

# HIV/AIDS



UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS SOMALIA

## OVERVIEW OF HIV/AIDS IN SOMALIA

The current relatively low HIV/AIDS prevalence in Somalia provides an important opportunity for multi-sectoral interventions to prevent a major HIV/AIDS epidemic from emerging in Somalia. **The first HIV/AIDS and Sexually Transmitted Infections (STI) sero-prevalence survey conducted in 2004 found a mean prevalence rate among women attending anti-natal care (ANC) in Somalia of 0.9%** (1.4% in Somaliland, 1.0% in Puntland and 0.6% in South-Central). This is low compared to figures in neighbouring countries: Kenya – 6.1%, Ethiopia – 4.4% and Djibouti - 2.9%. Yet it still remains to be established what stage the HIV/AIDS epidemic has reached in Somalia. A second round of ANC sero-prevalence survey underway will help reveal more crucial information; it could be that the survey reveals not a generalised epidemic but a more concentrated epidemic amongst particularly vulnerable and/or at risk groups.

Distinct challenges remain in making a real difference in the prevention and containment of the epidemic. Somalia is a very traditional society and overcoming stigma is hard. Many of those living with HIV very often do not report their status or seek assistance for fear of being ostracised. Many are not even aware of their status and put themselves, and others, at risk. High population mobility occasioned by conflict or nomadic lifestyles makes programming for target groups difficult. Negative cultural practices (such as Female Genital Mutilation) heighten the vulnerability of women to infection. Low literacy levels and the breakdown of educational and social institutions limit the reach of written information and educational materials on HIV/AIDS, especially for women. The weak health infrastructure, reflected in limited primary healthcare facilities and basic medical personnel, as well as limited numbers of capable human resource capacity conversant in HIV/AIDS issues, all contribute to diminishing adequate care and treatment options.

Despite these challenges, there is a growing desire by local authorities in Somaliland and Puntland as well as by the Transitional Federal Government (TFG), to actively implement preventive and treatment interventions on the ground. Such dynamic political commitment is resulting in an increasing openness to discuss the HIV/AIDS epidemic, alongside active efforts to set up a comprehensive response infrastructure. Three AIDS Commissions – the Somaliland National AIDS Commission (SOLNAC), the Puntland AIDS Commission (PAC) and the South Central AIDS Commission (SCAC) - and their administrative Secretariats were established in 2005 in each of Somalia's three zones. The establishment of these institutions has promoted multi-sectoral responses, improved local coordination and national ownership of the response. Still, for 2007, the Somali response needs to generate more dialogue on hidden vulnerable/at risk populations. An effective response will also require regular collection of key disaggregated data, strengthened capacity to store and update data, and analysis of cultural and behavioral determinants.

## RESPONSE

In 2003, Somali authorities and international partners collaborated to develop a Joint Strategic Framework for the control and prevention of HIV/AIDS and STIs (2003-2008). Partners agreed on a process aimed at developing a new HIV Strategic Framework by June 2008. The Framework is expected to be informed by better strategic information on the nature of the epidemic as well as its driving forces, and will take from past experiences. The HIV Strategic Framework will mainstream HIV/AIDS into national development and emergency planning processes including the UN Transition Plan for 2008-2009.

### Improved strategic information

To date, one of the weaknesses in response planning has been a lack of current and conclusive data and analysis on local and regional drivers of a possible concentrated epidemic in Somalia. The World Bank is sponsoring a project which will include the mapping of vulnerable communities in three IDP settlements in Bossaso, Hargeisa and Mogadishu as well as an assessment of the level and adequacy of HIV-related health service provision in these settlements. Once the mapping is complete, a sero-prevalence survey will be conducted for priority target groups in these settlements by November 2007. These activities will help formulate and develop a five year plan that ensures adequate provision of related services to particularly vulnerable groups.

In response to increasing concerns over the protection of women and girls from violence and HIV/AIDS, UN agencies, authorities and NGOs are taking a coordinated approach to address the issue. A number of initiatives are in the planning stage in all three zones of the country. Among them, in Somaliland, an evidence-based publication on violence against vulnerable women and girls is being produced, while for South/Central Somalia, a DFID-funded project is being implemented to scale up prevention of Gender Based Violence and to better equip populations of concern against the HIV epidemic.

Throughout 2005/2006, OCHA Somalia has received funding from:  
Australia, ECHO, Ireland, Italy, Republic of Korea, Netherlands, Norway, Sweden, UK and USA  
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## **Improved preventive behaviour, reduced stigma and discrimination, and increased use of HIV-related services by at-risk groups in target communities**

Compared with other regions in Africa, public awareness of HIV/AIDS is relatively low in Somalia, and the available information on HIV prevalence and risk behaviours has been limited. This leaves communities vulnerable to the virus due to lack of information. The low prevalence of HIV/AIDS in the country contributes to the perception that HIV/AIDS is not a threat to Somali people. A lot of work still needs to be undertaken with vulnerable populations (including youth) at high risk of infection due to mobility and lack of services. One of the proposed strategies is to use verbal communication as the main advocacy tool for HIV prevention.

The most influential change agents in Somalia are religious leaders, peer leaders, radio, schools, and women groups. Theatre groups and the telecommunication industry are also two untapped channels of communication. In 2005-2006, training was provided to local mentors in organizational development and HIV response planning. Local NGOs also received funding to support local HIV initiatives, especially those focused on People Living With HIV/AIDS (PLWHA), youth, women, marginalized groups and community mobilisation for Home Based Care and Integrated Prevention, Treatment, Care and Support Services (IPTCS). In 2006, UNDP developed a Behaviour Change Toolkit for the Somali context. The toolkit is a training manual for peer educators in the community. The tool has modules on STI and HIV/AIDS prevention and control. Peer groups were trained as trainers (including health service workers, members of the uniformed services, women groups, NGO and other peer leaders) The International Federation of Red Cross and Red Crescent (IFRC) and UNICEF were engaged in the development and dissemination of Information, Education and Communication (IEC) material with a focus on the general population, health facilities and health workers. UNICEF also developed advocacy training of trainer packages to support continuous advocacy. With regards to public information, there are several on-going radio initiatives that broadcast issues related to STI and HIV prevention and control.

### **Human Capacity Building to support Scale-up of Services**

Since January 2007, 4,850 Somalis have been trained by WHO in a variety of aspects of IPTCS delivery using WHO clinical modules on ART, STIs, VCT, Laboratory Management, Blood Safety and Syndromic Case Management. Persons trained were selected in collaboration with the TFG, the Ministry of Health and the three AIDS Commissions (Somaliland AIDS Commission, Puntland AIDS Commission and South Central AIDS Commission) Secretariats and chosen from General Hospitals (60%), Maternal and Child Health facilities (16%), Tuberculosis hospitals (22%), Ministry of Health and private health facilities (2%) respectively. Around 41% of the trainees were from facilities in Puntland, 30% from South/Central and 29% from Somaliland. This number has provided a critical mass to support skilled delivery of HIV/AIDS services for Somalis in need in Puntland, South/Central and Somaliland. In 2006, 35 Somalis were also trained on PMTCT service delivery.

### ***Increased access to quality HIV-related services for vulnerable and at-risk groups in targeted communities***

There has been an increased availability and access to quality HIV-related services for vulnerable and high-risk groups in various locations in Somalia.

In 2006, starting from a virtual zero base-line, access to Anti-Retroviral Treatment (ART), Voluntary Counseling Treatment (VCT) and other HIV-related health services has vastly improved. At the moment, with the support of the Global Fund for AIDS, Tuberculosis and Malaria, partners have reached the important target of providing a degree of access to integrated prevention, treatment, care and support services (IPTCS) to around one million Somalis.

The Somali AIDS response now has 7 VCT sites and 7 STI centers established across Somalia in partnership with established international NGOs and existing health facilities, delivering comprehensive HIV related health services in all three zones of Somalia. Three of these sites – Hargeisa (Somaliland), Bossaso (Puntland) and Merca (South/Central) - are also delivering Anti Retroviral Treatment (ART); 111 people are benefiting from the ART out of 172 people living with HIV/AIDS and attending the three ART centers.

On the ground, UNICEF and partners have started Prevention of Mother to Child Transmission (PMTCT) services in ten pilot centers in Somaliland, Puntland and South/Central, a vital step in achieving Universal Access goals.

## **HUMANITARIAN PARTNERS**

UN agencies working on HIV/AIDS response activities in Somalia include UNAIDS, UNDP, UNESCO, UNICEF, UNHCR, WHO, UNFPA, WFP, UNIFEM, FAO, ILO, and IOM.

Other organisations include the World Bank, IFRC and ICRC, international NGOs (such as COOPI, NOVIB/OXFAM, World Vision, CCM Italy, and COSV), and local NGOs.

Local authorities, the Puntland AIDS Commission (PAC), the Somaliland National AIDS Commission (SOLNAC), the South Central AIDS Commission (SCAC) and the Transitional Federal Government (TFG).

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