were reported. This was said to be as a result of the continent's experience with the previous epidemics such as Zika and Ebola viral diseases. One of the African countries affected by the pandemic is Somaliland, a unique independent state since 1960, located within Somalia, with a population of about 15 million. The virus took its course in the horn of Africa in Somaliland when the first two cases in the country were reported on the 31 of March 2020 [2]. As of 10 November 2020, there were 1,169 cases reported with 36 deaths among 14,797 tests conducted. The government initiated certain measures in a bid to mitigate the spread of the virus, however, formidable issues hamper these responses. This article seeks to highlight the country's efforts and challenges faced in the fight against this pandemic in Somaliland.

Commentary

COVID-19 in this country is a challenge intertwined with internal conflicts and climate change. Conflicts can disrupt health interventions, pose additional burden on health systems and debilitate them. The horn of Africa is a highly militarized region and Somaliland is found in this region faced with the challenges of civil conflicts between clans. The country has been at loggerheads with Somalia and Puntland with

agitations at their borders. Apart from conflicts being an epidemic in the region, climate change poses a deleterious effect on the citizens who majorly depend on agriculture. The recent droughts have also made a large number of Somlianders' susceptible to water-borne diseases as they lack sanitation and access to clean water [3].

Similar to some economically-challenged African countries, the country is characterized by a weak healthcare system and faces the formidable task of coping with the pandemic with low levels of access to healthcare, weak government capacity and shortage of healthcare workers. At the onset of the pandemic, Somaliland had no single laboratory with the capacity to diagnose coronavirus; therefore, samples had to be sent abroad to be tested. Some well-known heroes of the country, academic professors and innocent people have lost their lives during the pandemic. The population was frightened, resulting in delayed treatment of emergency cases [3].

The government struggled to initiate a policy for this public health emergency as there were no previous emergency preparedness plans in place. Though the country may have only received minimal external support, the government has been able to manage the COVID-19 pandemic better than some well-resourced countries in the continent. Shortly after the WHO declaration of COVID-19 as a global health emergency, the government of Somaliland, just like most African countries, established a National Task Force to direct efforts in early detection, surveillance, risk communication and infection control of the virus [4].

The government cried out about the lack of respiratory ventilators, oxygen generators, personal protective equipment, disinfectants, gloves, gowns, masks and consumables in their hospitals. Despite these challenges, the government has been proactive using innovative ways to curb the spread of the virus and also create massive awareness on

preventive measures [4]. The different stakeholders in the country worked together on emergency responses. Religious leaders were encouraged to disseminate information at gatherings with strict social distancing precautions. Radio stations, television and posters were being used to educate a wide range of people on hand washing and other preventive measures for COVID-19.

The guidelines and measures such as lockdowns, closing schools and public places, physical distancing, the use of face masks, and hand hygiene given by the WHO were enforced in the country. Somalilanders were encouraged by their government to make use of e-transaction to mitigate the spread of the infection in the country. The Ministry of Health has managed to bring together the WHO, health associations like Somaliland Medical Association to develop a guideline and standard of procedure for COVID-19 case management prepared for all health care workers and facilities.

In addressing the shortage of human resources for health in the country as well as scarce health care facilities, the government gave a strict directive to all citizens with medical skills but not in the civil service to report to nearest (national, regional, district or village) ministry of health office for registration as emergency medical volunteers to contribute to the workforce [5]. All private health facilities like laboratories, clinics and hospitals including their workers were asked to be under the directives of Somaliland Ministry of Health. This was meant to increase the availability and accessibility of health services to Somalilanders. In order not to run out of medical supplies, the government placed a ban on export of any medical equipment and drugs.

With the above measures put in place, the government identified high risk populations (who are at a greater risk of being infected) in an effort to curb infection in such a population. The government released 547 non-threatening and low-crime prisoners [6]. In Hargeisa, the capital of Somaliland, 289 households were evicted from market, and

non-essential services civil servants were asked to work from home to enforce social distancing measures in congested areas. The evicted households were given a permanent land tenure to ease economic hardship brought about the restrictions.

The government sought to address the gaps facing responses through assistance of international donors. A molecular testing facility was quickly established by WHO with the financial support from the Italian Development Cooperation in the capital city [7]. This was meant to build testing capacity and mitigate community transmission. There were 8 PCR testing machines for COVID-19 in the six main regional public referral hospitals of Somaliland, as of 30 of October 2020. Some of these donations were both from the local companies such as Dahabshil, Telesom and also other individual citizens and countries like Emirates, Qatar, and Kingdom of Saudi Arabia.

The COVID-19 pandemic has put a stop to major economy markets across the globe and Somaliland has been affected by this. Exportation and importation of goods such as livestock, Khat (A stimulant herb) or exchange of services is one vital way that Somaliland has kept its economy growing. The effect of the COVID-19 outbreak is already being felt by the country and this appears to be more economical than health concerns. The ban of both local and international flight by the government greatly affected the economy. The government of Somaliland has stepwise opened its borders with Ethiopia, Somalia, Djibouti and allowed residents to come under quarantine.

Conclusion

It is important to note that COVID-19 does not differentiate between countries and has proven to be transcontinental and as such, international organizations such as WHO and the United Nations (UN) need to give full support to Low and middle income countries (LMICs) like Somaliland. The country is known to be in active trade with other African countries and neglecting the impact of the virus in Somaliland can greatly affect the trade partner countries. Appropriate relief funds should be offered by capable countries to lessen the economic impact of the pandemic in the country. In the meantime, it is time to reframe the health system of Somaliland and improve sectors that have been underfunded like emergency, intensive care units and the surgical departments.

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