



“WE JUST WATCHED COVID-19 PATIENTS DIE”

COVID-19 EXPOSED SOMALIA'S WEAK HEALTHCARE SYSTEM BUT DEBT RELIEF CAN TRANSFORM IT

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Cover photo: De Martino, the only hospital in Mogadishu where all COVID-19 related cases were managed during the first wave of the pandemic in early 2020. Mogadishu, Somalia. © Private

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GLOSSARY

WORD	DESCRIPTION
CEPI	Coalition for Epidemic Preparedness Innovations
ECF	Extended Credit Facility
EFF	Extended Fund Facility
ICESCR	International Covenant of Economic, Social and Cultural Rights
IDPs	Internally Displaced Persons
IMF	International Monetary Fund
IOM	International Organization for Migration
GAP	Global Action Plan
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
HDI	Human Development Index
HIPC	Heavily Indebted Poor Country
HMIS	Health Management Information Systems
MDRI	Multilateral Debt Relief Initiative
NGOs	Non-Governmental Organizations
PPE	Personal Protective Equipment
PRSP	Poverty Reduction Strategy Paper
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Somalia is a heavily indebted country and one of the least developed in the world. Its health system is also one of the weakest. Many of its health indicators, including access to reproductive, maternal and child healthcare, are very poor. The outbreak of the COVID-19 pandemic in early 2020 exposed and exacerbated these pre-existing broader structural issues facing the country's healthcare system. The country has the sixth highest maternal death risk and the highest child mortality rate globally. The Universal Health Coverage (UHC) index was 22% in 2017, with only one surgeon per 1,000,000 people. Officially, there are 15,294 confirmed COVID-19 cases as of 28 July 2021 with 798 confirmed deaths, but the actual impact is likely to be much higher due to limited testing and weaknesses in death registration and reporting.

This report investigates the Federal Government of Somalia's response to the pandemic and evaluates its capacity to provide equal and timely access to basic healthcare for COVID-19 patients, as well as protection of healthcare workers. It examines the accessibility and equitable distribution of health facilities, availability of essential drugs and equipment, and readiness to prevent, treat and control COVID-19. It does this within the context of the relatively little resources that Somalia has devoted to its health system to date while acknowledging some of the ongoing initiatives with international partners that, if effectively implemented, could make a significant difference.

Although the Federal Government of Somalia faces budgetary constraints and other challenges, including a weak central government and prolonged conflict, it must do more to progressively realize the right to health to meet its human rights obligations and development goals. Since international law requires states to promote, protect, and fulfil the right to health within the resources available to them, it assesses the potential for Somalia's debt relief programme to free up resources for greater investment in healthcare.

This report is based on interviews with over 40 individuals, including 33 health workers - mostly first responders to the pandemic and predominantly based in the capital, Mogadishu - humanitarian workers, government officials, and finance and debt relief experts. It analyses the government's budget and health plans and policies, including the National Development Plan, and draws on reports from international organizations and media.

In this report, Amnesty International demonstrates that the Somalia government's response to the pandemic has been wholly inadequate. There was almost zero capacity to test, treat and manage COVID-19. Access to health facilities for COVID-19 patients was severely limited. During the first wave, there was only one hospital in the capital, Mogadishu, that handled all COVID-19-related cases across south-central regions. That one hospital lacked essential medications and basic equipment such as ventilators and oxygen supply. Access to emergency transportation and ambulance services was almost non-existent with only two ambulances that did not require payment for COVID-19 cases in Mogadishu with its population of nearly three million people. Health workers have faced multiple challenges including insufficient appropriate training, an initial lack of sufficient personal protective equipment (PPE), prolonged working hours and in many cases poor and/or delayed remuneration. Many health workers have also contracted COVID-19, including 19 out of the 33 interviewed for this report.

At the time of writing, only 0.6% of Somalia's population was fully vaccinated. While access to vaccines is low, by 27 July 2021, less than half of the vaccines donated through COVAX and by China had been used. Limited public awareness compounded by the lack of sufficient public information has contributed to hesitancy to get vaccinated, even among health workers. Of the 33 health workers interviewed for this report, all had the opportunity to get vaccinated, but 19 of them had opted not to.

COVID-19 has exposed the pre-existing weaknesses of Somalia's healthcare system as well as the fragile state of the country. Only an estimated 15% of people have access to medical care in rural areas. In conflict-

affected areas, security forces have continued to target health workers during the pandemic. In one of the worst incidents eight health workers at a mother and child clinic in Gololey village, Middle Shabelle region, were abducted and killed by unidentified armed men dressed in Somali military and police uniforms in May 2020. Authorities appointed a committee to investigate the incident, but at the time of writing, the outcome had not been made public.

Decades of insecurity and other natural disasters, such as recurrent droughts and flooding, make Somalia one of the world's worst human rights and humanitarian crises. Over 2.6 million of its population are internally displaced. Somalia is largely dependent on humanitarian and donor aid, limiting its ability to provide adequate public services including health care.

However, Somalia, as a Heavily Indebted Poor Country (HIPC) - that had over USD\$5.2 billion of external debt - is now eligible for additional budget support and grant financing for reaching the decision point for debt relief under the HIPC Initiative in early 2020. HIPC was launched by the World Bank and the International Monetary Fund (IMF) in 1996 to offer debt relief for nations with unsustainable debt burdens. Debt relief, if harnessed correctly, has the potential to transform Somalia's social service delivery, including healthcare.

In this regard, the Somalia government should ensure a sufficient portion of debt relief proceeds, and new grants made available because of this, are used to improve the right to health, in line with the government's roadmap towards UHC. The government should start by increasing health budgets from the 2% pre-COVID-19 allocations with progressive increments over time in line with the Abuja Declaration target of 15% of the annual budget. Such funds should be used to ensure sufficient access to health facilities across the country, including in the capital Mogadishu and in the regional states; to establish well equipped health facilities across the regional states to treat and control epidemic and endemic diseases such as COVID-19; and to procure COVID-19 vaccines for all, starting with those at high risk, including health workers, the elderly, and marginalized groups such as internally displaced persons (IDPs) and the disabled.

Higher-income countries have an obligation to respond to requests for international assistance and cooperation, including debt cancellation, to progressively realize the right to health. International partners should increase financial and technical assistance to the Federal Government of Somalia to support efforts aimed at improving the right to health, in line with both National Development and Universal Health Coverage plans, while encouraging the Somali authorities to ensure transparency and accountability for any financial support, including proceeds from debt relief.

2. METHODOLOGY

This report is based on research conducted by Amnesty International between April and June 2021. Amnesty International remotely interviewed over 40 individuals including 33 health workers (13 doctors, 16 nurses, 3 hospital administrators and one emergency service provider), humanitarian workers, government officials, finance and debt relief experts. Most of the interviewees were from Mogadishu but some were also from Baidoa, Baladweyn, Jawhar, Dhusamareb and Balad Hawo. 18 interviewees were female and 23 were male. In addition to testimonies from interviewees, the research also draws on a literature review of reports from non-governmental organizations (NGOs) and intergovernmental bodies and media articles. The research also analyses government budgets from 2017 to 2021, as well as government health plans and policies such as the National Development Plan.

Amnesty International obtained oral consent from each interviewee at the start of interviews. Interviewees were also given the option – both before and at the end of the interview – to choose not to have their names included in the report. Identifying information for many interviewees in this report has been removed to protect their identity and to prevent reprisals. Actual names and identifying information of interviewees are used in the report only when interviewees explicitly said it was fine to do so.

On 29 July 2021, Amnesty International sent official letters to the Minister of Health, Dr Fawziya Abikar, and the Minister of Finance, Dr Abdirahman Beileh, of the Federal Government of Somalia, seeking their response to a list of questions on our preliminary research findings. On 8 August 2021, Saleiman Umar, Director General in the Ministry of Finance responded.

3. BACKGROUND

GENERAL SITUATION OF SOMALIA'S HEALTHCARE SYSTEM

Due to prolonged conflict and instability, Somalia ranks among the least developed nations in the world.¹ In 2017, it ranked the lowest globally in all aspects of the Human Development Index (HDI) at 0.251 overall, health was ranked at 0.514 which was also the lowest.² State fragility is exacerbated by Somalia being a heavily indebted poor country.³ According to the World Bank, poverty is pervasive throughout Somalia and deeper among rural residents and nomads compared to those who live in urban areas.⁴

These factors make Somalia's health system one of the weakest in the world. Many of its health indicators are poor.⁵ According to a government survey conducted between 2018 and 2019, for example, maternal mortality ratio is 692 maternal deaths per 100,000 live births, which is the sixth highest maternal death risk globally⁶, meaning for every 1,000 live births, approximately seven women die during pregnancy, childbirth, or within two months of childbirth.⁷ Somalia's child mortality rate is currently the highest in the world.⁸ According to the United Nations Children's Fund (UNICEF), due to poor child healthcare services, four in 100 Somali children die during the first month of life, eight in 100 before their first birthday, and one in eight before they turn five.⁹ In 2018, life expectancy at birth was 55.7 years compared to the rest of the East Africa region where life expectancy is 68.¹⁰ In 2017, the fertility rate was 6.7 children per woman, the fourth highest in the world after Burundi, Mali, Angola and Niger.¹¹ The Universal Health Coverage index for Somalia in 2017 was 22% with only one surgeon per 1,000,000 people.¹² This also means access to quality

¹ World Bank, Somalia Economic Update, August 2019, p. 3, <http://documents.worldbank.org/curated/en/811231567610111001/pdf/Somalia-Economic-Update-Fourth-Edition-Building-Education-to-Boost-Human-Capital.pdf>.

² The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 8, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

³ The heavily indebted poor countries (HIPC) are a group of 40 developing countries including Somalia, with high levels of poverty and debt overhang which are eligible for special assistance from the International Monetary Fund (IMF) and the World Bank. World Bank, "The World Bank in Somalia", 23 March 2020, <https://www.worldbank.org/en/country/somalia/overview>.

⁴ World Bank, Somalia Economic Update, August 2019, p. VI, <http://documents.worldbank.org/curated/en/811231567610111001/pdf/Somalia-Economic-Update-Fourth-Edition-Building-Education-to-Boost-Human-Capital.pdf>

⁵ World Health Organization (WHO), "Humanitarian Response Plan 2015", available at <https://www.who.int/hac/donorinfo/somalia.pdf>.

⁶ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 8, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

⁷ Directorate of National Statistics, Federal Government of Somalia, "The Somali Health and Demographic Survey 2020", https://somalia.unfpa.org/sites/default/files/pub-pdf/final%20shds%20report%202020_v7_0.pdf.

⁸ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 8, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

⁹ UNICEF, Somalia page, accessible at, <https://www.unicef.org/somalia/health>.

¹⁰ UN System in Somalia, 2019, Population Estimates for Somalia, 2013-2018

¹¹ Statista website, "The 20 Countries with the Highest Fertility Rates in 2017," <https://www.statista.com/statistics/262884/countries-with-the-highest-fertility-rates/>.

¹² The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 19, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines are low in the country.¹³

Access to health facilities is also a huge challenge.¹⁴ According to a 2016 Service Availability and Readiness Assessment by the World Health Organization (WHO), there were only 799 operational public healthcare facilities in Somalia in 2016, including in Somaliland to serve a population of 15.8 million – 1 per 20,000 people. These facilities are not only inadequate but are also unequally distributed with a higher concentration in urban locations compared to rural areas.¹⁵ Only 15% of people living in rural areas are estimated to have access to medical care, a challenge often further complicated by recurrent climate shocks, such as droughts and floods, and insecurity impeding safe travel to health facilities.¹⁶

Another assessment carried out by the WHO estimates that in 2014 the total number of healthcare professionals including physicians, nurses and midwives operating in Somalia was 9,566, approximately a ratio of only 0.34 essential health workforce per 1,000 people.¹⁷ This was far short of the WHO minimum requirement of 4.5 per 10,000 people. Based on latest available data, in 2016, the country had one doctor per 20,000 people. There were four nurses and one midwife per 20,000 people. This again falls significantly short of the WHO-set minimum threshold of 2.3 nurses and midwives per 1,000 people.¹⁸

Healthcare services in Somalia are provided through public and private facilities that are run by various actors including the government, nongovernmental organizations (NGOs) and by the private sector.¹⁹ The private sector is main provider of health services and it is estimated that up to 90% of the population use private healthcare facilities which are largely unregulated.²⁰

GOVERNMENT EFFORTS WITH SUPPORT FROM INTERNATIONAL PARTNERS

Despite the above challenges facing Somalia's health system, the government has taken some steps to improve healthcare. Even though the country is still grappling with conflict-related crises, the government is seeking to re-establish health governance structures, rebuild health institutions, re-engage with development partners and adopt national health policies.²¹ Authorities have developed an ambitious National Development Plan (2020-2024) with four pillars including inclusive politics, security and rule of law, and economic and social development. Under the social development pillar, the plan is expected to improve access to healthcare among other social services.²² The National Development Plan prioritizes maternal and early childhood health.²³ Somalia has also adopted the UN 2030 Agenda for Sustainable Development Goals (SDGs) including those related to health and has committed to reduce maternal mortality, end preventable deaths of newborns and children under five and ensure universal access to sexual and reproductive health-care services among others.²⁴

¹³ WHO, "Universal health coverage (UHC)" 1 April 2021, [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

¹⁴ "Somalia races to save livelihoods as new locust generation spawns", *Reuters*, 20 April 2020, <https://news.trust.org/item/20200420164123-faryw>; Amnesty International interviews with 15 health workers in Somalia between April 2021 and June 2021.

¹⁵ Somali Service Availability and Readiness Assessment, 2016, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/somali_country_report_final_draft_30dec2016-.pdf.

¹⁶ International Committee of the Red Cross (ICRC), "Somalia: Killing of health workers from rural clinic an appalling tragedy", 29 May 2020, <https://www.icrc.org/en/document/somalia-killing-health-workers-rural-clinic-appalling-tragedy>.

¹⁷ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 27, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

¹⁸ See for example, The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 27, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>; See also, the Somali Human Resources for Health Development Policy 2016-2021 available at <http://somalianoconsortium.org/download/578571d68b6c0/>.

¹⁹ "Beneficiaries of Conflict: A Qualitative Study of People's Trust in the Private Health Care System in Mogadishu, Somalia, Risk Management Healthcare Policy," 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5548277/>.

²⁰ The Danish Immigration Service, "Country Report, Somalia health system," November 2020, p. 9 and p. 26, <https://www.justice.gov/eoir/page/file/1339226/download>.

²¹ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, "Somalia's Healthcare System: A Baseline Study & Human Capital Development Strategy" May 2020, p. 8, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

²² National Development Plan (2020-2024) available at: <http://mop.gov.so/wp-content/uploads/2019/12/NDP-9-2020-2024.pdf>.

²³ National Development Plan, p. 259, <https://mop.gov.so/wp-content/uploads/2019/12/NDP-9-2020-2024.pdf>.

²⁴ Good Health and Well-being, UN Somalia country page, <https://somalia.un.org/en/sdgs/3>.

In September 2019, Somalia with support from the WHO launched a roadmap to UHC.²⁵ This includes the strategic framework and medium-term goals for the Somalia health sector and was developed jointly by the Somalia Ministry of Health and Human Services with the WHO, UN and development partners, civil society organizations and the donor community. The three strategic goals of the UHC roadmap for the period 2019 – 2023 are more Somali people to benefit from Universal Health Coverage, to be better protected from health emergencies and to enjoy better health and well-being.²⁶

According to the 2021 progress report from Global Action Plan (GAP), an initiative to enhance collaboration among international agencies that work on health, development and humanitarian responses to accelerate progress on health-related SDGs,²⁷ there was strong collaboration among GAP agencies and Somalia on innovative programming in fragile and vulnerable settings and disease outbreak responses. The report notes that in Somalia innovation and a strong commitment to UHC are providing a path to recovery from instability and conflict. It further states that, in the face of both the COVID-19 pandemic and alarming numbers of pneumonia-related child deaths, the Global Action Plan accelerator working group on innovation²⁸ – one of the working groups on the seven GAP accelerator themes – has supported the urgent scale-up of medical oxygen in Somalia in 2020.²⁹

In June 2021, Somalia's Minister of Health, Dr Fawziya Abikar, announced that the World Bank board had approved "Damal Caafimaad" a flagship health project initiated by the Somalia government³⁰ aimed at improving the coverage of essential health and nutrition services and to strengthen the capacity of ministries of health at federal and regional levels. The total estimated project cost is around USD\$100 million.³¹

According to Saleiman Umar, Director General of the Ministry of Finance: "[The] Damal Cafimaad project aims to expand the coverage of high-impact health and nutrition services in select geographic areas which includes child health services (including routine immunization, micronutrient supplementation, promotion of infant and child feeding and nutrition, maternal and neonatal health services (including testing and intervention during antenatal care visits, both basic and comprehensive emergency obstetric and newborn care, and family planning), services to address gender-based violence and control of communicable diseases and selected non-communicable diseases and integrated disease surveillance and response as well as preparedness and response to disease outbreaks [...] the project also seeks to strengthen the government's stewardship to enhance service delivery through capacity building and improving Health Management Information Systems (HMIS) – so it produces regular, quality, reliable health data – and routine use of such HMIS data in decision making."³²

HUMANITARIAN, ECONOMIC AND HEALTH IMPACT OF COVID-19

COVID-19 has significantly undermined these efforts to improve healthcare in Somalia.

The first case of COVID-19 was confirmed in Somalia in March 2020 stretching the country's already weak healthcare system. There were 15,294 confirmed COVID-19 cases as of 28 July 2021 with 798 confirmed deaths.³³ Although officially Somalia has one of the lowest COVID-19 death rates — due to a combination of factors such as insufficient testing and limited official death reporting³⁴ — the pandemic had both negatively impacted the economy and the humanitarian situation.³⁵

²⁵ WHO "WHO supports launch of universal health coverage roadmap in Somalia," 16 September 2019, <http://www.emro.who.int/somalia/news/who-supports-launch-of-universal-health-coverage-roadmap-in-somalia.html>

²⁶ WHO "WHO supports launch of universal health coverage roadmap in Somalia," 16 September 2019, <http://www.emro.who.int/somalia/news/who-supports-launch-of-universal-health-coverage-roadmap-in-somalia.html>

²⁷ The objective of the Global Action Plan (GAP) is to enhance collaboration among 12 agencies that play significant roles in health, development and humanitarian responses to help countries accelerate progress on the health-related SDG targets. The 12 signatory agencies to the GAP are Gavi – the Vaccine Alliance, Global Financing Facility, Global Fund to Fight AIDS, TB and Malaria, UNAIDS, UNDP, UNFP, UNICEF, Unitaid, UN Women, World Bank Group, World Food Program and World Health Organization.

²⁸ WHO, UNFP, UNICEF among others.

²⁹ WHO, "Stronger collaboration for an equitable and resilient recovery towards the health-related sustainable development goals: 2021 progress report on the global action plan for healthy lives and well-being for all" Geneva, Licence CC BY-NC-SA 3.0 IGO. 20 May 2021, <https://www.who.int/publications-detail-redirect/9789240026209>.

³⁰ See minister's tweet at: Twitter, 29 June 2021, <https://twitter.com/abikardr/status/140976896198676480?s=21>.

³¹ World Bank, "Improving Healthcare Services in Somalia Project (Damal Caafimaad)" June 2021, <https://projects.worldbank.org/en/projects-operations/project-detail/P172031>.

³² Official email response from the Director General of Somalia's Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

³³ See Ministry of Health's official Twitter feed at, https://twitter.com/MoH_Somalia/status/1408123352691134466, accessed on 26 June 2021.

³⁴ "Somalia struggles with coronavirus as infections go undetected," *Al Jazeera*, 28 April 2020, <https://www.aljazeera.com/news/2020/4/28/somalia-struggles-with-coronavirus-as-infections-go-undetected>.

³⁵ "Somalia races to save livelihoods as new locust generation spawns", *Reuters*, 20 April 2020, <https://news.trust.org/item/20200420164123-faryw>; see also, UNSOM, "Special Representative of the Secretary-General for Somalia

The socio-economic impacts have also been devastating. Many Somalis who depended on remittances from families and friends abroad were seriously impacted. The World Bank estimates USD\$1.4 billion in remittance flows into Somalia annually under normal circumstances.³⁶ This money supports 23% of the Gross Domestic Product (GDP) and sustains more than 40% of the population.³⁷ But due to the economic crisis induced by COVID-19 and related restrictions, in early 2020, the Bank projected a 23.1% decrease in remittance flows into Somalia, the sharpest decline in recent history.³⁸ According to the International Organization for Migration (IOM), remittances sent to Somalia during the first half of 2020 have decreased by 61%, a reduction of around USD\$289 million.³⁹ This decline in remittances was a direct result of the pandemic.⁴⁰

IDPs were heavily affected by the pandemic. Due to their pre-existing vulnerability, IDPs were disproportionately impacted by lack of jobs, inadequate water and sanitation, and health services.⁴¹ They also grappled with forced evictions carried out by government security forces and private landowners including during the pandemic.⁴²

Health workers have faced multiple challenges which are described in more detail in the next section. This includes insufficient appropriate training on handling COVID-19 cases, insufficient PPE, excessive working hours and poor remuneration. Many have also contracted COVID-19, including 19 out of the 33 health professionals interviewed for this research.⁴³

During the pandemic, security forces have targeted health workers in parts of the country.⁴⁴ On 27 May 2020, eight health workers, including seven who worked at a mother and child clinic in the village of Gololey in the Middle Shabelle region, were abducted and killed by unidentified armed men dressed in Somali military and police uniforms. On 28 May, the then President of Hirshabelle state, Mohamed Abdi Ware, appointed a seven-person committee to investigate the incident. At the time of writing, the outcome of the investigation had not been made public and no one was held accountable for the massacre of the eight health workers.⁴⁵

Statement to the UN Security Council” 22 May 2020, <https://reliefweb.int/report/somalia/special-representative-secretary-general-somalia-statement-un-security-council>.

³⁶ World Bank, “World Bank Makes Progress to Support Remittance Flows to Somalia” 10 June 2016,

<https://www.worldbank.org/en/news/press-release/2016/06/10/world-bank-makes-progress-to-support-remittance-flows-to-somalia>.

³⁷ World Bank, “World Bank Makes Progress to Support Remittance Flows to Somalia” 10 June 2016,

<https://www.worldbank.org/en/news/press-release/2016/06/10/world-bank-makes-progress-to-support-remittance-flows-to-somalia>.

³⁸ World Bank, “World Bank Predicts Sharpest Decline of Remittances in Recent History” 22 April 2020,

<https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>.

³⁹ IOM, “Covid-19 and the state of remittance flows to Somalia” August 2020, https://www.iom.int/sites/default/files/press_release/file/covid-19_and_the_state_of_remittance_flow_to_somalia_-_iom_somalia_august_2020.pdf.

⁴⁰ IOM, “Covid-19 and the state of remittance flows to Somalia” August 2020, https://www.iom.int/sites/default/files/press_release/file/covid-19_and_the_state_of_remittance_flow_to_somalia_-_iom_somalia_august_2020.pdf.

⁴¹ Amnesty International, “Somalia: Internally displaced people surviving by “the grace of God” amidst COVID-19” 21 July 2020,

<https://www.amnesty.org/en/latest/news/2020/07/somalia-internally-displaced-people-surviving-by-the-grace-of-god-amidst-covid19/>.

⁴² Amnesty International, “Somalia: Internally displaced people surviving by “the grace of God” amidst COVID-19” 21 July 2020,

<https://www.amnesty.org/en/latest/news/2020/07/somalia-internally-displaced-people-surviving-by-the-grace-of-god-amidst-covid19/>.

⁴³ Amnesty International Interviews with 19 health workers in Somalia between April 2021 and June 2021.

⁴⁴ See Amnesty International, 2020 Annual Report, April 2021, <https://www.amnesty.org/en/countries/africa/somalia/report-somalia/> and;

Human Rights Watch, “Somalia: Ensure Justice in Health Worker Massacre”, 23 November 2020,

<https://www.hrw.org/news/2020/11/23/somalia-ensure-justice-health-worker-massacre>.

⁴⁵ See Amnesty International, 2020 Annual Report, April 2021, <https://www.amnesty.org/en/countries/africa/somalia/report-somalia/> and;

Human Rights Watch, “Somalia: Ensure Justice in Health Worker Massacre”, 23 November 2020,

<https://www.hrw.org/news/2020/11/23/somalia-ensure-justice-health-worker-massacre>.

“WE JUST WATCHED COVID-19 PATIENTS DIE”

COVID-19 EXPOSED SOMALIA’S WEAK HEALTHCARE SYSTEM BUT DEBT RELIEF CAN TRANSFORM IT

LEGAL FRAMEWORK

The right to the highest attainable standard of health is enshrined in several regional and international treaties to which Somalia is a party. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR),⁴⁶ and the African Charter on Human and Peoples' Rights.⁴⁷ Article 12 of the ICESCR states: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."⁴⁸ Similarly, Article 27 of Somalia's provisional constitution provides for the right to health and stipulates that every person has the right to healthcare, and no one may be denied emergency healthcare for any reason including lack of economic capability.⁴⁹ However, Somalia has not yet ratified the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, and is yet to opt-in to the inquiry and inter-state procedures.

The right to health requires access to quality health facilities, goods and services, essential drugs, and immunization against major infectious diseases. Further states are required to take measures to prevent, treat and control epidemic and endemic diseases such as COVID-19, and to provide appropriate training for health personnel, including education on health and human rights.⁵⁰

Similarly, states are also required to promote, protect, and fulfil the right to health within the resources that are available to them. These resources refer to those existing within a state as well as those available from the international community through international cooperation and assistance.⁵¹ International cooperation and assistance can include debt relief measures for poor countries, like Somalia, needing such relief to respond to or recover from the COVID-19 pandemic. These measures may include cancellation of external sovereign debt payments.⁵²

In the context of the situation of health workers, Article 7 of the ICESCR states: "States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular ... (a) (i) Fair wages and equal remuneration for work of equal value without distinction of any kind ... (b) Safe and healthy working conditions ... (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay"⁵³

Finally, like civil and political rights, economic, social and cultural rights impose three different types of obligations on States: the obligations to respect, protect and fulfil. Failure to perform any one of these three obligations constitutes a violation of such rights. The obligation to fulfil requires States to take appropriate legislative, administrative, budgetary, judicial and other measures towards the full realization of such rights. Therefore, the failure of States to provide essential primary health care to those in need may amount to a violation.

SOMALIA'S COVID-19 RESPONSE

During the early days of the outbreak, the Federal Government of Somalia took preventive measures aimed at controlling the spread of the virus.⁵⁴ In March 2020, the government set up a National COVID-19 Task Force to manage the effects of the pandemic. Similar structures were also established at regional state level.⁵⁵ At the same time authorities suspended local and international flights, stopped the importation of khat⁵⁶ and shut down schools and higher learning institutions.⁵⁷ It also banned gatherings at recreational

⁴⁶ ICESCR Article 12.

⁴⁷ African Charter on Human and Peoples' Rights (African Charter), Article 16(1).

⁴⁸ ICESCR Article 12.

⁴⁹ Somalia Provisional Constitution, Article 27 (2).

⁵⁰ Committee on Economic, Social and Cultural Rights (ICESCR), General Comment No. 14, The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), 11 August 2000, UN Doc. E/C.12/2000/4, paras. 43 and 44.

⁵¹ Committee on Economic, Social and Cultural Rights (ICESCR), General Comment No. 3: The Nature of States Parties' Obligations (Article 2 of the International Covenant on Economic, Social and Cultural Rights), 14 December 1990, UN Doc E/1991/23. para. 13.

⁵² Amnesty International, "Covid-19 response measures: recommendations to G20 finance ministers on international cooperation and assistance," June 2020, <https://www.amnesty.org/download/Documents/IO3026242020ENGLISH.PDF>.

⁵³ ICESCR Article 12.

⁵⁴ Amnesty International interview with Dr. Mohamed Mohamud Ali, Chief Medical Officer, Government COVID-19 task force, Mogadishu, 18 June 2021.

⁵⁵ UNSOM, "Special Representative of the Secretary-General for Somalia Statement to the UN Security Council" 22 May 2020, <https://reliefweb.int/report/somalia/special-representative-secretary-general-somalia-statement-un-security-council>.

⁵⁶ Khat is a mild chewed stimulant and chewers usually physically gather.

⁵⁷ "Coronavirus pandemic: Experts say Somalia risk greater than China", *AlJazeera*, 19 March 2020, <https://www.aljazeera.com/news/2020/3/19/coronavirus-pandemic-experts-say-somalia-risk-greater-than-china>.

facilities, informed hotels to refrain from hosting big conferences and imposed a night curfew in Mogadishu.⁵⁸ All of these restrictions have been lifted given the low official number of recorded cases of infection (although the actual number is likely to be far higher). The government also carried out public awareness campaigns about transmission routes and prevention measures through media and by establishing a COVID-19 information call centre in Mogadishu.⁵⁹

AN INADEQUATE RESPONSE AND LACK OF ESSENTIAL EQUIPMENT

While the government took the above preventive measures, the already fragile healthcare system in the country was immediately stretched to its limit exposing the authorities' failure to take adequate measures not just to prevent the pandemic, but also to treat and control it as required by international human rights law. The first global mapping of intensive care unit (ICU) beds, which was published at the beginning of the Covid-19 pandemic, found that Somalia, as in other Sub-Saharan African countries except for South Africa, had very limited capacity to intubate and ventilate patients.⁶⁰ The country had only 46 intensive care unit (ICUs) beds and 15 ventilators for 15.8 million people.⁶¹

Twenty-five health workers told Amnesty International that the government was caught off-guard by the pandemic and that there were no testing and treatment capabilities.⁶² The government had in March 2020 set-up De Martino Hospital in Mogadishu as the only health facility to manage COVID-19 cases in the country. Four health workers who were first responders at the hospital said they lacked basic equipment and essential medications such as ventilators and oxygen supply to treat infected patients.⁶³ It took until July before the government opened a second COVID-19 quarantine centre at the Banadir Hospital in Mogadishu.⁶⁴



De Martino, the only hospital in Mogadishu where all COVID-19 related cases were managed during the first wave of the pandemic in early 2020. Mogadishu, Somalia. © Private

“We scrambled at the beginning. Everything was a mess. We had nothing to treat patients. There was no oxygen, no ICU beds, and no ventilators. We just watched patients die, it was really sad,” said a senior doctor at the De Martino Hospital.⁶⁵

A senior doctor at De Martino Hospital said many COVID-19 positive patients also died because of insufficient oxygen supply. “We had to use a single nasal oxygen cannula for multiple patients. There was a

⁵⁸ Amnesty International interview with Dr. Mohamed Mohamud Ali, Chief Medical Officer, Government COVID-19 task force, Mogadishu, 18 June 2021.

⁵⁹ The Danish Immigration Service, “Country Report, Somalia health system,” November 2020, p. 17, <https://www.justice.gov/eoir/page/file/1339226/download>.

⁶⁰ “Critical care capacity during the COVID-19 pandemic: Global availability of intensive care beds,” *Journal of Critical Care*, August 2020, pp. 96-97, <https://www.sciencedirect.com/science/article/abs/pii/S0883944120305554>.

⁶¹ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, “Somalia’s Healthcare System: A Baseline Study & Human Capital Development Strategy” May 2020, p. 66, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

⁶² Amnesty International interviews with 25 health workers between April and June 2021.

⁶³ Amnesty International interviews with four health workers operating in De Martino Hospital, Mogadishu, between April and June 2021.

⁶⁴ “Somalia launches new Covid-19 quarantine centre,” *Somalia Affairs*, 30 July 2020, <https://www.somaliaffairs.com/news/somalia-launches-new-covid-19-quarantine-center/>.

⁶⁵ Amnesty International Interview with a senior doctor at De Martino Hospital, Mogadishu, 16 June 2021.

day we had four elderly men in one ward, they all needed oxygen, but they all died within ten minutes. I can still remember their faces; I am sad we were not able to get oxygen to save their lives.”⁶⁶

For the first few weeks of March, there was also no testing capacity in the country to understand the actual infection rate including in Mogadishu.⁶⁷ A laboratory specialist with the Ministry of Health told Amnesty International: “We did not have any testing equipment for a few weeks in March. We were initially sending samples to Kenya for testing until we got the first PCR machine as a donation from Alibaba.”⁶⁸ Dr. Mohamed Mohamud Ali, the Chief Medical Officer and a member of the government’s National COVID-19 Task Force, believes this could explain the low number of the official confirmed cases: “Testing was very limited. Only those who managed to get to health facilities and were tested are included in the official government data. The figure is just a tip of the iceberg, many more were infected and died at home”⁶⁹ he told Amnesty International. Two other health professionals and media reports suggest that the limited testing in the country impeded the government’s ability to understand the prevalence of the COVID-19 and to take measures to stop the spread.⁷⁰

The situation became so grave that actors from the private sector had to subsequently step in and organize additional facilities to test and treat COVID-19 patients. This included the private Simad University which offered its teaching health facility, known as Sumait Hospital, as a centre to test, quarantine and treat COVID-19-related complications during the second wave of the pandemic in early 2021.⁷¹ In July 2020, Hormuud Telecommunication Company also rehabilitated part of Banadir Hospital, which is one of the few public hospitals in Mogadishu⁷², to serve as a testing and treatment centre.⁷³

In addition to specific COVID-19 response shortages, basic infrastructure at hospitals was also lacking at times which had serious consequences. For example, four health professionals at the De Martino Hospital reported nine deaths directly due to electricity outages. “There was [an] electricity outage one night, and nine people died. They died because the oxygen supply machines needed electricity to function, and we did not have backup generators. They just had to die,”⁷⁴ said one health professional at De Martino Hospital. A recent study into the health infrastructure in Somalia concluded that there is inadequate technical and physical equipment at health facilities; 41% have no consultation room, 46% have no access to improved water sources,⁷⁵ 72% have no power source and 84% have no means of transportation to refer patients in need of emergency treatment to hospitals.⁷⁶

ACCESS TO HEALTH FACILITIES REMAINS A MAJOR CHALLENGE

Access to health facilities has been a challenge for most Somalis for many years due to a combination of conflict, security measures and lack of available facilities and services. This has continued during the pandemic even though the need for emergency assistance has increased. Eight health professionals, one emergency service provider and two government officials interviewed by Amnesty International said access to De Martino Hospital and other health facilities that were managing the COVID-19 crisis, such as Sumait Hospital, was extremely challenging for most poor people and for the over half a million internally displaced population in Mogadishu.⁷⁷ This was because of restricted movement within the city due to road closures for security reasons which was further compounded by the lack of emergency transportation services.⁷⁸

⁶⁶ Amnesty International Interview a senior doctor at De Martino Hospital, Mogadishu, 16 June 2021.

⁶⁷ Amnesty International interviews with five health professionals in Mogadishu between April and June 2021.

⁶⁸ Alibaba is foundation that was established in 2011 that promotes a culture of philanthropy. During the COVID-19 pandemic, it donated health relief packages to many countries around the world including Somalia. Amnesty International interview with a lab specialist with the Ministry of Health, Mogadishu, 15 June 2021.

⁶⁹ Amnesty International interview with Dr. Mohamed Mohamud Ali, Chief Medical Officer, Government COVID-19 task force, Mogadishu, 18 June 2021.

⁷⁰ “Somalia struggles with coronavirus as infections go undetected,” 28 April 2020, <https://www.aljazeera.com/news/2020/4/28/somalia-struggles-with-coronavirus-as-infections-go-undetected>.

⁷¹ Amnesty International interviews with health workers and management of Sumait Hospital between April and June 2021.

⁷² Health workers said the government manages only four hospitals in Mogadishu including De Martino Hospital, Banadir Hospital Lazareti Hospital and Madina Hospital.

⁷³ Amnesty International interview with Dr. Mohamed Mohamud Ali, Chief Medical Officer, Government COVID-19 task force, Mogadishu, 18 June 2021.

⁷⁴ Amnesty International interview with a health professional at De Martino Hospital, Mogadishu, June 2021.

⁷⁵ Water that is protected from outside contamination such as piped water.

⁷⁶ The Heritage Institute for Policy Studies (HIPS) and City University of Mogadishu, “Somalia’s Healthcare System: A Baseline Study & Human Capital Development Strategy” May 2020, p. 8, <http://www.heritageinstitute.org/wp-content/uploads/2020/05/Somalia-Healthcare-System-A-Baseline-Study-and-Human-Capital-Development-Strategy.pdf>.

⁷⁷ Amnesty International, “Somalia: Internally displaced people surviving by “the grace of God” amidst COVID-19”, 21 July 2020, <https://www.amnesty.org/en/latest/news/2020/07/somalia-internally-displaced-people-surviving-by-the-grace-of-god-amidst-covid19/>.

⁷⁸ Amnesty International interviews with Mogadishu residents, IDPs and health professionals in Mogadishu between June 2020 and June 2021.

Health workers in Mogadishu said many security checkpoints on the city's main roads limited people's ability, especially the poor and those in the IDP camps, to access COVID-19 emergency centres. The majority of IDPs and the poor cannot afford the cost of transport to reach these health facilities, and even for those who can mobilize resources for transport, navigating through security checkpoints is difficult. A nurse at Sumait Hospital said: "Sumait Hospital is in Hodan District and De Martino is located near heavily guarded government institutions such as the Mogadishu Central Prison. Most of the roads leading to the two hospitals are blocked from public access. Not many people are therefore able to reach them."⁷⁹



  Soldiers manning a checkpoint on the main road to De Martino Hospital, Mogadishu, Somalia. © Private




  A government security officer points a gun and stops an Amin Ambulance in Mogadishu, Somalia. © Amin Ambulance

Lack of emergency transportation services both in Mogadishu and in the regional states further limited access to hospitals. Dr. Abdulkadir Abdirahman Haji Adan, the founder of Amin Ambulance, the only free

⁷⁹ Amnesty International interview with a nurse at Sumait Hospital, Mogadishu, June 2021.

ambulance service in Mogadishu, said they manage 20 ambulances to serve nearly three million people in Mogadishu with only two of these designated for COVID-19-related emergencies. “It was impossible to reach them all,” he said.⁸⁰



 Amin ambulance paramedics attend to a patient in Mogadishu, Somalia. © Amin Ambulance

During the first few weeks of the pandemic, access to these health facilities in Mogadishu was not available to the millions of Somalis who live outside the city, particularly those in Al-Shabaab controlled areas. The COVID-19-related restrictions such as the suspension of local flights meant many remote areas had difficulties accessing essential health supplies such as drugs.⁸¹ A health professional in Lower Shabelle said: “Parts of Lower Shabelle are under Al-Shabaab control and access is extremely dangerous. This was also a challenge in government-controlled areas during the pandemic. When the local flights were suspended, we could not get any supply including essential drugs, PPE, face masks and hand sanitizers.”⁸²

IMPACT ON AND LACK OF SUPPORT FOR HEALTH WORKERS

25 health workers interviewed by Amnesty International complained of several challenges they faced and continue to face during the pandemic including putting their own health and lives at risk. They said they lacked enough and appropriate training on handling COVID-19 patients and its impact on their own health, were not provided with enough PPE at the onset of the pandemic, and almost all of them said they worked on average over 14 hours a day for poor pay.⁸³

Three nurses and two doctors from De Martino Hospital said at times they worked 24 consecutive hour shifts. A senior doctor at De Martino Hospital said:

⁸⁰ Amnesty International interview with Dr Abdulkadir Abdirahman Haji Adan, founder of Amin Ambulance, Mogadishu, Somalia, 20 June 2021.

⁸¹ The Danish Immigration Service, “Country Report, Somalia health system,” November 2020 <https://www.justice.gov/eoir/page/file/1339226/download>.

⁸² Amnesty International interview with a health professional, Lower Shabelle, 22 June 2021.

⁸³ Amnesty International interview with 25 health workers in Mogadishu, June 2021.

“I worked overtime especially during the initial days of the pandemic; I could not sleep even when I left the hospital after midnight. I had to coordinate emergency services over the phone. Most of those calling needed ambulances, but we had not enough ambulances.”⁸⁴”

Staff also complained of poor remuneration – both in terms of the salary and delays in payment with some saying they worked for months without getting paid or receiving any form of allowance. A doctor at De Martino said:

“[o]ur staff were not paid for several months. During the month of Ramadan in 2020, Hormuud Foundation paid USD\$300 and USD\$200 to our doctors and nurses respectively, this temporarily acted as an incentive and morale booster for the staff.”⁸⁵”

All the nurses interviewed by Amnesty International said their monthly salaries were in the range of USD\$200 to USD\$300 which was not enough for them to have a decent standard of living and to support their families. One senior nurse said she worked in one of Mogadishu’s biggest hospitals for 30 years, and her current monthly salary is USD\$260. She added:

“I survive on that and I am a mother of seven children; it is not even enough for my bills and school fees for my children.”⁸⁶”

States have human rights obligations to protect both public health and essential workers in the context of pandemics, such as COVID-19, including their right to health and just and favourable conditions of work. This is not just a legal duty but protecting health and essential workers’ rights is integral to a strong and rights-respecting response to the pandemic. In its General Comment 23, the Committee on Economic, Social and Cultural Rights generally limits daily working hours to eight hours.⁸⁷ “While the general daily limit (without overtime) should be eight hours, the rule should take into account the complexities of the workplace and allow for flexibilities, responding, for example, to different types of work arrangements such as shift work, consecutive works shifts, work during emergencies, and flexible working arrangements. Exceptions should be strictly limited and subject to consultation with workers and their representative organizations. Where legislation permits longer working days, employers should compensate longer days with shorter working days so that the average number of working hours over a period of weeks does not exceed the general principle of eight hours per day.”⁸⁸

General Comment 23 also provides that workers have the right to a fair wage and further explains what fair wage means: “The notion of a fair wage is not static, since it depends on a range of non-exhaustive objective criteria, reflecting [...] the impact of the work on the health and safety of the worker, specific hardships related to the work and the impact on the worker’s personal and family life.”⁸⁹ It further states: “remuneration’ must also provide a ‘decent living’ for workers and their families. While fair wages and equal remuneration are determined by reference to the work performed by an individual worker as well as in comparison to other workers, remuneration that provides a decent living must be determined by reference to outside factors such as the cost of living and other prevailing economic and social conditions. Thus, remuneration must be sufficient to enable the worker and his or her family to enjoy other rights in the Covenant, such as social security, health care, education and an adequate standard of living, including food, water and sanitation, housing, clothing, and additional expenses such as commuting costs.”⁹⁰

While 23 of the health workers interviewed said they received some form of training on COVID-19, 10 said they were not trained at all. One nurse from Sumait Hospital said since training was not forthcoming, he trained himself by reading publicly available COVID-19 guidelines but that was not sufficient.⁹¹ Another one said, she did not understand how to handle COVID-19 patients at the beginning because she did not receive any form of training. “I was first trained by officials from the Ministry of Health in early May 2020, but before then, I did know what I was doing, I was scared of COVID-19 and that negatively impacted how I treated patients.”⁹²

⁸⁴ Amnesty International Interview with a senior doctor at De Martino Hospital, Mogadishu, 16 June 2021.

⁸⁵ Amnesty International Interview with a senior doctor at De Martino Hospital, Mogadishu, 16 June 2021.

⁸⁶ Amnesty International interview with a female senior nurse, Mogadishu, June 2021.

⁸⁷ ICESCR, General Comment No. 23 on the right to just and favourable conditions of work, E/C.12/GC/23, 4 March 2016, para. 35

⁸⁸ ICESCR, General Comment No. 23 on the right to just and favourable conditions of work, E/C.12/GC/23, 4 March 2016, para. 35

⁸⁹ ICESCR, General Comment No. 23 on the right to just and favourable conditions of work, E/C.12/GC/23, 4 March 2016, para. 10.

⁹⁰ ICESCR, General Comment No. 23 on the right to just and favourable conditions of work, E/C.12/GC/23, 4 March 2016, para. 18.

⁹¹ Amnesty International interview with a nurse at Sumait Hospital, Mogadishu, June 2021.

⁹² Amnesty International interview with a female health worker in Mogadishu, June 2021.

LIMITED ACCESS TO VACCINES AND A PATCH ROLL OUT

Somalia has so far received two types of COVID-19 vaccines, both as donations. On 15 March 2021, it received 300,000 Oxford/AstraZeneca vaccines under the COVAX initiative⁹³. On 8 August 2021, it received 108,000 Oxford/AstraZeneca vaccines donated by France but also through the COVAX initiative.⁹⁴ On 11 April 2021, it received 200,000 Sinopharm vaccines donated by China.⁹⁵ The COVAX initiative is supported by the Global Alliance for Vaccines and Immunization (GAVI), the World Health Organization, UNICEF and the Coalition for Epidemic Preparedness Innovations (CEPI).⁹⁶ This amounts to enough to vaccinate only around 3% of the population.

The government had initially announced it would vaccinate front line workers, including health workers, teachers, police, immigration officials and journalists, as well as the elderly and individuals with chronic health conditions.⁹⁷ However, government data shows low overall vaccination rates.⁹⁸ This vaccine hesitancy is due to insufficient public awareness and campaigns by the government on the importance of the vaccine, cultural myths linking vaccinations to infertility⁹⁹ and due to misinformation on possible health complications related to the Oxford/AstraZeneca vaccine.¹⁰⁰

All the 33 health workers interviewed for this research said they were given the opportunity to have the vaccine but 19 of them said they did not take it, citing various reasons, including having already contracted the virus or being discouraged by family members from taking it.¹⁰¹ “My husband asked me not to take it” one nurse in Mogadishu said, while another senior nurse said she did not take it because she did not have enough information about the impact of vaccines.¹⁰²

According to the latest available data, as of 27 July 2021, a total of 235,882 vaccine doses were administered in Somalia, translating to 15.7 doses per 1000 with just 0.6% of the population fully vaccinated.¹⁰³ This also means less than half of the total vaccines received from China and through the COVAX initiative have been used. Two government officials told Amnesty International that the remaining Oxford/AstraZeneca vaccines already expired and can no longer be used.¹⁰⁴ At the time of writing, roll out for the 108,000 Oxford/AstraZeneca vaccines donated by France had not started.¹⁰⁵ Health experts said there is need to raise public awareness and have more people, especially the elderly, vaccinated before another wave hits Somalia. “The government needs to allocate more funds to secure COVID-19 vaccines and not only rely on donations” said a senior doctor at De Martino Hospital.¹⁰⁶

INSUFFICIENT MONEY BEING SPENT ON HEALTH

As a country recovering from decades of insecurity and other natural disasters, Somalia largely depends on donor grants coming from bilateral and multilateral sources for its national budget. However, some of the budget comes from its own domestic revenue. For instance, the appropriated 2021 budget is USD\$671 million and the expected domestic revenue is USD\$260.1 million that will be generated from tax on income, profits, goods and services, and international trade transactions. This means domestic revenue covers

⁹³ UNSOM, “Somalia receives first batch of covid-19 vaccines under the COVAX initiative”, 15 March 2021, <https://unsom.unmissions.org/somalia-receives-first-batch-covid-19-vaccines-under-covax-initiative>.

⁹⁴ “Somalia receives 108,000 more doses of COVID-19 vaccines.” *Xinhua*, 8 August 2021, http://www.xinhuanet.com/english/africa/2021-08/08/c_1310115798.htm.

⁹⁵ “Somalia receives China-donated Sinopharm vaccines”, *Xinhua*, 12, April 2021, http://www.xinhuanet.com/english/africa/2021-04/12/c_139873472.htm.

⁹⁶ UNSOM, “Somalia receives first batch of covid-19 vaccines under the COVAX initiative”, 15 March 2021, <https://unsom.unmissions.org/somalia-receives-first-batch-covid-19-vaccines-under-covax-initiative>.

⁹⁷ Amnesty International interview with Dr. Mohamed Mohamud Ali, Chief Medical Officer, National COVID-19 Task Force, Mogadishu, 18 June 2021.

⁹⁸ Amnesty International interviews with 11 health workers interviewed between April and June 2021: Government official data on file with Amnesty International.

⁹⁹ “Somalia’s Low Vaccination Rate Attributed to Ramadan, Cultural Myths,” *VOA*, 11 May 2021, <https://www.voanews.com/episode/somalias-low-vaccination-rate-attributed-ramadan-cultural-myths-4684856>.

¹⁰⁰ Amnesty International interview with 19 health workers in Mogadishu, between April and June 2021.

¹⁰¹ Amnesty International interviews with 19 health workers interviewed between April and June 2021.

¹⁰² Amnesty International interview with a senior nurse at Sumait Hospital, Mogadishu, 15 June 2021.

¹⁰³ “Covid-19 Vaccination Tracker, Latest news, statistics, daily rates and updates” 27 July 2021, <https://www.pharmaceutical-technology.com/covid-19-vaccination-tracker/>.

¹⁰⁴ Amnesty International interviews with two government officials, June 2021.

¹⁰⁵ Amnesty International interview with two government officials, Mogadishu, 10 August 2021,

¹⁰⁶ Amnesty International interview with a senior doctor at De Martino Hospital. June 2021.

“WE JUST WATCHED COVID-19 PATIENTS DIE”

COVID-19 EXPOSED SOMALIA’S WEAK HEALTHCARE SYSTEM BUT DEBT RELIEF CAN TRANSFORM IT

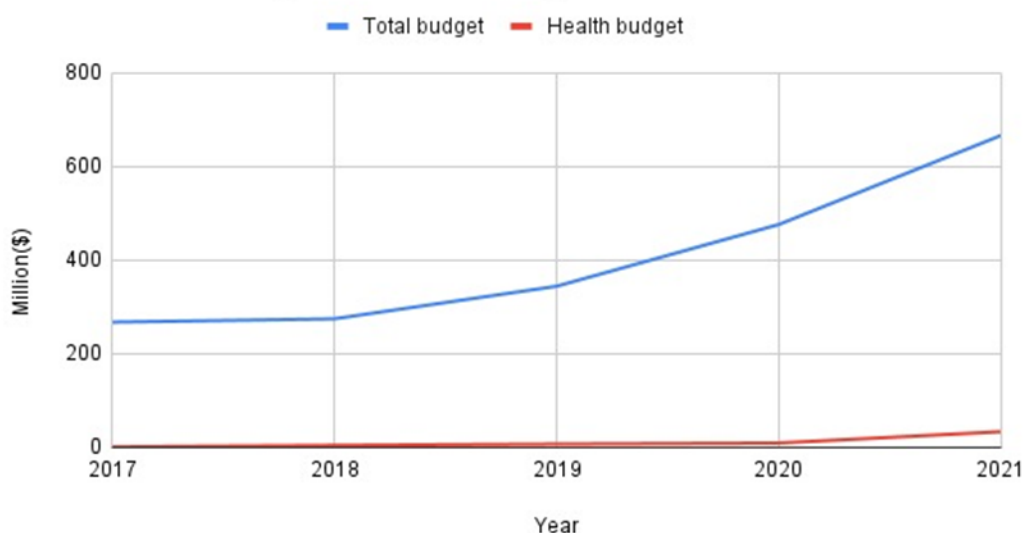
around 38% of the total budget and the remaining amount is expected to come from multilateral and bilateral sources.¹⁰⁷

A significant portion of the government's national budget continues to go to security institutions.¹⁰⁸ For instance, between 2017 and 2021, the average budget allocated to the security sector, including to the ministries of defence and internal security, was 31% of total government budget compared to only 9% allocated to all social services, including health. During this five-year period, the average budget earmarked for health and health-related projects was only 2%. However, the budget allocation in the health sector has almost tripled since the emergence of COVID-19 in 2020.¹⁰⁹ Nevertheless, this increase to five % of the total government budget in 2020 and 2021, an exceptional measure occasioned by the pandemic, is still far short of the 2001 Abuja Declaration requirement to allocate 15% of governments' annual budgets to the health sector.¹¹⁰

Before COVID-19, the total budget allocated for the health sector in 2020 including those covering the Ministry of Health and other health related projects was USD\$9.4 million, just 1.9% of the total budget. This shows there was little investment in the health sector in the country prior to the pandemic. In the 2020 mid-year review, the government was forced to revise this to USD\$31.9 million to cater for COVID-19 related responses.¹¹¹ The budget for the Ministry of Health was increased to USD\$33.6 million in 2021.¹¹² However, this remains far short not just of the Abuja Declaration target but also of the minimum Somalia needs to address its underperforming health system.

The graph below demonstrates Somalia's total annual budget allocations from 2017 to 2021 compared to what was allocated to the health sector over the same period.¹¹³

Somalia total budget vs health budget



According to Saleiman Umar, Director General of the Ministry of Finance, budgetary allocations to the Ministry of Health were low prior to the COVID-19 pandemic because of low domestic revenue. In a response to questions Amnesty International sent to Somalia's Ministry of Finance, he stated: "Somalia is just recovering from a two and half decade war that ravaged the country. The state institutions are only being rebuilt including the institutions responsible for revenue mobilization. The government's annual budget

¹⁰⁷ Somali Public Agenda, "Review of 2021 federal government budget for security, economic growth and public services", 18 March 2021, <https://somalipublicagenda.org/review-of-2021-federal-government-budget-for-security-economic-growth-and-public-services/>.

¹⁰⁸ Somali Public Agenda, "Review of 2021 federal government budget for security, economic growth and public services", 18 March 2021, <https://somalipublicagenda.org/review-of-2021-federal-government-budget-for-security-economic-growth-and-public-services/>.

¹⁰⁹ Data from Somalia budget analysis from 2017 to 2021 on file with Amnesty International.

¹¹⁰ "The Abuja Declaration" <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>.

¹¹¹ Somalia 2020 annual budget available at https://www.mof.gov.so/sites/default/files/2020-01/Budget%20Appropriation%20Act%20for%202020%20Approved_0.pdf.

¹¹² Somalia 2021 annual budget on file with Amnesty International.

¹¹³ Data analysis of Somalia National budget allocations between 2017 and 2021 on file with Amnesty International.

appropriation bill only covers the essential running cost of the government including salaries of civil servants and the armed forces as well as operations which are mandatory.”¹¹⁴

On whether there are plans by the government to increase the budget for the health sector, Saleiman Umar stated: “regarding plans to increase the health budget, Somalia has agreed with several of its development partners to increase social sector spending to at least 15% of total expenditure with health being allocated at least 5% of total expenditure as public revenues increase. However, this again is linked to domestic revenue mobilization efforts and external grants materializing for the sector. The Somali government is absolutely committed to its economic reforms to increase domestic revenue so that priority social sector areas like health receive the financing they deserve for the betterment of the Somali people’s public health and well-being.”¹¹⁵

¹¹⁴ Official email response from the Director General of Somalia’s Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

¹¹⁵ Official email response from the Director General of Somalia’s Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

4. DEBT RELIEF AS A SIGNIFICANT ADDITIONAL RESOURCE

Going forward, Somalia's ability to improve its health sector will be under increasing scrutiny as it is now eligible for additional budget support and grant financing for reaching the decision point for debt relief under the Heavily Indebted Poor Country (HIPC) Initiative.¹¹⁶ The HIPC is a programme launched by the World Bank and the IMF in 1996 to offer debt relief for nations with unsustainable debt burdens.¹¹⁷ To date, 37 countries — 31 of them in Africa — have debt-relief for which they were eligible through the HIPC Initiative and the Multilateral Debt Relief Initiative (MDRI) .

Debt relief under the HIPC initiative is a two-step process with a Decision Point and a Completion Point. A country needs to fulfil four conditions to reach the Decision Point for debt relief. These include:

- eligibility to borrow from the World Bank's International Development Agency, which provides interest-free loans and grants to the world's poorest countries;
- eligibility to borrow from the IMF's Poverty Reduction and Growth Trust, which provides loans to low-income countries at subsidized rates;
- an unsustainable debt burden that cannot be addressed through traditional debt relief mechanisms;
- an established record of reform and sound policies through IMF and World Bank-supported programs and the development of a Poverty Reduction Strategy Paper (PRSP).

Once a country meets these four criteria and reaches the Decision Point, the Executive Boards of the IMF and World Bank formally decide on its eligibility for debt relief.¹¹⁸ To receive full and irrevocable reduction in debt under the HIPC Initiative, a country must establish a track record of good performance under programmes supported by loans from the IMF and the World Bank; satisfactorily implement key reforms agreed at the Decision Point, and adopt and implement its PRSP for at least one year. Once a country has met these criteria, it reaches Completion Point which allows it to receive the full debt relief committed to at the Decision Point.¹¹⁹

¹¹⁶ IMF, "Debt Relief Under the Heavily Indebted Poor Countries (HIPC) Initiative", 23 March 2021,

<https://www.imf.org/en/About/Factsheets/Sheets/2016/08/01/16/11/Debt-Relief-Under-the-Heavily-Indebted-Poor-Countries-Initiative>.

¹¹⁷ Deprose Muchena, "Why debt is a human rights issue", *Mail and Guardian*, 26 July 2019, <https://mg.co.za/article/2019-07-26-00-why-debt-is-a-human-rights-issue/>.

¹¹⁸ IMF, "Debt Relief Under the Heavily Indebted Poor Countries (HIPC) Initiative," 23 March 2021,

<https://www.imf.org/en/About/Factsheets/Sheets/2016/08/01/16/11/Debt-Relief-Under-the-Heavily-Indebted-Poor-Countries-Initiative>.

¹¹⁹ IMF, "Debt Relief Under the Heavily Indebted Poor Countries (HIPC) Initiative," 23 March 2021,

<https://www.imf.org/en/About/Factsheets/Sheets/2016/08/01/16/11/Debt-Relief-Under-the-Heavily-Indebted-Poor-Countries-Initiative>.

The existing debt portfolio for Somalia is made up of only external debt and is divided into multilateral and bilateral debt¹²⁰ with the latter making up the majority of loans.¹²¹ Somalia's total stock of debt before it attained debt relief in March 2020 was USD\$5.3 billion, and as of June 2021, it stood at USD\$4.5 billion.¹²²

According to Somalia's Ministry of Finance, "Somalia expects further debt relief will be provided by the IFI's under Multilateral Debt Relief Initiative (MDRI) and full cancellation of debt stock by the Paris Club creditors at the HIPC Completion Point."¹²³

In March 2020, the IMF approved three-year arrangements under the Extended Credit Facility (ECF) and the Extended Fund Facility (EFF) for Somalia for USD\$395.5 million.¹²⁴ The programme is designed to support authorities to implement their "ambitious reform agenda, catalyse concessional donor financing, and help Somalia implement its national development plan, to build greater economic resilience, promote higher and more inclusive growth, and reduce poverty".¹²⁵

According to Elmi Mohamud Nur, a member of Somalia's parliamentary finance committee and a debt relief expert, Somalia is on course to reaching the Completion Point and is already eligible for development grants from multilateral donors. "We are no longer in debt trap; we are expecting multilateral development grants in the coming months and the plan is to use those funds to boost social service delivery [including health]. This was not possible before reaching the Decision Point for debt relief. We will be able to do more once we reach the Completion Point."¹²⁶

Despite the financial sector and governance reforms undertaken by the Somalia government to reach the Decision Point for debt relief¹²⁷, some challenges persist. For example, Somalia's rankings on corruption and accountability have remained very low. In 2019 it was ranked as the most corrupt country in the world on the Transparency International Corruption Perception Index.¹²⁸ In August 2020, four senior officials working at the Ministry of Health were sentenced by a court in Mogadishu to various years of imprisonment after they were convicted of corruption and theft of public money including COVID-19 funds.¹²⁹

Health officials that Amnesty International interviewed raised concerns that additional resources from multilateral agencies to enhance social service delivery, including health, as a result of debt relief might be misappropriated.¹³⁰

According to the chairperson of the Independent Anti-Corruption Commission of the Federal Government of Somalia, Mohamed Hussein Hamud, corruption is an obstacle in service delivery including health in the country. "All government agencies need to ensure transparency and accountability for the finances they manage. My commission will closely monitor how various ministries manage their budgets including any money they receive as a result of debt relief."¹³¹

Somalia's Ministry of Finance affirmed its commitment to "enhancing and instilling good governance based on transparency and accountability for development and other grants that will be accessed as a result of the debt relief efforts and achievements for all reasons and purposes including COVID-19 response [...] The government will also increase the sharing of information regarding budgets (both revenues and expenditures) and outputs and outcomes achieved during the implementation of public healthcare programs [...] the government will also continue implementing the Public Financial Management reforms including the

¹²⁰ There is also one loan from a private creditor in Serbia.

¹²¹ Ministry of Finance, "Quarterly Public Debt Bulletin (Quarter IV, 2020)", https://mof.gov.so/sites/default/files/2021-03/Quarter%20One_%20Debt%20Bulletin%20Report_HIPC%20Requirement.pdf.

¹²² Official email response from the Director General of Somalia's Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

¹²³ Official email response from the Director General of Somalia's Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

¹²⁴ IMF, "IMF Executive Board Approves 3-Year ECF and EFF Arrangements for Somalia", 25 March 2020, <https://www.imf.org/en/News/Articles/2020/03/25/pr20105-somalia-imf-executive-board-approves-3-year-ecf-and-eff-arrangements>.

¹²⁵ IMF, "IMF Executive Board Approves 3-Year ECF and EFF Arrangements for Somalia", 25 March 2020, <https://www.imf.org/en/News/Articles/2020/03/25/pr20105-somalia-imf-executive-board-approves-3-year-ecf-and-eff-arrangements>.

¹²⁶ Amnesty International interview with Elmi Mohamud Nur, MP, Mogadishu, June 2021.

¹²⁷ IMF, "First review under the extended credit facility—press release; staff report; and statement by the executive director for Somalia," November 2020, file:///C:/Users/abdullahi.hassan/OneDrive%20-%20Amnesty%20International/Downloads/1SOMEA2020005.pdf.

¹²⁸ Transparency International, "Corruption Perceptions Index 2019"

https://www.transparency.org/files/content/pages/2019_CPI_Report_EN.pdf.

¹²⁹ "Somalia jails 4 health officials over corruption," AA, 24 August 2020, <https://www.aa.com.tr/en/africa/somalia-jails-4-health-officials-over-corruption/1951561>.

¹³⁰ Amnesty International interviews with eight health officials between April and June 2021.

¹³¹ Amnesty International interview with the chairperson of the Independent Anti-Corruption Commission of the Federal Government of Somalia, Mr. Mohamed Hussein Hamud, 23 July 2021, Nairobi.

introduction of performance/program-based budgeting. This will enable the tracking of government commitments and ensuring that funds are spent on the necessary programs and are productive.”¹³²

Debt relief, if coupled with improvements in economic governance, transparency and accountability, and providing unsustainable levels of new debt are not accrued in the future, has the potential to transform Somalia’s social service delivery. It will restore the country’s access to regular concessional financing including development and other grants from multilateral agencies such as the World Bank, IMF, and the African Development Bank before and after reaching the HIPC Completion Point.¹³³ In June 2021, the Minister for Finance, Dr Abdirahman Beileh announced that the government signed project grant agreements totalling USD\$445 million with the World Bank.¹³⁴ Authorities need to take advantage of this additional fiscal space, consider it as an additional resource, and intentionally increase budgetary allocations for the health sector to help progressively realize the right to health for all Somalis. However, a clear plan on how money will be spent in delivering health and other objectives included in government policies and plans, such as the National Development Plan and the Universal Health Coverage, is needed.

¹³² Official email response from the Director General of Somalia’s Ministry of Finance, received on 8 August 2021, on file with Amnesty International.

¹³³ See World Bank country overview at, <https://www.worldbank.org/en/country/somalia/overview>.

¹³⁴ See announcement on Twitter at, <https://twitter.com/drbeileh/status/1410217800535314434?s=21>.

5. RECOMMENDATIONS

TO THE GOVERNMENT OF SOMALIA INCLUDING, THE PRESIDENT, PRIME MINISTER, MINISTER OF HEALTH AND MINISTER OF FINANCE

- Ensure there is sufficient access to health facilities across the country, including in the capital Mogadishu and in the regional states, and ensure security check points within Mogadishu and in other locations do not unnecessarily impede access to health facilities, especially for those seeking emergency services.
- Establish reliable and affordable public emergency transportation and ambulance services in all the regional states including in remote rural areas.
- Establish enough well-equipped health facilities across the regional states, particularly in remote rural areas, including to treat and control epidemic and endemic diseases such as COVID-19. Ensure these health facilities have enough well-trained and supported staff.
- Take concrete measure to reduce maternal mortality, end preventable deaths of newborns and children under five years of age, and ensure improved access to sexual and reproductive healthcare services.
- Ensure the De Martino Hospital in Mogadishu and other health facilities dealing with COVID-19 are well equipped and have adequate supplies of essential drugs and appropriate equipment such as testing machines, ventilators, ICU beds and oxygen supply to meet demand.
- Thoroughly investigate the massacre of the eight health workers in Gololey village and make the findings public, prosecute those responsible and appropriately compensate the victims' families.
- Ensure an adequate portion of any proceeds from debt relief is used to improve the right to health and, that as a matter of urgency, deliberate and immediate measures are taken, such as progressively increasing budget allocation to the health sector to meet the Abuja Declaration target. This increase should be clearly reflected in the annual fiscal budgetary allocations.
- Ensure that there is a clear plan on how proceeds from debt relief will be spent, including in delivering health-related objectives that are anchored in various government policies and plans such as the National Development Plan and Universal Health Coverage.
- Take immediate measures with international support and cooperation, and as international supply chains allow, to procure COVID-19 vaccines and make them available for all starting with those at high risk, including front line health workers, the elderly, and marginalized groups such as IDPs and the disabled. Increase public campaigns and awareness on the importance of vaccines. Ensure everyone has free, unhindered and easy access to credible, reliable, objective and evidence-based information about COVID-19 health products, including vaccines.
- Ensure national and international criteria to guide the allocation of vaccines are consistent with human rights standards paying attention to the needs of marginalized groups.
- Take immediate measures to provide appropriate support for health workers particularly those managing the COVID-19 outbreak, including appropriate training, psycho-social support, enough PPE and adequate remuneration.

- Ensure transparency and accountability for the funds allocated to improve the health sector including those received from Somalia's bilateral and multilateral donors and proceeds from debt relief.
- Ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, and opt-in to the inquiry and inter-state procedures.

TO SOMALIA'S INTERNATIONAL PARTNERS, INCLUDING THE UN, WHO, EUROPEAN UNION, UNITED STATES, UNITED KINGDOM, THE AFRICAN DEVELOPMENT BANK, THE WORLD BANK, AND THE INTERNATIONAL MONETARY FUND

- Increase financial and technical assistance to the Government of Somalia to support efforts aimed at increasing access to health facilities and services including support for the establishment of well-equipped health facilities to be used for treating and controlling epidemic and endemic diseases such as COVID-19.
- Support through technical and financial assistance any Somalia government initiatives to support Somalia's health workers, particularly those managing the COVID-19 outbreak, including through appropriate training, psycho-social support and adequate remuneration.
- Encourage the Somali authorities to ensure transparency and accountability for any funds donated to Somalia to improve its health sector including debt relief proceeds.
- Support efforts by the Somalia government to procure COVID-19 vaccines including through donations and by supporting other initiatives that increase access to COVID-19 health products, such as the proposed WTO TRIPS waiver.
- Support any Somalia government programmes to develop and implement policies that ensure availability, accessibility, affordability, acceptability and quality of COVID-19 health products including COVID-19 vaccines.
- Support any public information campaigns by the Somalia government on the importance of COVID-19 vaccines, to ensure all Somalis have free, unhindered and easy access to credible, reliable, objective and evidence-based information about COVID-19 health products, including vaccines.

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“WE JUST WATCHED COVID-19

PATIENTS DIE”

COVID-19 EXPOSED SOMALIA'S WEAK HEALTHCARE SYSTEM BUT DEBT RELIEF CAN TRANSFORM IT

Somalia is a heavily indebted country and one of the least developed in the world. Its health system is also one of the weakest. Many of its health indicators, including access to reproductive, maternal and child healthcare, are very poor. The outbreak of the COVID-19 pandemic in early 2020 exposed and exacerbated these pre-existing broader structural issues facing the country's healthcare system.

This report investigates the Federal Government of Somalia's response to the pandemic and evaluates its capacity to provide equal and timely access to basic healthcare for COVID-19 patients, as well as protection of healthcare workers. It examines the accessibility and equitable distribution of health facilities, availability of essential drugs and equipment, and readiness to prevent, treat and control COVID-19.