



REPUBLIC OF SOMALILAND MINISTRY OF HEALTH DEVELOPMENT

ANNUAL RETREAT MEETING: REPORT REVIEW OF 2023 AND PLANNING FOR 2024



ND TH
2 . 4 JANUARY- 2024

ABU-DHABI HOTEL- ERIGAVO

INTRODUCTION

The Ministry of Health Development is committed to conduct an Annual Retreal Meeting which brings together the ministry's senior managers, consultants, Departmental Directors, Program Managers and Regional Health officers in one Platform. This is the fifth year running in which such a high level meeting is being conducted.

The aim of the meeting was to gather the MoHD central and regional levels inputs regarding how to improve the provision of health services we provide to the community through implementation of health and nutrition programs, and to strengthen the collaboration and coordination between the different levels of ministry.

This meeting was an opportunity to make an evaluation and review the achievements, challenges, gaps, and lesson learned from the ending year and set up priorities and strategic directions for the next year, during the meeting all the departmental directors, program managers and regional officers are presented their key achievements, challenges and next year way forwards.

In addition in this meeting discussions were made on how to activate and implement important areas within health service delivery which will be further elaborated within this report.

KEY OBJECTIVES OF THE MEETING:

- To make a general review of the key 2023 achievements and challenges as well as plan and prioritize for 2024 activities at a central and regional level.
- To Strengthen coordination/collaboration between MOHD at regional, national levels
- To discuss on areas of improvement in Sustainability of Programs and activities.
- To provide an input on improvement of services at hospitals and health centers.
- To assess and look in to the quality of drugs used in health facilities.
- To ensure that cross-cutting programs are well implemented and executed.

OPENING OF THE MEETING

This year's annual retreat meeting was held at erigavo town of Sanaag Region on 2nd of January 2024. The meeting was participated by all the members of the ministry of health development at regional and central level. The opening remarks were made by the MoHD senior managers including the director of planning- MoHD, The Director General of the Ministry, the vice minister as well as the Minister. This was also accompanied by welcoming remarks from the Mayor of Erigavo town and the Governor of Sanaag Region.

The DG, Vice minister and The Minister of Health Development all elaborated the importance of this meeting which specifically took place in erigavo- sanaag region with the objective of observing the overall situation of health and livelihood in the eastern and coastal regions of the country and to assess the challenges in those areas. They have also described the key areas of discussion within this meeting which will be more of assessing the quality of hospital services, health care delivery and drug quality.



MINISTRY OF HEALTH DEVELOPMENT KEY ACHIEVEMENTS-2023

The Ministry of health has thoroughly been achieving in the year of 2023, the table below is a summary of the key departmental achievements in the year of 2023 also including major programs and sections:

Department	Key Achievement
Planning, policy, coordination and strategic information	<ul style="list-style-type: none"> • Preparation of annual LOAs and Mous • Planning and development of new grant applications of GC7 (HIV, Malaria, RHSS, TB) • Gavi FFP development • Better live project negotiations and proposal development • Launching of BL project • Damal Caafimaad project development process • Partnership with UK schools/institutions on different projects: QIP project with King's college, SPACE ECHO program with LCE, NSAOP with Royal College of Surgeon, UCL with SETiPlus • Roadmap transition agreement with WFP and FAO on management transfer to the Ministry • Continuation of JPLG program with financial support from Central government and municipalities in 2023 • Decentralisation policy and roadmap is available and approved • Continuation of MIDA FINNSOM program Phase V focusing • Recruitment of 6 diaspora medical specialists (2 obs/gyn, 2 neonatal & child health specialist, 1 qualified nurse and 1 lecturer in midwifery & nursing and 2 health consultant specialists) and 10 national medical doctors (6 obs/gyn, 4 paediatrician) • New engagement of THL experts • Health and Nutrition Semester coordination meeting • End year health and nutrition meeting • Supported monthly, quarterly Technical working groups • Provided management training to RHMT and DHMT for planning, monitoring & evaluation and data analysis • Started sharing some of the agreements with regional teams • Enhanced infrastructure of Ministry owned cloud server and developed incremental back-up tools • Upgraded new dhis2 from version 2.27 to 2.40.1 version of and the platform has been operationalized

- HMIS tools have been revised including disease surveillance and integrated with vertically reporting programs of HIV, TB, Nutrition and LMIS
- Master of TOT for dhis2 has been trained and cascading trainings have been conducted for the districts data officers, hospital data team, specific programs (HIV, malaria, LMIS and TB), health facility data teams
- For the first time, comprehensive national routine Data quality assessment was conducted-regional-district-facilities
- DHIS2 maturity assessment conducted in collaboration with HISP team
- In collaboration with CHS conducted SLEAC survey across the country to assess the coverage of TSFP and BSFP programs-official report is under progress and SQUEC survey in two districts to assess enabling factors and barriers qualitatively
- Technical Committee BR stakeholder Meeting .
- Supervision of the registration exercise undertaken in the 1 districts joint monitoring MOHD, MOI & UNICEF
- Five-year Health sector strategic plan started- ongoing
- First draft of Somaliland Community health strategy has been developed- ongoing
- National development of plan-health chapter-2023-2027
- National Surgical Anesthesia Plan with support from Royal College-ongoing
- First Comprehensive health and nutrition report have been drafted and finalized- under designer
- National Quality Policy and Strategy has started-ongoing
- Quarter and national reports-regular

Community Health

- **Nutrition** (OTP, TSFP, IYCF, SC, Trainings, Food Security and Nutrition assessments/Surveys)
- **SRHR** (BEmONC, CEmONC, Family planning, Fistula, SGBV/FGM,ANC,PNC,Trainings)
- **Community Health** (Child health, FHWs, community level interventions)
- MAM admission U5 children,**135,522**, PLW **65,485**.
- SAM admission , **45,794 including 5,114 SC**.
- **IYCF Sessions 321,990 PLW**.
- Phased transition of FSNAU assessments to MOHD (MOHD/FAO) conducted Post Gu and Post Dayr assessments.
- WFP handed over 37 (17 fixed sites and 20 mobile sites)
- Trained staff: 17 SC , 245 IMAM, 180 IYCF and 6 new TSPF staff,14 IMAM TOTs, 22 Smart Methodology.
- Participated Global Conference (BMS code, AFFENET, New IMAM Guideline)
- Conducted monthly quarterly Coordination meeting and Technical assessment Information Working group.
- Reviewed of ONA/MODA and DHIS2 indicators.
- **SRHR:**
- BEmONC trainings across the country with the support of multiple partners.
- Fistula repairing 35 women
- Fistula awareness campaign Sool, togdheer and sanaag.
- Piloting family planning private-public partnership with 10 hospitals delivering family planning services.
- FP/RH managers training and taskforce meeting.
- Training clinical management rape.
- **Community program (Child health)**
- Community health strategy
- Over 1000 FHW/CHW-Multiple partners and Trained 190
- Ongoing ECHO-SPACE project community engagement.
- Continuation of IMNCI and ICCM with supportive supervisions and trainings.
- **ICCM+** - Continuation of the implementation research exploring the treatment of uncomplicated cases of SAM and MAM in the community through FHWs.
- Review of CHW reporting and data tools and DHIS2

Public Health

- **256** HFs provide regular immunization services in multi-strategies (**fixed, outreach, mobile**)
- Participated and supported next GAVI-grant 2024-2026
- Sustained core-HSS2 implementation in 36 HFs in 7 target GAVI-districts
- Successfully conducted national campaigns (**Covid19, Integrated Measles & NIDs**)
- Conducted national CCE inventory and EVM assessment for Somaliland in connection GAVI 2024-2026 grant
- Developed distribution plan for **93 new SDDs** (Nov-Dec 2023 installation process)
- Conducted TOTs; AEFI, RED-MP, VPDs
- New cold-room (not installed)
- Extension two ELISA machines to Awdal and Togdher regions to support VPDs surveillance.
- Conducted Joint supportive supervision and DQIP supervision
- Sustained monthly EPI working group
- **About 3950** new TB cases were registered 2023 and Treatment success rate of >90% for registered last year
- Updated ALL forms of notified drug sensible TB cases to match the 2026 target.
- Improved Laboratory performs TB testing and diagnosis using the national MoHD & WHO recommended diagnostic procedures
- Improved implementation of RL/MDR TB cases enrolled on treatment to improve TB treatment success rate Result.
- Increased the proportion of all diagnosed TB patients with a HIV test result and the proportion of HIV co-infected patients.
- Strategized the proportion of patients (children under five, HIV patients without TB disease, respectively) initiated on TPT to match 2026 indicators.
- Improved NTP program management (coordination, monitoring and evaluation, data collection and exploitation for planning, execution of operational research).
- Innovation of NCD center in Hargeisa Group Hospital
- Celebrate the commemoration of the world diabetes day
- Provide free screening in the government institutes , municipality , and markets for seven days.
- Screen 2040 peoples by diabetes and hypertension (total diabetes cases : 389,total hypertension cases : 290)

- Training 16 MCHs workforces for diabetes and hypertension managements .
- Distribution glucometers for 10 MCHs .
- Finalization of NCDs strategy and diabetes guidelines
- **360 HFs** supervised including RHOs quarterly supportive supervision visits under Malaria.
- Conducted **71** Entomology Surveillance activity to targeted malaria risky communities
- Conducted **4** Quarterly Joint Case management and Quality Control Supervision support visits
- Conducted **12** Monthly Malaria Working Group Meeting & **4** Qrtly Coordination meetings.
- **57,338** inhabitants procted IRS operation.
- Provide refresher **34** community mobilisers
- Enrolment of 148 new HIV cases in ART makes under treatment and care 2,012 cases
- **4,082** cases voluntarily counselled & tested
- VCT positive case are 167 cases
- 29,819 ANC tested cases are cases 7 +ve.
- 18,130 delivery tested cases are and 9+ve
- total OPD tested cases in November and December are 3,794 . 6 cases came out HIV positive
- Increased HIV case finding Methods
- Increased capacity buildings of health workers through different training.
- 151 public and private health workers were trained in 2023
- Implemented trainings and meetings (ART, TB/HIV, MTCT, Laboratory, HIV tools in line with DHIS2)
- new centers Erigavo and Ainabo received new CD4
- HIV office renovation and construction of additional rooms are finished
- Established Emergency Coordination Structures, Steering Committee & Technical Taskforces
- Operation Centre (EOC) building, but yet to fully operationalize.
- Availability of MoHD warehouse Distribution Network of emergencies supplies system.
- Got Emergency Supplies from partners (mainly WHO).
- Implementation of Somaliland Health care waste assessments in HF.
- Validation of IPC and WASH assessments in Health facilities .
- We trained **40** community hygiene promotion volunteers (CHPV) from

	<p>14 different villages in Somaliland.</p> <ul style="list-style-type: none"> • Distribution of hygiene and sanitation supplies which is based 4 MCH & 2 IDP in response to AWD , 18000 benefit from. • 35,000 People improved sanitary condition. • 160,000 people reached safe water supply • Second Draft of the Integrated SBC strategy for all MOHD programs is being developed on Dec 2023 and completion of the Integrated SBC Strategy document included roll out will be in January 2024. • Drafted TORs of the Establishment of National Health Promotion and demand creation technical Working Group in this year 2023. • Developed MOHD SBC training materials in developing technical teams- for RSMCs and DSMCs in six regions in SL in this year 2023. • Developed standard health education register book in this year of 2023 for the first time to record health education and promotion sessions conducts at Health facility level.
Mental health	<ul style="list-style-type: none"> • Human resource: The total number of staff at the Department of Mental Health along with mental Hospitals in the regions is 289 staff. • Mental health services: A total of patients of 21232 were served in 2023 a- Inpatient: 2661 b- Outpatients: 15539 C- Outreaches: 3032 • Mental health integration: <ul style="list-style-type: none"> • The department has provided training on Mental Health Gap Action Programme (mhGAP) to 80 nurses from PHCs throughout the regions along with five doctors from Hargeisa Primary Health centers. • The department has routinely provided essential medications, food, and clothes to the mental hospitals in the regions. • Preparation of the Mental Health Act and guidelines: <ul style="list-style-type: none"> • a- We finalized the first draft of the Mental Health Act • <i>(Legal advisors have reviewed the bill act in its legal terminology and went through if there is in any legal ambiguity, legal coherence, and legal gaps)</i>

	<ul style="list-style-type: none"> • b- Term of Reference (TOR) of the mental health department staff is in place and distributed to all Mental Hospitals • Private mental health Hospitals(cilaaj) • a- A full assessment of private Hospitals were carried out focusing on the rights of mentally ill patients and the services receive. • b- Preparation of strategies of integration of Mental Health data into HMIS • Constructions and Renovations: • a- Completed and opened the first mental health hospital in the Sanaag region at Erigavo. • b- Renovations of Hargeisa and Burco Mental Hospitals Hospital • c- Site evaluation, design and finalization of architect design at Berbera Hospital • Mental health awareness raising and advocacy: • a- Continuation, mental health awareness, raising SLNTV and Radio • b- Collaboration with C4D, Department of Public Health • c- Commemoration of World Mental Health Day and panel discussions and awareness for one week.
Health services	<ul style="list-style-type: none"> • Hospital Treatment guidelines preparation is under way and discussions with directors of the hospitals are ongoing. • Medical equipment distributed to the new two hospitals in Hergeisa • Quality improvement and patient safety training to 6 regional hospitals carried out • Quality improvement survey done. • Two New PSA oxygen generator plants for HGH, Pipe system installation and technical training carried out. • The hospital/clinic/ and pharmacy requirements were revised and the final version is in place. • Developed registration system. • Developed online system to verify and sign the permit license • National Laboratory building completed • Blood transfusion guidelines ongoing • Had a meeting with the Quality control Chairman and discussed on strengthening the surveillance of the controlled drugs being imported illegally through the airports. • SPACES-ECHO project

	<ul style="list-style-type: none"> • Infection Prevention and Control in healthcare facilities Baseline Assessment • National Healthcare Quality Improvement Programme
Human resource	<ul style="list-style-type: none"> • 3,039 of health workers benefited in-service trainings from different programs public health(1243), community health(987), HR(460), planning(180), mental health(63)and admin and finance(66), health service(40) • Partners contribution of trainings UNICEF (26%), MOHD(20.5%), ALIGHT (13%), WHO(10.3%), SCI (7.6%), WV(5%), UNFPA(5%) THET(5%), Edna, Constitutional affairs, GAVO, SRCS(1%) all. • 162 doctors were completed internship program and received certificate 2023. • 209 doctors were enrolled internship program 2023-2024 • First batch of field epidemiology training was conducted(3 months) for 10 persons all regions • 14 health worker were provided long term fellowships both undergraduate and post graduate programs through civil service institute • 92 of ERMP with 23 different specialties programs is ongoing in ethiopia • standardized curricula for degree and diploma programs of nursing and midwives is approved by MOHD • 98 copies standard curricula for degree and diploma midwife and nurses were printed and distributed to the health training institutions • Mapping, availability and distribution of medical specialists both public and private sector were completed and result shows 227.54% from M.J, 22% awdal, 12% togdher, 2.7% sahil and 1.8% from sanaag. • Nationals 114(50.2%)other nationalities are 113(49.8%) • Assessment status of implementation of national harmonized curriculum by undergraduate medical schools were conducted, 38% attempted to apply

	<ul style="list-style-type: none"> • 6824 health providers are currently engaged 51% are employees while the rest of 49% are temporary. • 55 staff have been awarded on their good performance • 266 staff transfer, temporary nomination, death benefit, • HRMIS system were installed with collaboration of the civil service commission.
Admin and Finance	<ul style="list-style-type: none"> • Developed, Reviewed and Finalized 9 Internal Policies: • Conducted Capacity Building Trainings: • Successfully Managed both Government and Donors funds. • Current System used by Finance Department. • External Audit 2022 – 2023 • Coordination with HR Department: Budgeted and deployed 138 Somaliland National Service personnel to all regions. • Construction and rehabilitation • Improved the overall security of MoHD
I.C.T	<ul style="list-style-type: none"> • Upgraded the network, and internet through Fiber system • Participated in the implementation of HIS system for Hargeisa Hospital with coordinated cooperation of Health Services and Hospitals Department funded by Taiwan government • Successfully Re-assessed all Departments in terms of their Technology needs and fulfilment • The department of ICT successfully new office and equipment • The Dep of ICT Successfully the Government Email 67 Center and Regional • Successfully support the daily-day activities of the ministry.

OVERVIEW OF KEY CHALLENGES

Overarching Health challenges:

- Reduction of health sector financing from the donors
- Limited Government budget allocated to the health
- Ending of some essential health programs e.g FFO, SOM-JAR with uncertainty of their continuation
- Reduction of FCDO supported EPHS programs from 10 districts to 4 districts
- Inadequate coordination structures and partnerships at the national, regional, and district levels hinder effective healthcare delivery
- Weak engagement of the Ministry of Health in strategic discussions and decision makings by partners and donors.
- Lack of alignment with national priorities and insufficient harmonization of external support
- Lack of synergy and integration among key healthcare programs results in fragmented efforts

Specific challenges:

- National human resource for health strategic plan needs to be reviewing and developing
- Absence of continuous professional development system
- Out dated of Human Resource for health Policies, guidelines and procedures
- Health worker providers licensed is a limited and its risk to the patients safety
- Delays and low coverage in essential commodities and supplies (e.g. rape kits, nutrition) which disrupt routine services.
- Limited private sector data due to lack of effective public –private partnership
- Poor office space of EPI (no office equipment in Central, and No EPI office spaces for R-EPI officer).
- Weak with parallel VPDs Surveillance system, (thru Polio/AFP in WHO, and not go into MoHD)
- Poor EPI data qualities at data generating points (HFs),
- Limited feedback of EPI data due by-pass RI data collection (HF-HMIS-DHIS2 instead of HF-EPI-DHIS2)
- Limited NCD data due to lack of public –private partnership
- Limited capacity on implementation of Malaria elimination programming
- Climate change and Uncontrolled High Population Movement
- Lack of clinical audit for the HIV patents/clients
- Weak Emergency Coordination Mechanism
- Lack of preposition of supplies for national Emergency Response and intervention
- Poor office space of EPI (no office equipment in Central, and No EPI office spaces for R-EPI officer).
- Weak with parallel VPDs Surveillance system, (thru Polio/AFP in WHO, and not go into MoHD)
- Poor EPI data qualities at data generating points (HFs),
- Limited feedback of EPI data due by-pass RI data collection (HF-HMIS-DHIS2 instead of HF-EPI-DHIS2)
- Limited NCD data due to lack of public –private partnership
- Limited capacity on implementation of Malaria elimination programming

- Climate change and Uncontrolled High Population Movement
- Lack of clinical audit for the HIV patents/clients
- Weak Emergency Coordination Mechanism
- Lack of preposition of supplies for national Emergency Response and intervention
- Lack of C4D/SBC program integration most of the MoHD programs and Ips
- Limited support routine C4D/SBC programming activities like continuing supports on community and health facilities based social mobilizers.
- Limited capacity building training for SOMNET staff and social mobilizers at Community level.
- low demand for C19 Vaccine due to low-risk perception in Somaliland and globally
- Limited fund allocation for the Social Mobilization activities
- Hygiene & Sanitation AWP is shifted to NGOs
- Lack of updated sanitation and hygiene policy.
- Lack of legislative tools: The absence of a comprehensive Drug Act
- Inadequate staff: Insufficient staffing levels for the Medicines Regulatory Authority (MRA)
- Large and unregulated private pharmaceutical sector:
- Minimal medicines quality lab capacity:
- Lack of communication and timely utilization: when bringing or using drugs and supplies
- Lack of ICT technicians at the newly established ICT department
- Lack of skilled Procurement and logistics personnel in the regions
- Delays in receiving donor funds
- Lack of mental health specialists and child psychiatric center.
- Lack of financial reporting from regional Hospitals

Regional challenges:

- Lack of essential hospital/health center service component such as: Blood Bank and ICU ward in Erigavo Hospital, building offices in Ainaba, Digital Xray and CT scan as well as no proper cold chain in Berbera and Sheikh Towns.

KEY DISCUSSION AREAS

This annual retreat was different from the previous retreat meetings in such a way that discussions were made on essential areas within health service delivery at national level. the table below summarizes the key discussion areas which were carried out on the 2nd day of the meeting.

Discussion topics	Issues/problems
Service sustainability issues (PHC):	<ul style="list-style-type: none"> • Dependency for external donor funding • Free services (no cost sharing) • Project based funding • Limited government support
Hospital services	<ul style="list-style-type: none"> • Services quality and standards • Management structure

	<ul style="list-style-type: none"> Population satisfaction
Community awareness and health promotions	<ul style="list-style-type: none"> Structural management Mechanisms and channels of communication for population Social and behavioural changes issues
Drug Quality	<ul style="list-style-type: none"> Sub-standard drugs Drug regulations and quality assurance Ministry/Government role
Cross-cutting issues at RHMT level	<ul style="list-style-type: none"> Number and level of cross-cutting programs at RHMT level. Harmonization of RHMT throughout the regions Mechanism of mainstreaming cross-cutting reports at regional level.

As shown above the meeting participants were divided in to 5 Groups each having one discussion topic at the end the following action points and priorities were made out of these discussions.

KEY ACTION POINTS AND PRIORITIES

Numerical summary of priority activities and action points:

Priorities	Activities	Action points
6	23	9

Actions points

	Action points	Timeline	Responsible person	
1	Hospitals are required to submit monthly/quarterly reporting of financial return: any hospital failed to do might not be able government support	Monthly	All hospital directors	
2	Hospital directors shall not borrow money for the hospital: any director who commits financial borrowing, the hospital will not take responsibility of buying back the money	Effective	All hospital directors	
3	Directors/managers responsible for programs with cross-cutting mandates are required to strengthen their respective sections/programs and come up improvement plans (WASH, SUN, GBV/FGM, Child health, school health)	10 March	Directors of CHS/PH & program managers of Nutrition, WASH, GBV, school health	
4	Prepare Ministry circular informing partners to engage and discuss with Ministry on project	5 February 2024	Minister/DG/DoP	

	planning, priority settings and identification of project sites		
5	No RMOs or hospital are entitled to do bilateral agreement with any entity without the permission of the national Ministry (Directive letter)	5 February	Minister/DG/DoP
6	Discuss and make final agreement with Local municipalities on JPLG management roles	15 March	Minister/DG/DoP/JPLG
7	Develop comprehensive annual work plan for 2024	20 March	Department of planning and policy
8	Develop quarterly, bi-annual and annual reports	July, January	Department of planning and policy
9	Develop Ministry circular on data quality issues	27 January	Director of planning/HMIS

Ministry's key priority areas for 2024

Priorities	Focus area	Timeline	Budget requirement	Responsible
Improvement of quality of hospital services	<ul style="list-style-type: none"> Establish Medical ethics and discipline committee at General hospitals 	15 April	No	Director of health services
	<ul style="list-style-type: none"> Hospital structural management reform: (review and harmonize management structure, sections, line of reporting and TORs of General and district hospitals) 	10 June	Yes	Directors of health services and HR
	<ul style="list-style-type: none"> Establish QI/IPC sections at all hospitals 	5 May	Yes	Director of health services
	<ul style="list-style-type: none"> Establish departments for emergency response at hospitals currently without these wards 	15 July	Yes	Director of health services +Public health
	<ul style="list-style-type: none"> Establish patient service quality evaluation mechanism 	1 April	Yes	Director of health services

	<ul style="list-style-type: none"> Review treatment procedures at hospitals and ensure services quality are improved (patient communication, waiting time, services transparent, services standards) 	15 March	Yes	Director of health services	
Revitalization of health promotion and community awareness raising	<ul style="list-style-type: none"> Structural reform of the section: review nomenclature and possibility of becoming separate department or large section with unites 	10 April	No	Director of public health	
	<ul style="list-style-type: none"> Review and revitalize communication mechanisms and message contents 	March 25	No	Director of public health/C4D	
	<ul style="list-style-type: none"> Harmonization and integration of awareness activities within the ministry 	Effective	No	Departments and programs	
Drug quality control	<ul style="list-style-type: none"> Structural reform: establish drug regulation authority body 	25 February	No	DG/Minister	
	<ul style="list-style-type: none"> Review and update of drug regulatory policy 	15 August	Yes	Directors of health services and planning	
	<ul style="list-style-type: none"> Start operationalization of laboratory machine for drug quality testing 	20 April	Yes	Director of health services/DRAB	
	<ul style="list-style-type: none"> Review systems for drug transportation/Storage/Distribution at all levels 	20 May	No	Director of health services/DRAB	

	<ul style="list-style-type: none"> Engage and collaborate with relevant institutions/ministries e.g National quality control and local governments 	Effective	No	DG/Minister/Director of health services	
Cross-cutting issues	<ul style="list-style-type: none"> Advocate and strengthen: supply chain management, Emergency response, ICT, private sector partnership, health regulations, M&E 	Effective	Yes	Directors of planning, ICT, health services, public health/ sections of EPR/Supply chain/M&E/PP	
	<ul style="list-style-type: none"> Develop specific plans for programs on conflicting mandates: WASH, SUN, FGM/GBV, HIV, school health 	10 March		Directors of public health, community sections	
	<ul style="list-style-type: none"> Review RHMT roles and harmonize 	5 May		Director of HR	
Service sustainability	<ul style="list-style-type: none"> Advocate for increase of national budget allocation for health 	Effective	No	DG/Minister/relevant directors	
	<ul style="list-style-type: none"> Allocate specific budget allocation for primary health services on annual basis 	August	No	Minister/DG/director of finance and community health	
	<ul style="list-style-type: none"> Review and update cost sharing policy 	15 September	Yes	Director of planning/directors of CH, PH, HS	
	<ul style="list-style-type: none"> Review and re-structure and integrate of services at the health centers with rational staffing 	10 May	No	Directors of community health, public health, HR and planning	

Regional priorities	<ul style="list-style-type: none"> • Erigavo Hospital: (Blood bank , ICU ward, Digital X-ray) • Sahil: Digital xray and CT scan for the hospital, regional cold chain rehabilitation, establish cold chain in Sheikh district) 	Effective		DG/Minister and relevant directors
---------------------	--	-----------	--	------------------------------------