

Double Jeopardy: How Somalia copes with the Political Crises and the Coronavirus.

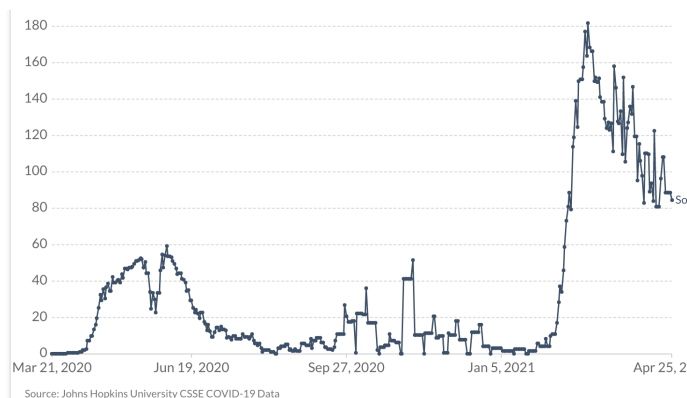
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Introduction

Somalia's leadership and its international partners are preoccupied with political infighting while Somali people are being devastated by a second wave of the coronavirus against the backdrop of renewed insecurity. Somalia already battling insecurity, humanitarian crises, political instability and poor infrastructure, this pandemic will aggravate existing economic and human challenges. How the government and community response is essential to containing the spread of the virus. In June 2020 Aaran Center published a report about the impact of Covid-19 on social and economic in Somalia. In this paper, we will discuss COVID-19 intersection with political processes in Somalia and a present number of policy recommendations.

The Pandemic

While the number of cases in Somalia are on decline, the number of death since the beginning of this year is almost 4 times higher than all of 2020. As of 27th April, the country's total number of COVID-19 cases stands at 13,812 cases with 702 confirmed deaths.¹ Though by global standards these numbers are low, it is widely believed that the mortality rate may be much higher than what official reports indicate due to limited testing and challenges in the attribution of the cause of death.



Source: Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE)

Somalia reported its first confirmed COVID-19 case on 16 March 2020. In the early pandemic period in 2020, Somalia saw a rapid spread in cases during May and June to all states of the country. The Somali Government has taken

precautionary measures; closed schools, suspended international and domestic flights, prohibited mass gathering, and launched a public health awareness campaign. The initial disease prediction models painted a very bleak picture of the severe devastation of lives and economies.

Warning Signals Ignored

Somalia has weathered the pandemic relatively in the first phase of the pandemic. Since the end of June 2020, the new cases and deaths have steadily decreased across all states. Consequently, Federal Government of Somalia (FGS) has lifted movement restrictions and lockdown measures; this move was more a political choice than one based on a risk-based approach. For example, late 2020 cases and deaths have not yet shown any sign of stabilization in neighboring countries yet international flights have resumed in Somalia.

Somalia's government and the public assumed the worst was over, and that there will be no resurgence of coronavirus thus complacency reined in while resurgence has been observed in many countries following a period of low virus prevalence. WHO cautioned an anticipated second wave of infections in Africa and elsewhere and the importance to put in place the public health capacities to contain the widespread of the disease. Unfortunately, in Somalia, no adequate preparation was made. In many countries, this rebound happened because of undetected community clusters either from ongoing slow levels of virus circulation or from the

¹ <https://www.who.int/countries/som/>

² <https://www.worldometers.info/coronavirus/>

³ <https://goobjooge.net/6-milyan-doollar-oo-si-musuq-ah->

reintroduction of the virus. In August 2020, Somalia's international partners have warned that community transmission may be continuing unnoticed and that a large number of cases may be undetected by the country's weakened surveillance system. As at 27th April, 110,515 tests have been conducted in Somalia, a country of more than 16 million people, one of the lowest rates in the world.² On the other hand, Somalia continued to receive international passengers from countries devastated by the new variant such as the UK and South Africa. International and domestic flights are still operating and it remains unclear what procedures are in place for persons arriving in Mogadishu without the required documentation; as there is no government-approved quarantine facility. Medical experts predict global herd immunity may take until summer 2022. Given potentially more infectious variants, more COVID-19 surges are likely to occur as seen in India.

Pandemic Politics

The worsening health crisis caused by the Covid-19 pandemic added another dimension to the ongoing political crises. Politicians have not hesitated to make the pandemic a political issue and use it to score points on their opposition. In February 2020 the Interim Joint Commission tasked for the Preparation of Rules for Completing the National Electoral Law had temporarily suspended its activities and on April 20, 2020, the opening of the 7th session of the two Houses of Parliament has been postponed due to fears of the spread of the Coronavirus. This in turn has contributed to the delay of the national elections.

The COVID-19 pandemic preparedness and response requires a robust collective effort and governments around the world have set up various coordination mechanisms. In 2020 the Somali Government established a National

Coordination Committee on COVID-19 led by the former Prime Minister to facilitate pandemic response. However, the brewing between the office of the prime minister and the Ministry of Health over the management of the pandemic has undermined the effective response to the pandemic. The former Prime Minister tactfully used a highly publicized corruption case to move the administration of the Covid-19 response fund under the Prime Minister's Office. However, according to the media report, the embezzlement occurred between 2017 and 2019 and was not related to Covid-19.³ In 2020, FGS allocated millions to the Covid-19 emergency and distributed an additional \$5 million to the FMS. The interesting aspect of this case it is not clear the process and accountability mechanisms that were followed to release COVID-19 emergency funds and how fiscal transfers are managed and how these funds were utilized.

Many governments have reacted quickly, applying a place-based approach to policy responses, and implementing national and subnational measures for in response to the COVID-19 crisis. Somalia leaders (both FGS and FMS) have failed to produce national pandemic response strategy and to address the devastation that the coronavirus has caused. Instead the political

elites exploited governance institutions to gain from the political stalemate. The FGS and FMS leadership met several times during past months but their only agenda was an election issue, discussion about the pandemic could have provided a consensus to tackle one of the national priorities. Crises require leaders to take responsibility and do this visibly. By being visible and responsible, they are showing accountability and sharing risks with their public. For example besides the vaccination "photo-op", President Farmajo has not visited in any treating hospitals

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or pandemic control centers and has not publicly addressed the nation to keep the worried publics on the side. Equally the FMS leadership seems to have forgotten their responsibilities to their constituencies. Thus they made strategic leadership error for failing to acknowledge and support the grieving public.

On 18 February 2021 (one day before the opposition planned demonstration), the Somali government has banned public gatherings in the country following a spike in Covid-19 cases. Opposition groups dismissed the call and called the public to come out but wear face masks. This exposed the vulnerabilities of the government as opposition groups vowed to continue their planned public demonstrations. Recent protests in Somalia have stirred a debate about whether it is safe to protest during a public health crisis that requires physical distancing. Protesting during a pandemic raises difficult questions. Should the government allow citizens to exercise their constitutional rights safely, rather than curtail those rights? Is there a right time – and way – to protest during a pandemic? The pandemic has required states to introduce unprecedented restrictions to prevent the spread of COVID-19, in line with their public health obligations. Restrictions have included lockdowns and bans on public gatherings, which have had the effect of also limiting some fundamental freedoms - in particular the freedom of movement and freedom of assembly. In an election context, any restrictions on fundamental freedoms may call into question the ability of FGS to provide a level playing field, in particular during the campaign, and ultimately raise doubts about the legitimacy of the election process. Manipulating the democratic process can not only foster authoritarianism and increase the likelihood of electoral violence but can also cause severe rifts between political groups, causing large-scale armed conflict.

On 12 April Somalia's political crisis has entered a new and dangerous phase after the parliament extended the term in office of President Farmajo

by two years following the collapse of the talks between FGS and FMS. The opposition groups including Puntland and Jubaland states and Somalia international partners have strongly denounced the extension of Farmajo's mandate. The current political impasse has also tested the cohesion of Somalia's fragile security forces as urban violence in Mogadishu intensified. The government has deployed heavy forces in the oppositions' neighborhoods whom are protected by aligned clan militia. The stand-off reveals splits within Somalia's security services that threaten to see security apparatus divided along clan lines and turn on each other, creating an opportunity for al Shabaab to further exploit the security vacuum. Further violent protests and associated violence is likely across Somalia especially in the capital, Mogadishu, raising the specter of a return to civil war. The International Community should intervene Somalia political crises with assertiveness to avoid violence and promote democracy and good governance through dialogue.

Community Response

Governments are supposed to lead and coordinate the pandemic response across the country and empower communities through communication, education, engagement, capacity building and support. Beside governments, communities play important role in responding to pandemics. Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of at-risk and affected communities to prevent infection and transmission. Stigma and misinformation around COVID-19 is complicating the response to COVID-19 in Somalia.

Social stigma

According to WHO, quarantine and social distancing are prime factors for halting the spread of COVID-19. However, due to the conservative nature of Somali culture, Somalis don't use any form of protective measures, neither masks nor social distancing. It is also being reported that people who are wearing face masks in public are

facing stigma and this kind of shunning discourages many people to take sensible self-protection steps. On the other hand, it is almost impossible for a Somali person to be avoided by his family or loved ones regardless of the disease he/she has. If one of the family is sick because of COVID-19, it is also difficult to persuade the rest of the family to self-isolate the person. Crowded living conditions further hinder the fight against COVID-19. City-wide lockdowns seen elsewhere are not an option for Somalia as most people work in the informal sector and cannot afford to stay at home.

Furthermore, Somalis who contract the virus don't disclose it for the fear of being stigmatized. Many Somalis simply hide the fact that if a family member contracted the Coronavirus dies, they want these people to be buried according to standard Islamic funeral rituals. If these ceremonies are not performed, people fear being left with indelible shame as they will not have accorded the proper dignity to their deceased loved ones. This means the more people die of the virus, the more people may contract it through social contact at funerals.

The quick survey conducted by African Voices in 2020 shows that most older Somalis expressed negative stigma compared to younger age groups who are more likely to advocate for following expert/government advice on right practices. Displaced persons are twice more likely than host community respondents to express stigma and were also more likely from respondents from more insecure areas (due to Al-Shabaab threat).

Gender Factor

In line with the global trend, Somali men are dying more from the virus compared to women. According to the Ministry of Health, 74% of positive cases are male compared to 26% female. In Africa, WHO analyzed 48 African countries and found that women are somewhat less likely to die

from COVID-19 than men.⁴ Figures from the USA, Italy, Spain, Germany, and UK all have confirmed the pattern. The biological differences in the immune systems between men and women and lifestyle may impact the ability to fight infection. Additionally, women have a more responsible attitude toward the Covid-19 pandemic than men. This may reversibly affect the undertaking of preventive measures such as frequent hand washing, wearing of face masks, and stay-at-home orders.⁵

COVID-19 vaccine

On 15 March Somalia received the first batch of AstraZeneca COVID-19 vaccines. This shipment is the first patch of 1.3 million doses the international community provided under the COVAX initiative. More doses were expected to come in April to cover 20% of the population. Unfortunately, the deliveries of vaccines are going to be delayed due to increasing demand in India which is struggling with a surge in COVID-19 infections. This means a critical proportion of people remain unvaccinated for months. The Somali government will be responsible for finding resources to vaccinate the remaining 80% of the population. The next challenge in Somalia is not simply obtaining COVID-19 vaccines but also persuading the population to accept them as Somalia's naturally vaccine-hesitant.

Vaccine-hesitant groups are peddling misinformation and conspiracy theories on social media aimed at eroding trust in the COVID-19 vaccine. To make the matter worse, at the time Somalia received the delivery of the AstraZeneca vaccine coincided when most EU countries suspended the use of AstraZeneca vaccine after reports of a small number of blood disorders. Some European countries earlier on decided to restrict AstraZeneca vaccine use in over-65s due

⁴ <https://www.afro.who.int/news/fewer-covid-19-cases-among-women-africa-who-analysis>

⁵ Bwire G. M. (2020). Coronavirus: Why Men are More Vulnerable to Covid-19 Than Women?. *SN comprehensive clinical medicine*, 1–3. Advance online publication. <https://doi.org/10.1007/s42399-020-00341-w>

to concerns about its effectiveness in older people. Although the EU has re-endorsed the AstraZeneca vaccine, the temporary suspension has further undermined confidence in the jab. As consequence, Somalia has seen significant levels of public skepticism and low uptake of the AstraZeneca vaccine. The ordinary Somalis are not generally keen on getting vaccinated. This has led Ministry of Health (MoH) to reassure the public about the safety of the vaccine and urging them to trust the vaccine. The Minister of Health also publicly admitted in front of the Parliament that some health workers are refusing to take the jab.

Somalia is one of the world's most fragile health systems, hence the logistics of the COVID-19 vaccine rollout are another major concern. Since the onset of the pandemic, Somalia's health system is marginally improved its surveillance and treatment capacity. However, it is still facing serious constraints and lacks the required funds, infrastructure, and capacity to effectively and efficiently roll out the Covid-19 vaccine nationally. Somalia's international partners besides the supply of COVID-19 vaccines are providing technical assistance for the planning and roll-out of the vaccines.

According to the MoH, the target groups for the first phase of the immunization plan are high-risk priority groups, including health workers, frontline workers, teachers, police, people above 50 years old, and people with medical conditions. In the absence of a national database, it is not clear how Somalia authorities obtain accurate estimates of relevant target populations to facilitate the allocation of the vaccine. For example, in Somalia there is no age group estimates are readily available from the national bureau of statistics nor national ID to prove one's age.

The vaccination against COVID-19 was rolled out nationally. As of 17 April 2021, a total of 113 510 people received the first dose of the AstraZeneca COVID-19 vaccine: 48,786 doses were administered in Somaliland; Banadir region (19,305); Puntland (14,408); Hirshabelle

(10,577); Galmudug (9,522); in Jubaland (6,189) and Southwest (4,723).⁶ When MoH started administering the vaccine there was very low uptake as people were reluctant to get the jab due to the absence of certification. Subsequently, MoH rectified the issue and started issuing a vaccination certificate. However, it has been warned that vaccination certificates could be fraudulently reproduced.

FGS is the primary recipient of COVID-19 vaccines and must ensure that there is equitable access to vaccines. With the constrained supply environment, any failure by FGS to even-handed in handling COVID-19 vaccines inevitably would provoke its opponents. The international particular could play prominent roles, as they have responded to the federal government's battle against the coronavirus with financial packages and vaccine, they can use this crucial opportunity to overcome the political divide.

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⁶ Somalia Ministry of Health. COVID-19 Situation Report - Somalia Issue 58 (11 – 17 APRIL 2021)

Recommendations

1. Somalia's external partners should call for an inclusive summit to discuss a pathway to elections and craft a roadmap to timely elections. Realistically, new talks would involve more participants; civil society groups, and prominent political figures.
2. Ministry of Health to consider mandatory vaccination for front-line staff and elderly people and travelers.
3. Politicians to refrain from politicizing covid-19 pandemic.
4. Ministry of Health to publish the number of vaccine doses administered in the global tracking websites.
5. Somalia's external partners to secure additional vaccines and assist in its continued national rollout.
6. Increase accountability and transparency of Covid-19 funds and its administration both for Somalia and external assistance.
7. FGS to engage with religious leaders and women groups in order to raise public awareness and influence behaviors and practices on social distancing and another preventative measure as well as the danger of the Coronavirus.

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