# COVID-19, Sustainable Development and Policymakers in Somalia/Somaliland

Mustafe Elmi (Transparency Solutions), Alex Hall (Transparency Solutions), Eric Herring (University of Bristol), Latif Ismail (Transparency Solutions) and Sandra McNeill (Transparency Solutions)

March 2021[1]

## Introduction

This report sets out the work undertaken by Transparency Solutions and the University of Bristol to engage public health policymakers and professionals to promote the methods and findings of our recent collaborative research on COVID-19 and sustainable development in Somalia/Somaliland. Transparency Solutions is a formal Strategic Partner of the University of Bristol.

During the Spring and Summer of 2020, a research and practice collaboration between the University of Bristol and Transparency Solutions was carried out on the protection and promotion of sustainable development in Somalia/Somaliland during, through, and as a method of COVID-19 response. The work was in two phases as part of the joint University of Bristol and Transparency Solutions Somali First initiative to promote Somali-led development in all sectors. From that work we published two reports in English and Somal)[2] and one peer reviewed journal article.[3]

Somalia/Somaliland is among the places of the world least able to cope with COVID-19 (coronavirus disease) due to many forms of poverty-related deprivation, low levels of access to health care and limited state capacity. In phase 1 of this project, we examined how sustainable development might be promoted during, through and as a method of COVID-19 response in Somalia/Somaliland. We did so through discussions with people in Mogadishu (capital of Somalia) and Hargeisa (capital of Somaliland: its declaration of independence from Somalia has not been recognised internationally). The people we spoke with were mainly those who in some way are excluded from full participation in society due to illiteracy, gender, youth, being a member of a minority clan or minority ethnic group, or being a low caste worker,

[1] This work was supported by the Global Public Health strand of the Elizabeth Blackwell Institute for Health Research, funded under the University of Bristol's QR GCRF strategy. We would like to thank the project participants for sharing their perspectives and insights.

[2] Herring E, Campbell P, Elmi M, Ismail L, Jama J, McNeill S, Rubac A, Saed A, Saeed A and Yusuf M. 2020. *COVID-19 and Sustainable Development in Somalia/Somaliland* / *COVID-19 iyo Horumarka Waara ee Soomaaliya/Somaliland* (University of Bristol and Transparency Solutions; Herring E, Campbell P, Elmi M, Ismail L, Jama J, McNeill S, Rubac A, Saed A, Saeed A and Yusuf M. 2020. *COVID-19 and Sustainable Development in Somalia/Somaliland: Phase 2* / *COVID-19 iyo Horumarka Waara ee Soomaaliya/Somaliland: Warbixinta Wejiga 2aad* *(University of Bristol and Transparency Solutions)*.

[3] Herring E, Campbell P, Elmi M, Ismail L, Jama J, McNeill S, Rubac A, Ali AS, Saeed A, Yusuf M. 'COVID-19 and sustainable development in Somalia/Somaliland', *Global Security: Health, Science & Policy*. 5:1 (2020), 93-110. https://doi.org/10.1080/23779497.2020.1824584.

rural pastoralist, informal small trader, internally displaced or a refugee from another country. We also discussed these issues with some people in more privileged positions. We carried out a series of interviews and focus group discussions with the forty participants during May and June 2020. In Phase 2 we held interviews and focus group discussions with the same forty participants, with the focus on district level responses to COVID-19, access to health care, and confidence in health care.

Part of our approach to co-production was to give participants in the project control over their role in dissemination. We asked the participants to tell people about our project, but only if they were comfortable to do so. Suggestions we made included telling people about how the project was conducted, the report and the participants' role in it. It was wholly up to the participants on how to do this, such as talking with family and friends only, posting on social media or talking with journalists. The results of this inductive method were discussed in the phase 2 report.

In the first quarter of 2021, we engaged with eight policymakers and leading professionals who work within the field of public health through a series of semi-structured interviews. We were interested in hearing their thoughts on what we did, how we did it and what we found out. We also wanted to know if and how they have used or might use the information. Finally, we wanted to know what further or what other research they need to help them to develop and/or implement policy in ways to support lives, livelihoods and inclusion.

## Policymaking

Understanding of policymaking can be enhanced by looking beyond those with formal legal responsibility for it and by considering also those professionals involved in interpreting and applying policy: in a broad sense they too are policymakers. This is particularly important Thin the context of Somalia/Somaliland due to the institutional weakness of official policy processes: they exhibit a low level of responsiveness to citizens or civil society, with few institutionalised consultation processes either at national or local level. Hence, in analysing those involved in policy processes we included people able to influence and interpret the plans, practices and resources applied in public health. WWe spoke to a range of formal policymakers and professional people with influence within a public health role or whose work is directly concerned with the themes and issues identified by the participants involved in the project. During this research, In the period after this report was commissioned and once the work to engage policymakers was starting, Somalia/Somaliland experienced a second, more severe wave of COVID-19: this was reflected in the discussions we had.

## How we engaged policymakers

The engagement activities conducted for this report were limited to one-to-one meetings to discuss our previous research, including the methods, the findings and what should happen next. Due to COVID-19 and in line with local regulations, we held one-to-one meetings where they could be conducted safely, in open-air locations or in large, well-ventilated spaces.

We used our networks to find a good cross-section of policymakers within the small sample. The respondents included two senior health professionals (both Hargeisa), an educationalist working with the Ministry of Education and Science of Somaliland, a district official working in the Benadir region of Somalia, Executive Director of a Somali NGO in Mogadishu, a Member of the Somaliland Parliament, a Director of Planning in Somalia's Ministry of Education, Culture and Higher Education and an official in the Government of Somaliland. Two were female. For security reasons we have anonymised the respondents.

After agreeing to meet, the policymakers were sent both reports to read before the meeting took place.

## Findings

### *The Participatory Approach*

Amongst those we spoke with, there was universal support for the participatory approach we used and a general understanding that the approach was out of the ordinary. When we saw this pattern starting to emerge, we followed up with some respondents to understand more. We were repeatedly told that many studies involve certain groups in society, for example IDPs or women, or minority clans but it is very rare (and indeed, it was new to many of those we engaged with) to see a study which is representative of all of Somali society to this extent. One policymaker noted that the size of the sample was small suggesting he would like to see an increased sample size across the different social groups. Another mentioned the benefits of participants discussing the findings together before the reports were finalised.

Here is a sample of quotes from the interviews:

> *"The significance of this research is that is focuses on IDPs and minority groups who are not educated and so not have the same level of access to information about Coronavirus as well as those who are more educated and who are able to take preventative and protective measures.* (NGO Director, Mogadishu)

> *The participation of different social groups was very interesting to observe. Rural pastoralists, illiterate against literate, small business traders, high-ranking government officials and even refugees. It is the first time I have ever observed all these different people participating together in such an exercise. I am so surprised. … It is so important to have people with differing views (and experiences) interacting. Rural people are often neglected in research studies but not only did you include them but they were linked in to the state level context* (Health professional working in a hospital, Hargeisa)

> *The inclusion of (traditionally) voiceless people in this research is excellen*t (District Commissioner of Social Affairs, Mogadishu)

### *Research Findings*

There was a consensus among respondents that it was interesting to be able to compare the results of the research between Hargeisa and Mogadishu. One respondent made the point that it is the first substantial research study he has seen which provides insight and understanding about the local response to the pandemic.

Most respondents commented on the findings in the report concerning individual actions taken to protect against infection by making comparisons with their perceptions of individual actions during the current second wave of the pandemic in Somaliland and Somalia. Overall, there was agreement that there has been a shift in public attitudes towards protective and preventative measures. However, the negative impacts of misinformation and conspiracy theories were also noted.

> *The people who don't believe the existence of the Coronavirus ... there is a large number who underestimate the seriousness of the pandemic, and this is horrible. … Before, society were not totally exercising protective measures such as social distancing, handwashing or wearing masks. In the second wave people's attitudes have changed. I would say that 70% of people wear face masks now. … "When the*

*virus first emerged, we had to force people to wear face masks or use hand sanitizers. It has completely changed and now it is the people who are requesting protective equipment.* (District Commissioner of Social Affairs, Mogadishu)

*"We learned from the first wave that this virus can be fatal. Initially people thought the disease was just like other diseases, so vigilance and caution were very low. The Ministry of Health has been promoting awareness and especially household sanitation. It has changed our traditional way of life.* (Director of Planning Ministry of Education, Mogadishu)

*The wearing of facemasks is now mandatory in some circumstances which might help explain the significant upturn in their use however there was also concern that not enough was being done to enforce this. It is mandatory for students, medical staff and the elderly to wear face masks but it still seems that mosques and cafes do not care about this.* (NGO Director, Mogadishu)

The lack of resources at all levels was mentioned. However, the value of good quality publicly available information and direction on safer practices were areas which were thought to be relatively easy to implement with limited resources. The handling of patient visits to hospitals and restrictions on public gatherings and transportation were felt to have been areas where improvements could be made.

### *Locally Specific Information*

The respondents valued the fact that the research provided information which was specific to Somalia/Somaliland and provided information which otherwise would not have been available.

*"If we don't have any data, we cannot design any plan to protect or respond to the coronavirus.* (District Commissioner of Social Affairs. Mogadishu)

While there are generic/science-based practices which can help to control the spread of COVID-19 (social distancing, hygiene, ventilation and so on), understanding social practices, beliefs, and economic viability are also vital to any effective policy response. The respondents thought that our research made an important contribution in this area. Some respondents contrasted our research with the lack of good information in this and other policy areas in Somalia/Somaliland:

*It would be great to do research targeting every sector by its own.* (Director of Planning Ministry of Education, Mogadishu)

*I would like to study about why Somaliland universities teach different curricula while we are in same country.* (Government official, Hargeisa)

*"...eEducation had been halted for two years globally by Covid 19. So, we need to know more about it. How are we doing to cope [with] it? How are we prepared on tackling such gaps and constraints? These and more need to be known by ourselves.* (Educationalist, Ministry of Education, Hargeisa).

The respondents noted the limitation that the research was mainly though not solely concentrated in two urban areas of Mogadishu and Hargeisa. They suggested that more research be carried out in additional rural and urban locations.

*Other cities are neglected.* (NGO Director. Mogadishu)

> *"We need to have a comparative analysis through research on urban versus rural and how it affects us particularly during this serious of the second wave.* (Health professional working in a hospital, Hargeisa).
>
> *The number of deaths in rural areas may be double higher than the number of deaths in the cities, considering the death as normal death, not coronavirus death because of lack of awareness. And the good thing that I would like to suggest is to be target those regions in the future."* (Director of Planning, Ministry of Education, Mogadishu)

Our inclusion of people from rural areas who had relocated to Hargeisa or Mogadishu partly offset this limitation. Nevertheless, there is a clear need and opportunity for the research coverage indicated by the respondents.

### *Dissemination*

We made extensive efforts to disseminate the two research reports through the participants in those phases. We made the reports available in English and Somali, and encouraged participants to share them widely if they were comfortable doing so.

In this project, we asked the policy makers what they had done or planned to do to disseminate either report or both of them. Respondents showed a willingness to share and discuss the research.

> *At least to share with my colleagues, networks, friends, professional associations, and the government institutions; ministry of health, and HGA General Group Hospital. Just to be a resource of reference, they would learn from it because it is all about our contemporary context of COVID-19." (Health professional working in a hospital, Hargeisa)*
>
> *"I am studying and will share with my colleagues, friends, and social groups that we are networked as sectoral partners. (Government official, Hargeisa).*

## Conclusions

The primary impacts of our research on the policymakers with whom we engaged for this study were of three kinds. The first impact was **improvement of policymakers' understanding of the issues**. The second impact was **an appreciation among policymakers of how effective research could be in relation to inclusion of diverse voices and perspectives**. With respect to the coronavirus pandemic, getting good information from different social groups on the what they have to deal with on a daily basis and the impacts on them of measures to control COVID-19 is vital for effective and indeed socially concerned policymaking. The third was **the fuelling of a desire for much more research on this topic in other geographical areas and on other topics**. This project illustrates the point that there can be much more to research impact than a simple process of a research finding leading to a change in policy. Such linear and direct impact can occur of course, but equally **impact on policy can be indirect and diffuse by opening up spaces of understanding, inclusion and motivation**. In sum, this project provided validation of the research we conducted and indications of how best to take the research forward into a new phase.