Somalia – Researched and compiled by the Refugee Documentation Centre of Ireland on 29 October 2014

Information regarding medical treatment generally in Somalia.

A fact-finding mission report jointly published by the Norwegian Landinfo Country of Origin Information Centre and the Danish Immigration Service, in a chapter titled "Access to medical treatment and hospitals in S/C Somalia" (Chapter 10), states:

> "An international agency (B) explained that people for instance returning to Somalia from western countries cannot expect medical treatment at the same level as in their former country of residence. The Somali authorities are not providing health services to the public and the private hospitals are essentially based on making profit. Somalis returning from the Diaspora and establishing clinics and hospitals are first and foremost doing this to make money. Asked to comment on the services provided in the clinics and hospitals established by Diaspora Somalis, an international agency (B) explained that it assumed it was mainly medical and not surgical services, since surgical services would require expertise. Regarding the funding of the health care system an international NGO (B) stated that 90 percent of the health care system in Somalia is based on private funding with local general practitioners. The public health care institutions are mostly run by humanitarian organizations." (Landinfo Country of Origin Information Centre & Danish Immigration Service (March 2014) *Update on security and protection issues in Mogadishu and South-Central Somalia*, p.74)

This chapter also states:

> "Regarding access to medical treatment and hospitals an international NGO (B) explained that the intensity can vary, and in Mogadishu the situation is different as compared to other cities, towns and rural areas since you have many NGOs and more options in the capital. The international NGO (B) stated that access to medical treatment, health care and hospitals in Mogadishu is good, especially at day time. During the night there may be some military road blocks and people fear to move during dark. The bottom line according to the international NGO (B) is that you can get anything you want in Somalia, if you have the means and the contacts, but you are not getting any guarantee of what you are getting. There are no ways of stopping fake, expired or even deadly medications being sold in for instance the Bakara-market in Mogadishu. If you try to stop it you might be killed. Even if the Mayor of Mogadishu is claiming that the authorities are closing down the vendors, they are not touching the important big business people who are involved in the trade of these medicines. An international agency (B) explained that another major issue in health care in Somalia is the fact that many patients are not following the advices and instructions given by the health care providers. It was added that people with diabetes or heart problems should keep a healthy diet and exercise etc. however this is difficult

> to manage. The international NGO (B) explained that people take medications without knowing the proper dosage etc. and the consequences can be grave. This is an issue for the majority of people in Somalia." (ibid, p.75)

In a section of this chapter titled "Second line treatment and tertiary care" (section 10.1) this report states:

> "The Somali Health Cluster explained that access to second line treatment is very limited in S/C Somalia. In general many have access to basic health care, but very few have access to secondary care and there is only very little access to psychiatric treatment. There are no quality tertiary services available in any area, meaning that there is no cancer treatment, no possibilities for major surgeries like heart or brain surgery etc. Almost all services must be paid for and more than 60 percent of the services are provided by private health care providers. There is no real standard of care and if there is one, it is low." (ibid, p.76)

Regarding access to treatment for certain specific diseases this section states:

> "Regarding access to and the nature of treatment for the following diseases, cancer, heart diseases, HIV/AIDS, diabetes, schizophrenia, psychosis and other disorders with psychotic symptoms, post-traumatic stress disorder (PTSD) and depression, an international NGO (B) explained that according to current health provision services in S/C Somalia most of the above mentioned diseases will not have proper specialized care. This is also due to lack of skilled specialized professionals in Somalia, and most private pharmaceutical importer companies do not purchase such drugs to be treated for the above mentioned chronic disease. Diabetes and hypertension are the only chronic diseases that can be treated in the pharmacies, but specialized doctors do not prescribe those medicines. An international agency (B) explained that there is no tertiary health care available, and the treatment which will be provided at the Digfer Hospital when it opens, will only be available for those who can pay." (ibid, p.76)

The final paragraph in this section states:

> "The Somali Health Cluster explained that all hospitals are run by NGOs since the government is not running any hospitals, and went on to explain that some of the private clinics either run by private persons or local communities were very good and could provide some secondary care." (ibid, p.77)

In a section titled "Rural areas and al-Shabaab controlled areas" (section 10.4) this report states:

> "The Somali Health Cluster explained that there are only basic health services available in the al-Shabaab controlled areas. An international agency (A) did not have the impression that al-Shabaab is really concerned about health care and health services. Therefore, access to basic services in general is much more constrained in al-Shabaab controlled areas than elsewhere in the country. The administrative structures are however mainly in towns where there is always a presence of al-Shabaab and the enforcement of laws and rules is more stringent, while people in the villages are probably more free. However there are informants everywhere and people take care. Regarding

> access to medical treatment, health care and hospitals in the rural areas an international NGO (B) explained that it depends on the controlling authority, for example if al-Shabaab controls the area accessibility is very low due to many restrictions to the communities living there, and also the health care availability in rural areas is near to absent in S/C Somalia, and the small functioning hospitals are in major cities like Mogadishu. In the other major cities in S/C Somalia accessibility is not very smooth, and it depends on the security situation. Most of the major cities in S/C Somalia have no functional hospitals. However, some hospitals are run by international NGOs but still only providing primary health care services." (ibid, p.81)

A country overview document published by the World Bank, in a paragraph headed "Health", states:

> "Access to health services is poor even by Sub-Saharan standards. Life expectancy at birth is 51 years and infant mortality rates are estimated to be 108 deaths per 1,000 live births i.e. one in every ten children dies in the first year (UNICEF). In 2009, there were an estimated 625 health posts and 225 maternal and child health centers in Somalia. Assuming a population of nine million, this amounts to just one health post per 15,200 people. What existing services exist, are provided by the private sector, including pharmacies and drug stores, which may account for high service fees." (The World Bank (10 October 2014) *Somalia Overview*)

An IRIN News report, in a paragraph headed "Health system strengthening" states:

> "There is not a great deal of infrastructure to rely on. Somalia has suffered close to 25 years of civil war. Its health system is fragmented, supported by an unregulated pharmaceutical industry and dominated by private practitioners who offer help only to those who can afford it. Private doctors in Somalia are earning up to US$10,000 per month. A legal framework for healthcare is absent, and the federal state, which includes the semi-autonomous regions Somaliland and Puntland, raises questions about how any system might be structured." (IRIN News (26 April 2013) *Building health systems from scratch in Somalia*)

A document published by the International Committee of the Red Cross, in a paragraph headed "Health care", states:

> "To ensure those wounded by weapons receive appropriate medical care, the ICRC supports two emergency hospitals in Mogadishu, in addition to 40 SRCS primary health care and mother-and-child clinics. Ad hoc emergency medical supply assistance is provided in case of mass influx of casualties to SRCS and other medical facilities across Somalia." (International Committee of the Red Cross (13 August 2013) *The ICRC in Somalia*)

A statement issued by Médecins Sans Frontières refers to the closure of MSF programmes in Somalia as follows:

> "After working continuously in Somalia since 1991, the international medical humanitarian organisation Médecins Sans Frontières (MSF) today announced the closure of all its programmes in Somalia, the result of extreme attacks on its staff in an environment where armed groups and civilian leaders

> increasingly support, tolerate, or condone the killing, assaulting, and abducting of humanitarian aid workers." (Médecins Sans Frontières (MSF) (14 August 2013) *MSF forced to close all medical programmes in Somalia*)

This statement also states:

> "MSF will be closing its medical programmes across Somalia, including in the capital Mogadishu and the suburbs of Afgooyeand Daynille, as well as in Balad, Dinsor, Galkayo, Jilib, Jowhar, Kismayo, Marere, and Burao. More than 1,500 staff provided a range of services, including free basic healthcare, malnutrition treatment, maternal health, surgery, epidemic response, immunisation campaigns, water, and relief supplies. In 2012 alone, MSF teams provided more than 624,000 medical consultations, admitted 41,100 patients to hospitals, cared for 30,090 malnourished children, vaccinated 58,620 people, and delivered 7,300 babies." (ibid)

A report from the Norwegian Organisation for Asylum Seekers, in a section titled "Internally Displaced People" (section 14), refers to healthcare available to people in IDP camps as follows:

> "The IDPs stated that people who are in need of medical assistance can go to a health organisation in the camp. Although people can be referred to hospitals, they are often unable to access healthcare since they cannot pay for it. According to IDPs, many children die from diseases that could easily be treated or avoided, such as malaria and diarrhoea. One IDP told us that he had lost one child in birth because his wife did not receive assistance when going into labour." (Norwegian Organisation for Asylum Seekers (NOAS) (April 2014) *Persecution and Protection in Somalia*, p.45)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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