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Health Problems as the Consequences of the Absence of State Structures

1. Introduction

The disruptive civil war broke out in Somalia in the mid 1980s and reached its peek in January 1991 when the state structure collapsed and all kinds of governmental services stopped. Since that time, the country has entered a state of anarchy. The absence of any state structures during so many years has created serious problems in the health sector, which we shall discuss in this paper.

Health services in Somalia before civil war were very weak. The annual budget of the ministry of health in 1987[1] amounted to 1.3 billion So. Shillings (65,000,000 US$), according to the exchange rate of that time, while the annual budget of the biggest hospital, Digfer, in 1986 was less than 85,000,000 Sh.So. (about 4,000,000 US $), and the salary of a doctor was about 60 US$. Maladministration and speculation worsened the situation as in every other sector. The country sunk into the swamp of civil war with the following precarious services.

1.1. Hospitals

1.1.1. Mogadishu

In the capital, there were 8 hospitals[2], classified as:

a. Public hospitals of the Ministry of Health:
   Digfer general and teaching hospital,
   Banadir child and maternity hospital,
   Karan infectious diseases hospital, with TB control project ran by the Finnish government;
b. Armed Forces hospitals:
   Martini hospital,
   Military general hospital,
   Police hospital;
c. Ruling party general hospital;
d. SOS child and maternity hospital.

1.1.2. Regional hospitals

Almost all the 18 regions of the country had general hospitals (at least one hospital for every region). Some of these hospitals were first degree hospitals and others of second degree, according to their size, services available, the number of doctors working there and their specialization.

a. The following regions had 1st degree regional hospitals with operation theaters, surgical wards and surgeons, and they were referral hospitals: Hargeisa, Borama, Burao, Sheikh, Galcaio, Belet Wein, Marka, Kismaio, Baidoa, Las'anod.
b. The other regions had 2nd degree regional hospitals, with medical wards and physicians: Erigabo, Bosaso, Garowe, Dhusamareb, Jowhar, Bu'ale, Hudur, Garbaharei.

1.1.3. District health posts

Almost every district had a health post with one or more qualified nurses, midwifery, and an ambulance for emergency cases to be referred.

1.2. Health projects[3]

The Ministry of Health (MOH) was directing the following projects to fight against the most serious health problems in the country, although all these projects were funded with foreign aids. The policy of MOH was of emphasizing preventive medicine. So, 2/3 of the annual budget of the MOH was allocated for the preventive programs. The projects existing at the end of 1990 were:

1. TB control project ran by the Finnish Government
2. Malaria control project ran by MOH and World Health Organization (WHO)
3. Bilharzia control project ran by MOH and WHO
4. PHC program ran by MOH, WHO and UNICEF
5. Blindness prevention ran by Christopher Blinden Mission (Dutch)
6. Blood transfusion services ran by the Finnish Government
7. Public hygiene Services ran by the local governments (municipalities)
8. Family planning program, MOH
9. Sexually transmitted diseases and aids control, MOH
10. E.P.I. (immunization program), MOH and UNICEF

1.3. Health schools

The country had very few health schools of different levels, they were:

A. The Faculty of Medicine

The faculty of medicine of the Somali National university, the only university of the country, was established in March 1973, and the first group of students graduated in December 1977. Until 1990, fifteen groups graduated from the faculty.

B. Qualified Nursing Schools

There were only two schools: one in Mogadishu and the other one in Hargeisa. The branch of the nursing school in Mogadishu had specialization courses, called post-based nursing school, which were preparing more specialized nurses.

C. Health Technician School

There was only one technician school in Mogadishu, which was preparing the X-ray and laboratory technicians, and pharmacists.

The number of doctors working before civil war were estimated as 900-1000 doctors.[4] This shows that the population per physician rate was 2,340.

The number of paramedical staff was 4686 (1534 qualified nurses, 1632 auxiliary, 375 technicians and 1145 are others).[5] The population per nurse rate was 950.

2. Health problems as the consequences of the absence of state structures

One should ask himself the following strange questions: Why has the Somali people looted, destroyed or occupied for their personal use the public sector properties? And also why did the faction leaders not pay any attention to protect public sector properties?

The civil war caused wide demographic movements and internal displacements, which made districts and towns overcrowded and people used schools and government buildings as residences. The civil war caused also the inrush of inhabitants from rural areas, especially the young men, to the towns, and some of them were quickly recruited into the militia of the tribes. These militiamen participated in the destruction of the installations.

We know that countrymen did not ever receive any kind of services from the successive governments since independence. There were no modern resources of water, roads, health

services, schools, etc. So, for them 'public sector' doesn't mean anything, because they never benefited from it. Regime opposition, tribe conflicts, criminals and prisoners freed from jails after the collapse of the state structure, etc.; these were some causes of the destruction, but not all the causes, and cannot construe the massive destruction occurred in the country, even in those towns or villages which were not affected directly by the civil war.

2.1. Destruction of health structures

2.1.1. Hospitals

Most of the hospitals were damaged during the civil war and many of them were looted; some of them were transformed into residences. Digfer and Hargeisa hospitals are selected for a case study, as examples of destroyed hospitals.

A. Digfer Hospital in Mogadishu[6]

This hospital was the biggest hospital in the country, and it was also the teaching hospital for the faculty of medicine and the nursing schools. The hospital capacity was 500 beds with 4 operation theaters: two for general surgery, one for orthopedics, and one for eye surgery. It was the only hospital containing special surgery departments, like: neurosurgery, ENT, thoracic surgery, stomotology, and urology.

This important hospital was looted in 1991 and become almost out of use, but some foreign agencies have partially rehabilitated it, especially the surgical wards and the theaters. They also provided the necessary equipment and supplies. In June-October 1993, the hospital was again damaged, this time by the UN troops (especially the American troops) during their clash with the Aidid faction. Now, the hospital is in a very poor condition and almost all departments have stopped working (laboratory, X-ray unit, theaters..). For this reason and for lack of any kind of supplies (drugs, fuel for electric generators, etc.) the hospital can not receive any patients. Besides, there are many families using the hospital as their residence.

For the same reasons, the other hospitals in Mogadishu are out of service. Medina hospital (the police hospital), at one time the most modern hospital in Somalia, has ceased to exist, even in the form of buildings, because it became a battlefield between two fighting factions in Mogadishu.

Now, the only working hospital in Mogadishu is Kesanei hospital, an ICRC field hospital in north Mogadishu receiving only war casualties. It is a well-equipped and well-maintained hospital.

B. Hargeisa Hospital

This is the biggest hospital in the northern regions, with capacity of almost 300 beds, and two operation theaters: one main operation theater, and one for eye surgery. The hospital was severely damaged by the civil war, but it was rehabilitated by German Emergency Doctors and also by Amda, a Japanese non-governmental organization, and it has functioned well since 1992. But for the last two years it has suffered from shortage of supplies (drugs, fuel, surgical materials), medical equipment and incentives for the health staff, specially after the withdrawal of most of the international NGOs.

2.1.2. Health schools

The faculty of medicine and the schools of the nurses and health technicians were completely looted. Only the buildings are now standing there, and have been occupied by displaced people. The highly advanced equipment and the big library of the faculty were either destroyed or sold abroad. And worse than that, the valuable documents of the faculty of medicine were destroyed (research documents, student files, etc.). Some local non-governmental

organizations (NGOs), like HACHS, have saved many documents of the Somali University. More could have been saved if some funds had been available.

2.1.3. Health projects

The health projects previously mentioned were completely destroyed and all their equipment and vehicles looted. As long as these projects, like every other project in the country, were depending upon foreign aids and 85% of their budgets were financed by foreign agencies, rehabilitation is out of question during the absence of state structure without the help of the international organizations, although the health problems they were dealing with were duplicated. The TB control project and the Blood Transfusion Center, both funded by the Finnish government, will be studied as examples of the degree of damage caused by the civil war.

A. The TB Control Project

This project was established in 1980 and financed by the Finnish government (the Finnish International Development Agency) and ran by another Finnish non-governmental organization called the Finnish Anti-Tuberculosis Association. The HQ was in Mogadishu with 8 regional centers. The project supported also other TB centers of the Ministry of Health (MOH) in other regions. The HQ included:

1. Inpatient wards with 200 beds in Karan Hospital.
2. Outpatient clinics.
3. Central laboratory
4. Main offices

There were 26 Somali doctors working with the project in different regions and 6 Finnish doctors at the HQ. The project treated almost 10,000 patients in 10 years (1980-1990).[7] The tuberculosis incident rate was markedly reduced.

At the beginning of the civil war, the HQ of the project and most of the regional centers were looted or destroyed and, since then, TB patients haven't got regular assistance while the disease has been spreading rapidly. Now, a TB treatment course costs approximately 300 US$, an amount which few can afford.

B. The Blood Transfusion Services Project

This project, too, was financed by the Finnish government, who equipped the main blood transfusion center in Mogadishu with advanced instruments and made it capable of performing all kinds of blood analyses and blood separations.

Again, this important and unique center was looted and most of the very expensive equipment destroyed in the first days of the breakout of the civil war. Now, the whole country doesn't have any blood transfusion services while most of the hospitals complain of shortage of blood transfusion bags, and blood is given to patients without any investigation of blood-transmitted diseases like hepatitis, aids, etc.

2.2. Loss of trained health staff

2.2.1. Doctors forced into exile (approximately 700 doctors)

Doctors, like all other intellectuals, were oppressed by the previous regime and many of them left the country during that time. But most of the doctors were forced into exile after the breakout of the civil war for any one or several of the following reasons:

1. Many doctors suffered for the sake of their tribe identity.
2. Other doctors could not practice their profession because of the existing anarchy. For example, one doctor was forced to cure or operate a patient under the threat of gun,

another was attacked because a patient didn't get well with his prescription or the patient's condition worsened.
3. Some of the doctors left the country because he or one of his family was wounded in the civil war.
4. Other doctors could not tolerate the hard life, the continuous internal displacements, or the heartbreaking scenes from famine and war etc.

The doctors forced to exile aimed at one of the following destinations:

1. Temporary refugee camps in the neighboring countries;
2. Somali regions in Ethiopia, registering themselves there as citizen doctors;
3. The Gulf countries looking for job;
4. Very far, seeking asylum in western countries.

The number of doctors remaining in the country was very low, given as only 239,[8] located as follows:

1. Mogadishu	85 doctors
2. Northern regions	65 doctors
3. Northeastern regions (Bosaso, Garowe, and Galkaio)	40 doctors
4. All other regions	45 doctors

Really, those doctors who remained firmly in the country, during the hard years, have done a great service to their people, who were suffering from war problems, famine and diseases.

2.2.2. Doctors killed or dead during the civil war:[9]

The estimated number of doctors killed or dead during the civil war has been given as 15. Their names are:

1. Dr. Mohammed Warsame, a senior and consultant gynecologist	killed
2. Dr. Ahmed Kulan, a senior and consultant gynecologist	"
3. Dr. Sugulle, a senior stomotologist (mouth surgery)	"
4. Dr. Mohammed Haji-Amanu, a senior internist	"
5. Dr. Hassan Jis, a pediatrician	"
6. Dr. Mohammud Mire, a surgeon	"
7. Dr. Abdurahman Hirsi, a physician	"
8. Dr. Hogsade, a physician	"
9. Dr. Bood-boode, a gynecologist	"
10. Dr. Yusuf Ahmed Mire (Yusuf Warabe),a chest physician	"
11. Dr. Mohamed Aw Ali (Sahardid),a dermatologist	"
12. Dr. Juni, a physician	dead from diabetes
13. Dr. Mario, a physician	dead from hypertension
14. Dr. Orghe, a senior gynecologist	" " "
15. Dr. Ahmed Aw Ali, a pediatrician	dead from hepatitis

These doctors, who sacrificed their lives for the sake of their people, will ever be remembered and commemorated. They performed what was expected from every member of the Somali intelligentsia during the difficult years, and they will remain a symbol of patriotism and humanitarianism.

2.3. Uncontrolled medical drug importation

The absence of state structure and the possibility of uncontrolled drug importation caused the

appearance of irresponsible persons or companies importing medicines from India, Pakistan, Kenya, etc. They are free from any rules and regulations. It is verified that they commit the following crimes in dealing with the imported medicines:

1. Expired drugs given false expiry date labels;
2. Antibiotics with much lower ingredient than that written on the label (e.g. ampicillin capsules of 50 mg), and some empty capsules have been reported;
3. Malconservation of medicines and unsuitable pharmacy buildings;
4. Non-sterile drops have been reported, having caused irritations when used;
5. Unqualified persons dealing with medicines - some of them even cannot read the prescriptions and they supply wrong medicines.

2.4. Frequent outbreaks of epidemics

In the years of the absence of state structure, the incidence of epidemics increased markedly and some diseases which were occurring as seasonal epidemics are now becoming almost endemic (permanently present at a high scale). The most serious epidemics are cholera, malaria, dysentery, gastro-enteritis among children, eye infections. Tuberculosis is intensely spreading. Measles is still a serious problem among children.

The reasons of the frequent out-break of these epidemics can be:

1. Potable water not available in most of the towns and people get drinking water directly from wells without water sanitation. In the northern regions, though, water-pumping machines have been rehabilitated and clean potable water is available;
2. Absence of public hygiene services;
3. Absence of malaria control services;
4. Shortage of important medicines for the treatment of epidemics. The mortality rate of the last cholera epidemic (May-July 1998) was higher than the previous ones because of scarcity of ringer solutions. TB treatment is so expensive that most the patients cannot afford it, and so they infect others continuously. Tuberculosis among infants is becoming a common phenomenon;
5. Frequent and alternating droughts and floods without any preventive measures. Water reservoirs in the rural areas were damaged and left without rehabilitation. The dams on the rivers, like Bal'ad dam, and those on the primary canals have damaged. Heavy tractors for embankment disappeared which further affected the flood preventive measures.

2.5. Medical diseases ignored

People suffering from medical diseases like heart and liver diseases, renal failure, and specially diabetes are left unassisted, because medical departments of most of the hospitals were damaged and the recent rehabilitation and donations concerned the surgical departments and war casualties only. For diabetic patients, it has been very difficult years because insulin is almost unavailable, or badly conserved.

2.6. Appearance of non-qualified health personnel

Non-qualified persons practicing medicine or even performing surgical procedures, without any fear of repercussions, have appeared during the absence of state structure.

2.7. Private X-ray units

Private X-ray units have been established increasingly in the resident areas without proper wall protections to avoid X-rays escape. These rays spreading continuously among the people represent a real danger, specially to mothers of child bearing age and pregnant women. No institution controlling such health rules violations exists in the absence of state structure.

2.8. Appearance of irresponsible medical laboratories

These laboratories provide unreliable laboratory results, misleading both diagnosis and treatments. Doctors know well the so-called 'laboratory typhus', 'laboratory syphilis' They are diseases diagnosed by laboratorists without corresponding history and clinical findings. Mal-conservation of laboratory reagents because of the lack of continuous electricity is another issue which compromises the laboratory results. Some reasons of the misleading laboratory results are:

1. Non-qualified laboratory technicians practicing the profession, as in other fields;
2. The use of old equipment and instruments like colorimeters, giving wrong readings;
3. The use of expired or badly conserved reagents.

2.9. Irregular immunization programs

Immunization programs were carried on in irregular ways, due to frequent conflicts, which interrupted the campaigns. The program itself was not covering remote and rural areas, where more than 60% of the population live. The six killer diseases (tuberculosis, measles, polio, diphtheria, tetanus and pertussis (whooping cough)) are still the first cause of death among children under five years of age, after acute gastro-enteritis.

2.10. Drug abuse

Drugs, like marijuana and heroine, are sold openly and are getting increasingly available in the drug markets in the big towns. There is a great suspicion that Somalia is becoming one of the passages of world drug trade because of the absence of state structure that should control the airports, seaports and borders.

2.11. Excessive use of khat

Kkat consumption has increased in the years of absence of the state, which has caused more social, economical and health problems, and at the same time more people are becoming addicted. It is responsible of most of the crimes committed by the khat addicted gunmen. It has also caused hard currency drain to neighboring countries. Faction leaders use the addicted gunmen to recruit them in their militias. The preferred salary for these addicted men is a ration of khat. Khat related diseases, especially schizophrenia, are increasing in the regions with high khat consumption rate.

2.12. Car accidents

In the absence of state structure, and with that, no traffic control, road accidents have increased markedly and heavy trucks carrying people cause big number of victims.

3. Non-governmental organizations working in the field of health during the absence of state structures

International non-governmental organizations (NGOs) came to the country some time after the breakout of civil war and the collapse of Somali government. They worked in every field, but the health sector has received the major attention for its importance in such situations. The NGOs had replaced the ministry of health and her health projects. They employed the health manpower and trained new ones. The most important NGOs who have stayed the longest periods are:

3.1. International NGOs

United Nations' Organizations: WHO, UNICEF, WFP

USA NGOs: Mercy International, IMC, ADRA

Holland: MSF
Belgium: MSF
Spain: MSF
Italy: CARITAS, CISP, COOPY, CEFA, INTER-SOS, COVA
France: FSF, MSF, AICF
Germany: GED
Saudi Arabia: IIRO, WAMY, AL-HARAMAIN
Kuwait: AMA, IICO, ARC
Sudan: IARA, AL-DAWA
United Arab Emirates: Emirates Red Crescent
Pakistan: AL-BASR
ICRC
CARITAS
Islamic Development Bank

3.2. Local NGOs

There are more than 300 registered local NGOs, mostly working in the field of health (MCH, outpatient clinics) but few are effective having offices and addresses. Some local NGOs conduct mobile medical teams to districts and villages where there are no health services or to where epidemics breakout. Some other NGOs participate in the expanded immunization programs.

3.2.1. Examples of effective local NGOs

1. Awdal Charity Society in Borama in the north region: runs the biggest school and organizes a yearly eye camp in collaboration with Al-Basr Eye Foundation in Pakistan. 300 to 400 patients are operated at every eye camp. Awdal Charity Society has also other activities;
2. Al-Tadamun Charity Organization in Bosaso in the northeastern region: runs the biggest school in Bosaso, and also runs a TB center;
3. Al-Eslah Charity Society in Mogadishu: which runs schools and two permanent outpatient clinics. The charity organizes also mobile medical teams. So far Al-Eslah charity has conducted more than 15 medical teams going to different regions (Hiran, Lower Shabelle, Bay Region, etc.) and to many displaced people's camps. Every caravan works from 7 to 10 days in the visited area. The society participates in epidemic controls by providing the needed drugs;
4. Zamzam Foundation, a local NGO specialized in health and education: runs more than 5 schools with a total of 3900 students, and a health center with different specialization and a pharmacy with low priced medicines.

4. Conclusion

There is a proverb which says that 60 years of bad government are better than one day of anarchy. We have practically experienced this proverb in Somalia since 1991. The collapse of state structure in the country had a terrible effect on every sector of life. Health institutions were severely damaged which made the UN slogan 'Health for all in the year 2000' an unattainable dream, because even if state structure is restored soon, it surely will take a long time to overcome the health problems inherited from its long absence; not mentioning those problems which originally existed.

Unfortunately, few are aware of these health problems being direct consequences of the absence of state structure. The faction leaders have not been ready to intervene or try to stop the wide range looting and destruction. They have proved incapable of restoring peace and

order, although they claim to rule. Most local non-governmental organizations were formed after the collapse of state structure and have not been effective enough to face the challenge and fill the gap created in the health services. Many international organizations arrived late and have been occupied with war casualties. Others used to have assigned tasks or plans almost impossible to change even if there were more urgent problems.

Nevertheless, we should thank to all those organizations and donors who really helped the Somalis in their difficult years and we are sure that they have implemented many successful and useful projects during the absence of state structure, facing every difficulty and danger. We are also sure that, without their help, health problems would have been much worse.

Lack of security in most of the regions, the absence of political administrations capable of providing a minimum of law and order and the absence of communication and commercial infra-structures (airports, seaports, safe roads), all these and other problems were realities which prevented the international organizations to achieve some of their plans and sometimes forced them to withdraw.

But, bureaucrat inability of quick action and intervention in critical situations at their beginning, insufficient experience of most of the organizations with similar situations and implementation of ready solutions to the local problems, ignoring the national experts; all these problems were additional obstacles limiting the efforts of the international organizations.

Now, most of the previously listed international organizations have finished their contracts and left the country, while those still remaining are due to leave.

Owing to the existing serious health problems in the country and the absence of any kind of state structure capable of providing minimum of health services, we have concluded that the role of the international organizations, specially those of the United Nation, is vital, at least for the coming few years. So, we forward the following proposals to achieve better results in the health programs of the international NGOs:

1. Emphasize the preventive side of the health problems:
   a. Rehabilitation and restart of some of the health projects where their trained staff can be found, to limit some serious diseases like malaria and TB;
   b. Rehabilitation of water supplying systems in the towns (specially Mogadishu which has the highest population density) to prevent water related epidemics;
   c. Activation of the immunization programs by expanding the coverage areas and by promoting health education campaigns through lectures, newspapers local and international radios;
   d. Public hygiene services are very important issue, since the dirt rubbish and sweepings have covered the streets of the towns and are one of the causes of the frequent epidemics. So, sustained projects in collaboration with local NGOs are vital during the absence of state structure.
2. Hospitals and health posts in the different regions should be rehabilitated and supplied with the necessary equipment and supplies, since the solutions to some serious health problems can not wait for restoration of government.
3. Doctors and qualified nurses should be assisted to keep them working in the country. In general, intellectuals should be utilized in some programs like researches to keep them in the country and save them from frustrations.
4. Training courses should be provided for doctors to update their knowledge.
5. Local experts should be consulted in their fields to benefit from their experiences.
6. Make use of the effective and the reliable local NGOs in the implementation of the projects.

Notes and References

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[2] The same source.

[3] The same source.

[4] Directorate of Planning, Ministry of National Planning, Somali Democratic Republic: The Five Year National Development Plan 1987-1991. Mogadishu, Sept.1987:275.

[5] The same source.

[6] The Author has been working at this hospital for a long time.

[7] Interview with Dr. Aden Haji Ibrahim, one of the senior chest physicians in the TB project.

[8] A survey done by the author in the different regions of Somalia in June 1998.

[9] The same survey.