

# SOMALIA

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, ILO, WHO, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*The Joint Team in Somalia made significant contributions to improve access to quality and services through quality assurance assessments of HIV testing and counselling services, adoption of better-quality ART, and provision of food and nutritional support for people living with HIV. Youth-friendly volunteer and peer educator sessions, theatre performances, and awareness creation campaigns sought to improve knowledge on HIV prevention, uptake of HIV testing, prevention, treatment services, and address misinformation and myths related to HIV. Gains have been made in expanding food and nutrition support for most vulnerable people living with HIV improving adherence to treatment and their overall health outcomes. Government authorities, legal aid institutions, and people from vulnerable and key populations were engaged to tackle HIV-related stigma and discrimination, and violations of human rights against people living with HIV and persons from key populations.*

## HIV TESTING AND TREATMENT

While HIV testing and counselling (HTC) and antiretroviral therapy (ART) coverage were negatively impacted by the COVID-19 pandemic in 2020, significant improvements have been recorded in 2021. For instance, the total number of people who accessed HTC services declined by 6% in 2020 (from 240 428 in 2019 to 225 378 in 2020) and rebounded to 302 921 in 2021. The Joint Team provided technical support to the Government of Somalia and other implementing partners to conduct two rounds of External Quality Assurance (EQA) of HTC services. The EQA data showed that the field staff performed and reported HIV tests with a sample accuracy of over 97% in 2020 and 2021. Technical assistance was also provided to transition eligible people living with HIV to a Dolutegravir-based (DTG) first line treatment regimen starting from June 2020 and 76% of people living with HIV were being treated with a DTG-based ART regimen at the end of 2021. HIV virological suppression among patients on ART also increased with the proportion of patients with satisfactorily low or undetectable virus increasing from 72.9% in 2019, to 80.7 in 2020, and eventually to 87.0% in 2021.

A series of high-level consultative workshops on HIV-sensitive social protection were held in 2020-2021. The workshops were attended by more than 100 participants, including representatives from the ministries of labor and social affairs at member state level; municipalities; the national HIV/AIDS Commission; networks of people living with HIV; civil society organizations, and the Joint Team. Some of the recommendations included the need for establishing HIV and social protection parliament committees and integration of HIV

stakeholders as part of the government and development partners working group on social protection. Participants also stressed on the need to develop a policy and programme brief for advocacy for the inclusion of people living with HIV in social protection policies and programmes and support implementation of the current Social Protection National Policy. The policy brief will further seek to create referrals and linkages between nutrition programmes and other livelihood, food system, relief, and school feeding initiatives.

Through the Nutrition Assessment, Counselling and Support (NACS) programme, the Joint Team sought to strengthen food and nutrition support and reduce micronutrient deficiencies fostering resilience among vulnerable populations in Somalia. In 2021, out of the 10 794 malnourished people living with HIV and people with active tuberculosis that were targeted on directly observed therapy (DOT), 6875 were reached with nutrition, assessment education and counselling during their health centre visits. This represents a 64% coverage. Programme monitoring showed that these efforts achieved positive results in rehabilitating malnourished people living with HIV and/or tuberculosis. Recovery and ART and/or tuberculosis treatment default rates among adults remained within the recommended Sphere humanitarian standards—recovery 97%, default 1%, non-response 1% and zero death rate in 2021. Beyond nutrition recovery and treatment adherence, NACS also sought to mitigate the impact of HIV and tuberculosis co-infection through linkages and referrals to social protection programmes. For example, 200 people living with HIV in the Benadir region of Somalia and 150 people living with HIV in Puntland enrolled in NACS were referred to other Joint Team-led livelihood support programmes through the digital beneficiary and transfer management platform SCOPE run by the World Food Programme. Another 1000 were referred outside SCOPE to other Joint Team-led livelihood supported programmes.

Twenty young activists from various sectors, including academic and media institutions were trained on the role of technology in creating awareness and engaging most vulnerable and marginalized communities, especially people living with HIV and other chronic diseases, to seek and remain in prevention, treatment, and care services during the COVID-19 pandemic.

## **HIV PREVENTION AND SEXUAL REPRODUCTIVE HEALTH AMONG YOUNG PEOPLE AND KEY POPULATIONS**

A feasibility study was conducted with technical assistance from the Joint Team to examine the possibility and practicability of developing a mobile application to improve access to HIV-related information among young people living with HIV in Somalia. More than 70% of the young people who participated in the study highlighted a significant gap in HIV-related information and expressed interest in accessing this information using mobile phones instead of visiting health facilities due to privacy concerns.

The Joint Team supported the Youth Peer Network (Y-PEER) and Maslaxo Team Culture in Puntland to conduct an interactive theatre performance at Yameyska primary and secondary schools in Galkaio. The performance reached 4000 young learners from 15 primary and secondary classes relying on HIV prevention messages and information aimed at addressing myths and misconceptions around HIV. During this event, information, education, and communication (IEC) materials on HIV prevention were distributed to all students, sanitary pads were provided for young girls and vulnerable women.

In Somaliland, three interactive theatre performances were also conducted at Mohamed Moge and Saylada playgrounds to create awareness around HIV prevention and encouraging behavioural change among adolescent and young people. The performance in Saylada was held in commemoration of the 2020 World AIDS Day reaching 6500 young people. In Mogadishu, two theatre performances at Abdiaziz youth centre reached 3200 young boys and girls to improve their understanding of sexual and reproductive health (SRH) and HIV prevention.

Y-PEER volunteers and peer educators were also assisted in engaging an estimated 430 young people through peer education sessions on risk of HIV infection and prevention, HIV-related stigma, and provision of accurate HIV related information for communities. The sessions were conducted at the Joint Team-supported youth centres in Puntland, Somaliland, and South and central Somalia.

In Somaliland, the Joint Team provided technical support to the Y-PEER to develop and distribute leaflets and brochures on HIV prevention to internally displaced people (IDP) from Hargeisa residing in Gabiley, Malawle, Mohamed Mooge, and Sheikh Nour IDP camps. Young people listened to presentations on HIV and COVID-19 prevention held by Y-PEER volunteers and peer educators at youth clubs in Gabiley. Meanwhile, 1760 young people benefited from HIV prevention information sessions conducted by professional health practitioners embedded in youth-friendly centres across Somalia.

A three-day training on life skills and citizenship education reached 60 university students, young graduates, and educators in Garowe and Mogadishu to enhance their understanding about prevention of HIV and sexually transmitted infections (STIs). The training covered 12 core elements, such as critical thinking, problem solving, employability, negotiation, resilience, decision-making, and respect of diversity. Y-PEER was also supported to conduct trainings, engaging more than 60 young people in Borama and Somaliland on similar topics. Around 3894 condoms were procured and distributed in youth clinics situated in youth centres.

A virtual HIV and COVID-19 awareness campaign mobilized more than 100 young people, including people from low-income families and internally displaced persons from 17 districts of Banadir region increasing their understanding around prevention and management of these epidemics. The campaign also sought to curb stigma and disinformation and disseminate curated social and traditional media contents. Health workers, journalists, bloggers, Vloggers, and social media influencers also received a three-day training of trainers (ToT) to build their skills around goal setting, developing, and publishing creative audio-visual and text contents through various social and traditional media outlets in support of the campaign. Two short clips and three HIV and COVID-19 awareness messages were developed and disseminated every week through social media, radio, and television channels every week reaching thousands of people across the country.

### HUMAN RIGHTS, STIGMA AND DISCRIMINATION

An HIV and human rights capacity building session was conducted for 120 representatives from the Ministry of Justice and legal aid institutions, enhancing their understanding on the rights of people living with HIV and key populations. This also resulted in several institutions committing to play a more active role in protecting the human rights of these groups.

At the federal level, the Ministry of Justice in cooperation with the Ministry of Labour, agreed to develop national policies and laws to create a more enabling environment and protect people living with HIV from losing their workplaces due to their HIV status. At state level, the Ministry of Justice committed to actively work with religious leaders, the Puntland AIDS Commission (PAC) and networks of people living with HIV to support the rights of these key populations.

Legal aid institutions and defenders, such as the Somali Women Development Centre agreed to provide legal assistance to people living with HIV who experience human rights violations and women living with HIV who experienced gender-based violence (GBV) in Mogadishu and Puntland. Meanwhile, under the theme *Know Your Rights*, 108 people living with HIV from Mogadishu, Puntland, and Somaliland were trained on protecting and asserting their basic human rights.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Somalia made significant contributions towards the UN Sustainable Development Goals (SDGs) through UN Strategic Framework Somali 2017-2020. For example, technical assistance around HIV and Social Protection helped reduce inequalities and exclusion among vulnerable populations, including people living with HIV (SDG 10). It also helped to strengthen and build more resilient and sustainable health systems in the country (SDG 3). Consorted efforts were also made to protect the rights of people living with HIV and key populations and improve their access to health services; and supporting the Government to honour its commitment to universal health coverage that promotes equity and human rights (SDGs 10, and 16). In 2021, the Joint Team continued its support under the new UN Sustainable Development Cooperation Framework (2021-2025), which is strongly anchored on the principle of *leaving no one behind*. Supported areas included strengthening health system preparedness and response to epidemics, malnutrition, and capacity building of civil society and the health sector (SDGs 2, 3, and 16).

## CHALLENGES AND LESSONS LEARNED

Since the first COVID-19 case was confirmed, the Government, development partners, and other stakeholders quickly prioritized implementation of the COVID-19 response to minimize its impact on communities and the economy. However, availability of information related to COVID-19 was limited for vulnerable populations, including people living with HIV, internally displaced persons, women, children, and the elderly. Inaccessibility of communication channels for key messages also limited outreach among vulnerable communities in remote areas, who are often uneducated. Experiences from the beginning of the pandemic, further stressed the need to find innovative ways of reaching communities with integrated HIV and COVID-19 messages, including creative and interactive performances.

Improving HIV-sensitive social protection policies and programmes that embrace vulnerable and key populations, including people living with HIV and people affected by tuberculosis across the country requires a coordinated, multi-agency, and multi-sector approach and developing an evidence-informed advocacy strategy. Referral and linkages mechanisms must be strengthened to address the multi-dimensions of poverty affecting these groups.

Stigma and discrimination, along with cultural and religious sensitivities around the mode of HIV transmission continue to challenge service delivery and programming among key populations, such as persons engaged in transactional sex. HIV-related stigma also impedes optimal utilisation of treatment care and support services, including treatment adherence.

Acute malnutrition and other humanitarian situations in Somalia, including drought, locust invasion, floods, persistent insecurity, and conflict continue to challenge the HIV response and other development programmes in the country.

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