SOMALILAND ROADMAP FOR MOVING TOWARD UNIVERSAL HEALTH COVERAGE GOAL

MINISTRY OF HEALTH DEVELOPMENT

UHC ROADMAP FOR 2022-2030

MINISTRY OF HEALTH DEVELOPMENT
REPUBLIC OF SOMALILAND
ROAD NUMBER ONE, SHA'AB AREA

FORWARD

Achieving of Universal Health Coverage is an important objective for all countries to attain equitable and sustainable health outcomes, and improve well-being of their people. Prior to the global declaration of UHC commitment in 2019, the Government of Somaliland had already put great efforts in implementation of interventions that are directed toward moving universal health coverage.

Expanding the essential healthcare services and ensuring majority of the people are covered without financial hardships are the key objective that ministry is striving to implement under the UHC roadmap to ensure the Somaliland population receive the essential services they require. Adopting universal health coverage concept will guide and help the ministry in achieving its goal that all Somaliland population particularly vulnerable people such as women and children receive the primary healthcare services wherever they are without enduring financial hardships and prevent households falling into poverty due to out-pocket health expenditure.

On behalf of Somaliland Government, I am pleased to declare that the government of Somaliland is committed to the implementation of Universal Health Coverage and adopting UHC as higher-level framework to guide the strengthening and expanding delivery of primary healthcare services. Additionally, the existence of UHC framework will support the partners to easily anticipate ministry’s strategy on improving primary healthcare services and ultimately, attract bilateral partners to invest and bridge the financial gaps that exist in the health sector.

Lastly, I would like to thank all the people who participated and contributed in developing this valuable document.

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ACKNOWLEDGMENT

It is a first time Somaliland is developing a framework for the pursue of universal health coverage goal. This framework is detailing the vision of the ministry on UHC, minimum package of the healthcare service that people should receive, and the overall the targets to be achieved at the year of 2030.

Having UHC framework will partake the ministry's led-efforts related to health system strengthening and ensuring the essential healthcare services are given to all population particularly those vulnerable and those living in rural settings and hard to reach areas. Furthermore, implementation of UHC targets is effective way of promoting health and well-being of the population and preventing many diseases and conditions that could derail the health of individuals and would put huge pressure on secondary care services if not well prevented at primary healthcare level.

Firstly, I would like to thank the director of planning, policy, and strategic information [Mr. Saeed Mohamood Solemoon] for his leadership and guidance for making possible this document to become fruition.

My deepest gratitude goes to Mr Mohamed Abdi Hussein [Health System Strengthening lead] for his tireless work in providing technical expertise and crafting this valuable document.

Lastly, I would like to extend my appreciation to all people who contributed the development and reviewing process of this document; particularly Dr. Yackub [director of Mental Health Department]

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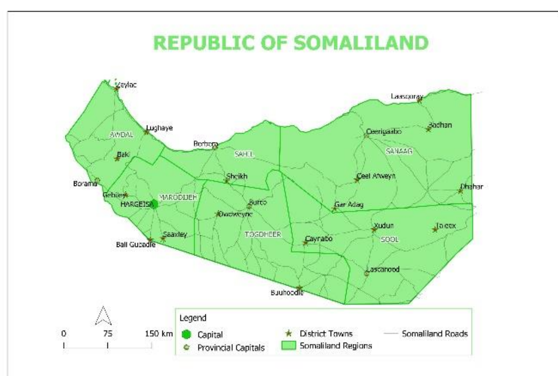
1. COUNTRY PROFILE



Geographically, the Republic of Somaliland is located in the Horn of Africa. It is bordered by Djibouti to the west, Ethiopia to the South, and Somalia to the east. Somaliland has an area of 176,120 square kilometers or 68,000 square miles, and 740 kilometers of coastline with majority lying along the Gulf of Aden. The country's climate is a mixture of wet and dry conditions. The northern part of the region is hilly, and in many places the altitude ranges between 900 and 2,100 meters (2,953 and 6,890 ft) above sea level. Awdal, Marodijeh and parts of Sahil regions are fertile and mountainous, while Togdheer, Sanaag and Sool are semi-arid with average daily temperatures ranging from 25^{0}C to 35^{0}C. The humidity of the country varies from 63% in the dry season to 82% in the wet season. There are four seasons in the year within Somaliland namely, Gu and Hagaa correspond to spring and summer and Dayr and Jiilaal correspond to autumn and winter respectively. The average annual rainfall is 14.5 inches in most parts of the country, and most of it comes during Gu and Dayr.

Somaliland people are ethnic Somalis and Muslims. The Somaliland population was estimated at 3.6 million in 2014 and has been projected to 4.3 million in 2021 using growth rate of 2.93, with bulk of population living in urban centers. Somaliland has young population with 37.7% of the population being less than 15 years of age and around 72% of the population are below 30 years.

1.1 HISTORY

In early 1880s Britain began signing treaties with the various clans in Somaliland leading to the formation of the Somaliland Protectorate in 1887. The international boundaries of the protectorate were delineated by treaties with France (Djibouti) to the west in 1888, Ethiopia to the south in 1887 and Italy (Somalia) to the east in 1894. After a long struggle for independence on the

26th June 1960, Somaliland became an independent, sovereign state, known as the State of Somaliland. However, immediately five days after independence, on the 1st of July 1960, Somaliland united with Somalia with the aim of creating a "Greater Somalia" bringing together all the people of ethnic Somali origin in five countries in the Horn of Africa including British Somaliland, North Eastern Kenya, Italian Somaliland or Somalia, French Somaliland and Eastern Ethiopia.
After the collapse of the central government of Somalia in 1991 various Somaliland communities met at a Grand Conference and decided to re-assert Somaliland's sovereignty and independence. Leaders of the SNM and elders of northern Somalia (Somaliland) clans met at the 'Grand Conference of the Northern Peoples' in Burao. The Union with Somaliland was revoked and the territory of the State of Somaliland (based on the borders of the former British Somaliland Protectorate) became the Republic of Somaliland. Despite unilateral claims for sovereignty, Somaliland has not received any international recognition. However, since the proclamations of statehood Somaliland has managed to secure peace and stability for almost 30 years. The Somaliland government rebuilt their economy after the war in the face of significant challenges.

1.2 ECONOMY

Economically, Somaliland achieved notable successes with economic growth, livestock exports, and government revenues increasing strongly after regaining of independence. However, despite the progress made, Somaliland still is one of the poorest countries. Provision of services by the government has been hampered by the limited opportunities for foreign trade and investment.

Somaliland's gross domestic product (GDP) is estimated at 2.8 billion USD and GDP per capita at 682 USD in 2019 where remittances from Somalilanders working abroad contributes significantly to the local economy as well as the main export of livestock, which is shipped to Gulf states, such as Saudi Arabia and Oman.[1]

2. SOMALILAND COMMITMENT TOWARD UHC

The Government of Somaliland is enthusiastic and committed for attaining universal health coverage for its population. Somaliland health sector development is in line with and based on the global health initiatives,

[1] Somaliland Figures 2019, Ministry of planning and national development [MoPND]

commitments, and targets which many states are pursuing to achieve for better health outcomes. Adoption of the universal health coverage aspires that all Somaliland citizens get access to quality of healthcare services when they need, every place

they are, without experiencing financial hardships. Committing to this strategic goal of UHC, the government of Somaliland would ensure universal coverage which means "***covering all, for most essential healthcare services, at reasonable cost***". In other words, the UHC principle does not guarantee 100% free of charge of health services but reassures that no one should suffer from catastrophic out-of-pocket healthcare expenditure

Somaliland has committed to Sustainable Development Goals and it is working towards achieving those by 2030. The SDGs were stated particularly in the national development plan II. The concept of universal health coverage is embedded in the SDGs as target 3.8 clearly indicates that all countries should *"Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all".*[2]

Hence, Somaliland government under the guidance from Ministry of health development, has taken multiple steps toward attaining accessible, affordable and quality of care services; and practical progress has been made so far. For instance, in the last 7 years Somaliland halved its maternal mortality rate from 732 deaths per 100,000 live births to 396 deaths per 100,000 live births according to the recent Somaliland Health Demographic Survey 2020.[3] This has become possible as a result of multifaceted efforts from the government of Somaliland including high level government commitment, increase of state allocated budget for the health sector, system reforms such as decentralization of health services, strengthening of health system building blocks, improvement of private sector engagement and other stakeholders for health sector.

[2] Sustainable Development Goals
[3] SLHDS 2020 report

2.1 POLICY STATEMENT ON ATTAINING UHC FOR SOMALILAND

The policy statement on attaining universal health coverage clearly pinpoints that: the government of Somaliland is committed to build a healthcare delivery system that is capable to provide healthcare services of high quality, accessible to everyone, equitable to all, and protecting people from falling to poverty due to out-of-pocket health expenditure.

2.2 SOMALILAND VISION ON UHC

"The Government of Somaliland envisions UHC that every Somaliland citizen should have access to most essential healthcare services at affordable cost"

2.3 SOMALILAND GOAL ON UHC

"The ultimate goal of the Government of Somaliland on UHC is that all Somaliland citizens have access to quality, responsive and protective healthcare services through the expansion of primary health care services and health system strengthening."

2.4 OBJECTIVES of UHC

The government of Somaliland outlines the following objectives to achieve UHC for its people:

a. To strengthen the existing healthcare system health care hence to yield better and quality services
b. To ensure all Somaliland people have better access and equity to most essential services wherever they are
c. To achieve financial protection from people falling to catastrophic out-of-pocket health expenditure

2.5 TARGETS OF UHC

At the year 2030, the Ministry of health development targets to achieve the following milestones:

I. By the end of 2030, 80% of Somaliland population will be covered for most essential healthcare services
II. By the end of 2030, 70% of Somaliland population will use less than 10% their household budget for purchasing mots essential health services
III. By the end of 2030, the Government budget allocated for health sector will reach 12%

2.6 UNIVERSAL HEALTH COVERAGE OUTLINE FOR SOMALILAND

Provide access to essential health care to citizens:
▪ To provide most of citizens in urban towns with coverage of essential health services ▪ To provide all population in rural and hard-to reach areas with more than 50% coverage of essential health services including promotion, prevention, treatment and referral
Lower financial barriers:
▪ To reach government budget allocation for health from 6% in 2022 to 12% in 2030 ▪ To lower 70% of Somaliland population, use less than 10% of their household budget for purchasing essential health services
Improve quality of health services:
▪ To strengthen government regulations on healthcare quality both at public and private sectors ▪ To equip all the health facilities with essential medical ▪ To improve service quality by developing standards, guidelines and patient safety protocols

3. UNIVERSAL HEALTH COVERAGE PRINCIPLES AND LEGAL BINDINGS

Historically, aspiration to attain universal health coverage was in WHO's constitution in 1948; in the Alma-Ata declaration on 1978.[4] A world Health Assembly in 2005 urged all countries to develop their health system to "*Ensure all people should have access to needed services without financial hardships linked to paying for the care*". This goal was known as universal health coverage.

Additionally, this universal health coverage was clearly mentioned in 2030 mission for sustainable development goals and also was reiterated when world leaders endorsed the political declaration on United Nation's high-level meeting on universal health coverage in September 2019.

Somaliland Constitution stance:

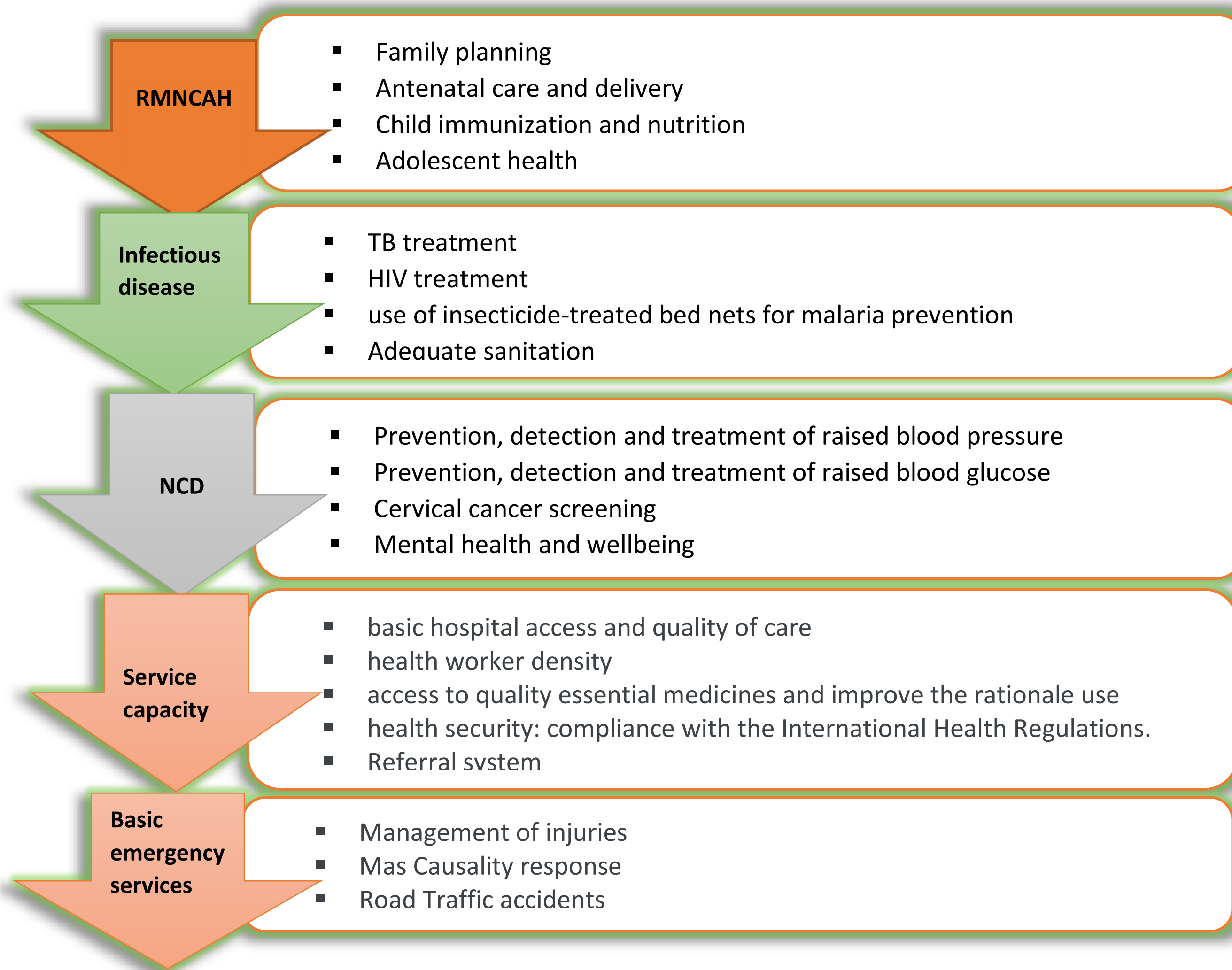
[4] WHO 2017

Conversely, the Somaliland constitution in the article of 17 is clearly affirms that government is responsible for providing a quality, equitable, accessible and cheaper health service to all Somaliland citizens without social discrimination.

4. APPROACHES OF ATTAINING UHC IN SOMALILAND

Attaining universal health coverage is an aspiration and multifaceted approach that requires the engagement of different stakeholders, unifying of efforts and pooling of resources to deliver quality of healthcare services including promotive, preventive, treatment, rehabilitative and palliative services to all people whenever they need, wherever they are and without financial limitations. The blueprint of the government Somaliland in achieving UHC is strengthening of primary health care services through expanding, improving, decentralizing,

Figure 1:essential services to be offered to attain UHC



To realize this strategic UHC goal, the Ministry of Health development would adopt and pursue the following overarching principles:

I. Primary health care principle:

The healthcare delivery system of Somaliland is based on the blueprint of Essential Package of Health Services [EPHS framework]. The EPHS framework defines healthcare delivery pyramid or tiers of healthcare, components and package of health services to offer, cadres of healthcare professionals at each facility level, and set of standards, protocols and management structures that are necessary for the healthcare system to function efficiently.

The healthcare system of Somaliland is operating in the form of network which supports each other. The pyramid of Somaliland healthcare composes of five tiers: a) **community level**: this is the lowest level of healthcare delivery of the pyramid and also closest to the community; b) **Primary health unit**: this is the second level of the pyramid and the first level of the fixed facilities and it serves around 2000-5000 population, c) **Health center:** the health center has higher capacity than PHU and can serve 5000-15000 people; d)**Referral health center/district hospital**: this is higher level where people can get essential health services plus some additional services including C-section, blood transfusion; e) **General Hospital**: currently this is the highest level of the healthcare pyramid and can serve up to 1000,000 people with more specialized services and treatments are available f) **specialized hospital**

The primary health care being the cornerstone for attaining toward universal health coverage, the ministry of health development would endeavor how to ensure that everyone gets access to most essential services, wherever they are in affordable cost focusing of social inclusion and gender sensitivity. To achieve this, the ministry of health development would take critical steps to safeguard the progression path toward UHC goal. These steps are included:

a. Expanding-to non-covered communities:

Realizing that getting the most essential services is the foundation of UHC goal attainment; hence, the MoHD would double its efforts of expanding of primary health care services to population that have still little access by bringing the services closer to them. The ministry of health development aspires that by 2030, eighty-percent of Somaliland people should be covered for most essential health services. The strategy of expanding of services closer to the community would break the barrier that used to trouble people when trying to utilize essential health services. The endeavors are included:

- *Building of new health facilities close to the community to lessen the accessibly barrier*
- *Strengthening of outreach services*
- *Improving and expanding of female health workers*

b. Strengthening of the existing services:

- *Ensuring the functionality and service improvements in the existing health facilities*

c. Strengthening of community level interventions

Strengthening of provision of community level interventions is the most effective way of reaching the people in need. Currently, there are some interventions at the community level that ministry is providing with; however, these needs to be overhauled and with the new UHC commitment, the ministry would take following interventions to adventure service provision at the community level:

- *Strengthening of outreach services*
- *Revitalize, harmonize and expand the female health worker-led interventions*
- *Pioneer new modalities of providing essential health services to the community*

d. Developing quality and client-oriented services:

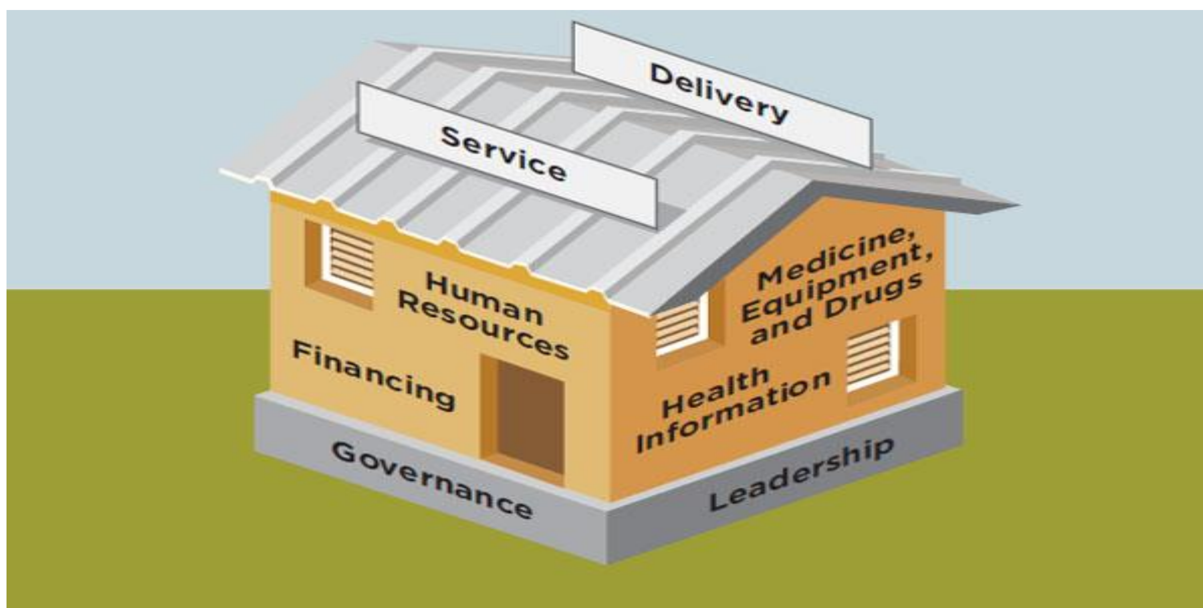
On top of expanding essential services, there is another significant dimension that is required which is establishing of a quality and client-oriented services. Without developing quality and client centered services, achieving UHC goal would be in limbo. However, the ministry of health development would take critical steps to ensure quality services are provided to the community by taking the following steps:

- *Develop, introduce and ensure the application of standardized treatment protocols and guidelines*
- *Involvement of healthcare users in the development and planning of healthcare packages*
- *Establish a system that clients can provide feedbacks on the services they getting of*
- *Continue medical education for health providers and ensure health providers are well motivated*

II. Health system strengthening approach

Achieving UHC goal requires not only revitalizing of delivery of essential healthcare services but also requires the entire health system of the country to be rejuvenated. The strengthening of whole system is vital for the health sector to perform better to attain the UHC objectives. Currently, the Somaliland health sector is based on the six building blocks of WHO which include a) **service delivery** b) **Human resource for health**

c) **Governance and leadership for health** d) **essential medicine and medical technologies** e) **Health information** f) **health financing**



Strengthening of these building blocks is one way to ensure that the system's performance embodies the intermediary objectives of most national health policies and strategies which in-turn contributes the realization of UHC goal. Not achieving many goals is usually exacerbated by weak health systems. Hence, the MoHD would undertake necessity steps to revamp the health system pillars. At present, the MoHD is implementing a number of activities directed toward strengthening of the health system. There are several enticing steps that the ministry executed to recuperate the health system. Nonetheless, the health system of Somaliland has numerous impediments that hinder to perform efficiently such as limited leadership at the regional and district levels, unavailability of some key policies/regulations, limited infrastructure, fragmentation of external assistance to the health sector, unregulated of the large private sector, irrational distribution of health workforce, limited state allocated budget for the health sector, and fragmented regulation on pharmaceutical issues, and limited investment on health researches.

In light of this, the Ministry will implement sweeping activities related to health system strengthening to enable the health sector to perform better and move toward attaining UHC goal; the following activities are included:

Strengthen governance and leadership for health:

Governance and leadership are the wheel and the foundation of health sector to move forward and perform better. However, they remain to be weak in Somaliland. Despite

the challenges that currently exist, the ministry would endeavor to take necessary steps to solve the key pressing issues; the following activities will be undertaken:

- **Sector reform**
- **Revising the existing and development of new sound national health policies, strategic plans, regulations and vision that are directing toward UHC goal**
- **completion the national public health act to become legally binding act**
- **Decentralization of health sector management to the regions and districts**
- **Capacity building in leadership and governance**

Service Delivery:

Achieving quality, affordable, accessible, equitable and client-oriented care is the ultimate goal of the service delivery. Strengthening of service delivery regarding to UHC vision, the ministry will:

- **Revise the EPHS framework and ensure that essential health services are enclosed in the package**
- **Establish and ensure effective referral system**
- **Develop harmonized treatment guidelines and protocols and update periodically**

Human resource:

Despite the challenges in the health sector, Somaliland has produced thousands of health workers from public and private institutions and are still continues to graduate. However, the government will:

- **Develop human resource policies that regulate the production, pre-service training, in-serve training of the staffs**
- **Develop national plan on hiring, distributing and oversighting of health workforce**
- **Ensure training institutions are following the national curriculum on production and of health workers**
- **Certification and licensing of health providers**
- **Ensure the health workers have access to continues medical education**

Medicine and technologies:

Despite the significant progress that the health sector of Somaliland has made for the last three decades, the pharmaceutical sector remains still one of the major challenging for the whole sector. Unregulated large private sector, unlicensed traders and pharmacies engaging in selling of sub-standard drugs remains one of key challenges to the medicine and supplies system. Thus, the government will undertake the below of steps to improve medicine and technology system and solve the current pressing issues:

- **To develop and endorse drug act**
- **To overhaul and develop strict system on licensing of drug traders, retailers and drug prescribers**
- **To strengthen drug quality assurance system**
- **To strengthen medicine and drug regulatory section**

- **Introduction of generic policy for drug prescription, over counter drugs, psychiatric drugs**

Health Information System:

Health information system is one of the key areas that Somaliland health sector has made significant progress for the last decade. In fact, there are still areas the health information system requires to be improved. Thus, the MoHD will conduct the following:

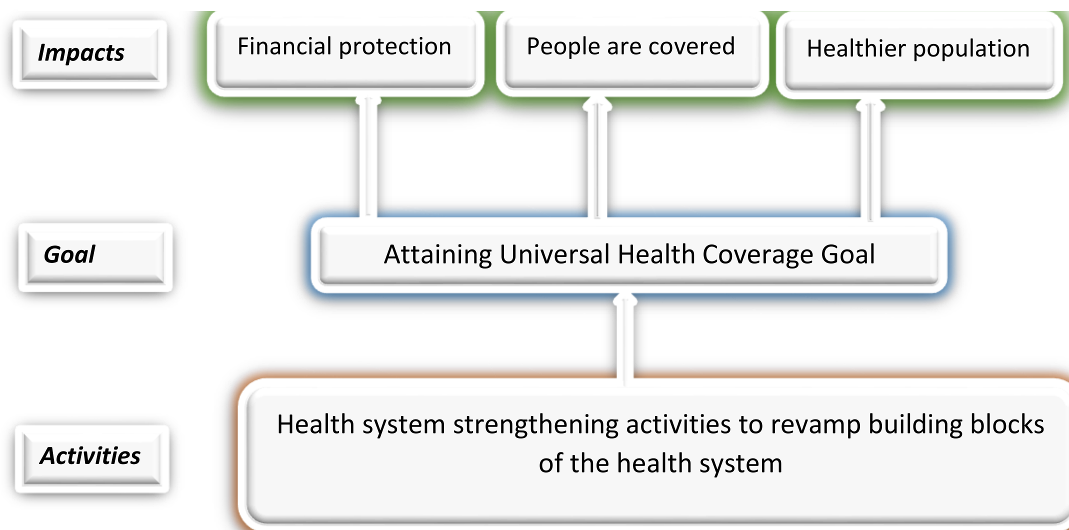
- **Continue upgrading of Health Information platform [dhis2] to adopt latest advancements**
- **Decentralize dhis2 platform to enable data entry at the facility level**
- **Strengthen disease surveillance and ensure IDSR is implemented effectively**
- **Integration of vertical information database and programs into the DHIS2**
- **Conduction of assessments and health researches**
- **Regular monitoring, evaluation, and production of annual health reports and bulletins.**

Healthcare financing:

Securing sufficient finance for the health sector is vital to reach UHC aspiration and prevent people from catastrophic out-of-pocket health expenditure. The Somaliland financing system for the health sector has several shortcomings that could impede attaining the UHC objective. Hence, the government of Somaliland is committed to implement a number of steps to improve health financing system such as:

- **To develop harmonized cost sharing policy to increase revenue for the sector**
- **To develop database for financing activities**
- **To develop national health expenditure framework**
- **To develop policies, plans and all other necessary documents for health financing system**

Figure 2: Moving toward UHC through Health system strengthening



III. Solidifying of health sector financing

Good healthcare financing is the most essential and vital element for aspiring the healthcare system to perform better and protect people from incurring catastrophic out-of-pocket health expenditure. Getting sufficient healthcare funding is one of the key strategies to attain the UHC goal. Somaliland healthcare financing scheme is organized as hybrid financing system; where the government, external donors and community contribute to the investment. However, the external stakeholders contribute larger proportion of the share.

The government allocates around 6% of national budget to the health sector, which currently falls short to cover entire health sector. Thus, ministry will step up to mobilize additional resources to guarantee financial protection for the people using services. The following steps will be undertaken:

a. Increase efforts on financing the health sector from local sources:

This aims renewed efforts on increasing the financing of health sector through maneuvering of every possible source that additional revenues for the health sector can be generated. The ministry would endeavor the following actions to be accomplished:

- *Increase the proportion state budget allocated for the health sector by reaching 12% in 2030*
- *Lobby for additional taxation on substances harmful to the health e.g cigarettes affecting health to generate revenue for the health sector*
- *Establish standardized and harmonized cost sharing system to generate additional revenues for the sector*
- *Engage the local governments to increase funding of the health sector*
- *Engage the local corporates and communities on investing the health sector*
- *Optimize financial management system to reduce resource duplication and increase transparency*

b. Optimization of resources from the partners:

Currently, Somaliland healthcare financing largely depends on the government contribution and external aid from the international partners. To this essence, it is obvious that government is still requires the external assistance to be maintained due to weak economy coupled with covid pandemic that impacted the country’s economy. Hence, the ministry will do the following to augment the external aid funding:

- *Harmonize and develop priority areas to be invested to prevent resource duplication*

- *increase efforts to engage more donors, governments and international partners in investing the health sector*
- *Establish national health expenditure framework hence improving transparency*

5. MEASRUING PROGRESS TOWARDS UHC

Monitoring of trends and progress toward UHC is vital to safeguard that people are getting the quality essential health services that is accessible, equitable and protects people from incurring catastrophic out-of-pocket health expenditure. According to WHO, it has been recommended a minimum of two indicators are required to track the progress toward UHC.[5]

1. **SDG 3.8.1** collects population service coverage dimension of UHC, which based on the minimum essential services defined in UHC strategy such as RMNCAH, Infectious disease, non-communicable disease and service capacity.
2. **SDG 3.8.2** collects financial protection dimension of UHC through measurement of financial hardships due to out-of-pocket health expenditure made when using health services

Measuring of these indicators will require the Ministry of health development to establish specific monitoring framework to follow the progress of these core indicators and sub-indicators as well. Tracking of these and sub indicators are however challenging due to insufficient or lack of data. Additionally, some of the indicators could be proxy indicators which will require different data from different sources.

However, the Ministry will closely monitor the progress of UHC through national surveys, demographic health surveys, multiple indicators cluster surveys and the administrative data. Moreover, the strong network of information that operates across districts of Somaliland will significantly play important role on tracking the SDG UHC goals.

To express its strongest commitments, Somaliland will conform to the world UHC day that the world has agreed to commemorate on 12th December in every year, and to increase awareness on the importance of this strategic goal.

Table 1: SDG UHC indicators

Core indicators	Sub-indicators	Verification
SDG UHC 3.8.1 coverage of essential health services	RMNCAH, Infectious disease, NCD, system capacity, basic emergency	HMIS, Demographic Health survey, Multiple indicator survey, Household survey
SDG UHC 3.8.2 financial hardships	Catastrophic out-of-pocket payments	

[5] World Health Organization UHC Progress report.

ANNEX: SOMALILAND SDGs PROGRESSION

Sustainable Development Goal Indicators

SLHDS 2020 VS. SDGs PROGRESSION

	Sex		
Indicator	Male	Female	Total
2. Zero hunger			
2.2.1 Prevalence of stunting among children under 5 years of age	20.6	20.7	20.7
2.2.2 Prevalence of malnutrition among children under 5 years of age	13	14.9	13.5
a) Prevalence of wasting among children under 5 years of age	12.8	14	13
3. Good health and well-being			
3.1.1 Maternal mortality ratio[1]	na	396	na
3.1.2 Proportion of births attended by skilled health personnel	na	39.6	na
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	na	2.5	na
3.7.2 Adolescent birth rates per 1,000 women b) women aged 15 -19 years[2]	na	86	na
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	14.3	1.1	7.3

3.b.1 Proportion of the target population covered by all vaccines included in their national programme	12.9	12.4	12.7
4. Quality education			
4.3.1 paricipation rate of youth and adults in formal and non-formal education and training in the past 12 months			
a) Net Attendance Ratio (Primary)	30.4	28.9	29.6
b) Net Attendance Ratio (Secondary)	12.8	8.7	10.7
4.6.1 Percentage of Population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
a) Adult literacy[3]	na	40.7	na
5. Gender equality			
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months[4,5]			
a) Physical violence	na	11.6	na
c) Psychological violence	na	1.9	na
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18			
a) before age 15	na	8.8	na
b) before age 18	na	23.2	na
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting	na	98.1	na
5.b.1 Proportion of individuals who own a mobile telephone [6]	na	75.7	na
6. Clean water and Sanitation			
6.1.1 Percentage of population using safely managing drinking water services	na	na	40.9
6.2.1 Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water			
a) Proportion of population using safely managed sanitation services	na	na	31.6
b) Proportion of population using a hand-washing facility with soap and water	na	na	20.1
	Residence		

7. Affordable clean energy	Urban	Rural	Total
7.1.1 Proportion of population with access to electricity	84.1	22.4	50.3
7.1.2 Proportion of population with primary reliance on clean fuels and technology [7]	10.7	1.2	6
	Sex		
8. Decent work and economic growth	Male	Female	Total
8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider [8]			
a) Proportion of adults (15 years and older) with account at a bank or other financial institution	na	2.9	na
b) Proportion of adults (15 years and older) with a mobile - Money service provider	na	57.4	na
16. Peace, justice, and strong institutions			
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months.			
a) Percentage of women aged 15 - 49 who have experienced physical violence in the last 12 months [9]	na	6.4	na
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	7.5	5.2	6.4
17. Partnerships for the goals			
17.8.1 Proportion of individuals who used internet in the last 12 months [10]	na	24.4	na

na = Not applicable

[1] Expressed in terms of maternal deaths per 100,000 live births in a year

[2.] Equivalent to the age-specific fertility rate for women age 15-19 expressed in terms of births per 1,000 women age 15-19

[3] Data are available for women age 15-49

[4] Data are available for women age 15-49

[5] In the SLHDS, psychological violence is termed emotional violence

[6] Data are available for women aged 15-49 only

[7] Measured as the percentage of the population using clean fuel for cooking

[8] Data are available for women aged15-49 who have and use an account at bank or other financial institution; information on use of a mobile-money-service provider is available

[9] Data are available for women aged 15 - 49

[10] Data are available for women aged 15-49 who have used the internet in the past 12 months

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