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WGH
WOMEN IN GLOBAL HEALTH
SOMALIA



LAUNCH OF THE WOMEN IN GLOBAL HEALTH (WGH) SOMALIA CHAPTER



Cover Image: Group one led by Amina Jama, the Founder of WGH Somalia.

**2019 EVENT REPORT
FEBRUARY, 2019**

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THE WOMEN IN GLOBAL HEALTH INITIATIVES (WGH) HIGHLIGHTS

The Women in Global Health (WGH) Somalia Chapter was launched for the first time in Somalia in 2019. It will continue to be held annually as a platform where the plight of women and girls in accessing quality health care and facilities in Somalia can be discussed in order to propose best health practices.

Some of the highlights of the WGH Somalia include:

The WGH Somalia was launched in Garowe on the 29th and 30th of January 2019, bringing together a total of 240 participants. Among the participants were among others: the president of Puntland State of Somalia and key government officials, Swedish Embassy officials, UNFPA officials, health experts, mental health professionals, members of the media, academia, civil society and the public.

The event included four key note speeches, one panel discussion and up to 10 critical speeches on the role that Somali women should play in Global Health. The key note speakers included; Zainab Hassan, Co-founder & Chairwoman of SGEM, Dr. Maryan Qasim, UNFPA Head of Sub-Office, Puntland State of Somalia and former minister of Humanitarian and Disaster Management of Federal Government of Somalia and Prof. Birgitta Essén, Uppsala University, Sweden.

The panel discussion on “Solutions and way forward to the challenges faced by women in leadership” was moderated by Dr. Deeqa of Mama Hawo Foundation. Speeches were, among others, delivered by: Guled Salah Barre, Executive Director of SIDRA Institute; H.E Said Abdullahi Deni, President of Puntland State of Somalia; Dr. Roopa Dhatt, Executive Director and Co-Founder, Women in Global Health, Nikolai Botev, UNFPA Somalia Representative; and Dr. Amina Jama Mahmud, Founder WGH-Somalia .

The event was well received by the members of the health fraternity, public and observers from the global community through both traditional and social media. The event’s report and key messages will consequently be disseminated to inform public health policy and decisions, especially those related to women.

KEY MESSAGES

Leadership within WGH Somalia

Women are missing in decision-making meetings at all levels. For example, even village committees, where important decisions are made, are mainly made up of men. Women in Global Health Somalia can contribute in changing these structures. There is a need to establish and contribute to the establishment and uptake of gender monitors in all government ministries and this should be advocated for with the help of the Ministry of Women. A strong organization with representatives from different regions and supporting localization of WGH Somalia needs to be established. The WGH Somalia should liaise with the African and global WGH movement to represent the interest of the Somali women.

Advocacy

It was recommended that an environment where women in health sector can support each other should be created. Women should advocate for women wanting to join leadership positions in health. Economic freedom was important to achieving gender equality. Women should strive for economic freedom and ownership, in order to achieve their goals. Hence, there is a need to work together. Women empowerment should include building self-confidence. Women need to know they can pursue anything, but a change of mentality needs to be put in place.

Mentorship/Role Models

In order to establish mentorship programmes, role models from the people within the health sector or people contributing to society in different ways should be identified, so as to mentor and/or serve as a role model for young professionals. Mentors can be from within the region, country or anywhere around the world. Structures for communica-

tion and relation building should be built between different women's groups in the society, to strengthen each other's struggles. The key is to avoid isolation. Good use should be made of everyone's strengths and skills by identifying each person's strengths and skills, and how they would want to contribute to the cause of gender equity on global health.

Space for Networking

A platform for networking is crucial to bring together Somali women from the global health and health sector. Online platforms and forums can serve as an umbrella for women in health sector. Spaces and opportunities for direct communication like blogs, inviting people to contribute to debate and share experiences should be created. Regular meetings and events should be organized to provide opportunities for networking since not everybody has access to internet.

Capacity and Skills building

Confidence building is crucial skill needed for women to take leadership positions and thus leadership courses/programmes are essential to equipping women with the right skills and capacities to compete for leadership positions. There is also need for behavior change campaigns to change the culture which excludes women from influential positions and public places which is in essence a major obstacle towards women's success. A database with information on potential role models, their skills and contact information should be established. Communication skills should also be improved so that Somali women can share their stories. Finally there is need for strong educational base (good quality teachers and curriculum)

1

GLOBAL HEALTH SOMALIA CHAPTER

1.1 Women in Global Health-Somalia Chapter

The reality against which WGH Somalia chapter founded is through the inspiration of women in global health (WGH) movement, which was established in 2015. The WGH is a global movement for gender equality in global health leadership. It supports women's leadership and gender parity in global health, with the end of goal of achieving improved and more sustainable health worldwide. Recognizing the momentum and realizing the problems affecting women in Somalia in accessing quality health care and service, we realized the need to join the movement, illuminate and celebrate diverse Somali women working in global health and in the health sector, as well as shed light on their crucial contribution to the rebuilding of the health system. To achieve this goal, we teamed up with SIDRA Institute and UNFPA to launch the WGH Somalia chapter in an effort to create a platform of knowledge exchange of Somali women (both local and diaspora) leadership in health.

Somalia has one of the highest gender inequality index (GII) in the world with GII of 0.776 out of 1 (2012), indicating complete gender inequality, placing Somalia 4th in the world, in terms of gender disparity. Gender inequality is a persistent societal problem in Somalia, perpetuated primarily, by cultural norms and traditions in which community define acceptable roles for men and women. This is further exacerbated by conflicts and insecurity, and widespread poverty. As a result, women are impeded from fully access

ing education, health and employment, leaving many either illiterate or with low education. However, there is an increasing number of female students registered in the Somali universities, especially in medicine and caring sciences, but their presence is not reflected in the leadership and teaching positions. Young women are entering the health field in increasing numbers, but at each step of the ladder, the percentage of women in power decreases.

Many girls drop out of school after getting married while many others are hindered from advancing by structural discrimination. According to a study conducted by SIDRA, the majority of female university students in Somalia related the lack of female mentors and role models in decision-making position in academia and workplaces as a major demotivating factor for young girls. The need for a WGH chapter in Somalia also grew out of frustration due to the lack of representation of women in Somalia's health leadership positions. Women comprise as much more than 75% of the health workforce, yet occupy less than 10% of leadership positions at the local, state and national levels, in public, NGO and government bodies.

1.2. Event Program Organization and Objectives



Image 1: The President of Puntland, H.E Said Abdullahi Deni reads WGH Somalia's Program schedule

The launch of Women in Global Health (WGH) Somali chapter was held on the 29th and the 30th of January 2019 in Garowe, Puntland State of Somalia. The two days event comprised of many activities, including keynote speeches, presentations, a panel discussion, Q & A, and an interaction workshop. Each day, the program started at 9:30 am in the morning and continued till 3:30 pm in the afternoon. Sessions were organized in three blocks: morning, mid-morning, and afternoon. Each session was vigorously covered and published on social media to reach audience across the globe.

The event brought together a total of 240 participants during the two days. Participants, including policy makers and government officials, such as the H.E Said Abdullahi Deni, President of Puntland State of Somalia, ministers from the Federal State, Puntland, and Jubbaland, professional health workers, students, and civil society.

The 2-days event was organized by SIDRA Institute in collaboration with UNFPA Somalia with the support of Swedish, Finnish and Italian embassies. WGH Somalia chapter aimed to reach a wide range of Somalis locally and abroad in an intellectual gathering, bringing together Somalis in global health to debate on areas of mutual interest, including women's participation in politics in Somalia, challenges women face to obtain leadership positions in general and in global health in particular, leadership in global health research. The event also presented a case study of women's leadership success story in the establishment of mental health care and psychiatry in Somalia among others.



Image 2: President Deni and the Minister of Health Dr. Abdinaasir Cuuke discuss deeply about WGH Somalia

2

EVENT PROCEEDINGS

2.1 Opening Ceremony

2.1.1 Welcome and Introductory Remarks

*Guled Salah Barre,
Executive Director, SIDRA*



Image 3: Mr. Guled gives his welcoming and introductory remarks at the WGHSO Launch

The Executive Director of SIDRA, Mr. Guled Salah Barre gave the welcoming remarks and highlighted SIDRA's expectations emphasizing that the event would give the participants the opportunity to discuss, debate and share experiences about the health sector, particularly women's role in leadership positions in Somalia. He introduced the theme of the event WGH Somalia chapter and hailed all organizations and participants for their support to the event.

He stated that, the reality against which the event's theme was designed was linked to an international movement advocating for women in different health leadership roles that are very active in health service delivery but are not present in big meetings and summits. Increasing the role of Somali women in leadership is not only a religious obligation but it also goes with the developmental agenda in Somalia. He stressed that increas

ing women's presence in important roles testifies of their role they have continuously played.

In concluding his speech, he acknowledged the support from different organizations, including Women in Global Health, Swedish Embassy, United nations Population Fund (UNFPA), civil society organizations, government leaders from Puntland, Federal Government and other member states and all other organizations and individuals who made WGH Somalia a reality.

May Allah Reward You All Abundantly.

2.1.2 WGH, the Movement, History and Vision *(Delivered via Video)*

*Dr. Roopa Dhatt,
Executive Director and Co-Founder, Women in
Global Health*

The Executive Director and Co-founder of WGH, Roopa Dhatt expressed her excitement towards this chapter launch that is happening in Somalia, and wished she could be present. She believes that the Somali stories are incredibly inspirational and deserve to be shared with the world.

She further explained the story of "Women in Global Health", which was founded in 2015 by a group of women who wondered "how come there is so much talent in global health, but when you take a look of the leadership in global health, women are not represented at the top?" So they decided to change and transform the leadership climate in global health to be more gender equal. Their first

task was building awareness in the issue, engaging with everybody, to start making them think how they could be more gender equal. Since 2015, WGH has been registered as NGO in 2017 and she happily announced that since the formation, chapters have formed all around the world. She thus welcomes WGH Somalia for joining the family of chapters.

The background to WGH was followed by the 2019 policy priorities. Dr. Roopa stressed the importance of continuing to advocate for gender parity and gender transformative leadership, WGH is also looking to address

contributions of the health work force, and addressing the dimensions of gender in health work force. In order to do so, one must address some key determinants, such as occupational segregation, gender pay gap, representation in leadership, and more broadly having decent work free from all forms of harassment, discrimination, including sexual harassment.

She concluded with the hope WGH Somalia will engage with WGH, and share their knowledge. She also hopes 2019 would allow the chapters to continue to grow into a vibrant network of WGH all around the world.

2.1.3 Women in Global Health-Somalia: Background and objectives

*Dr. Amina Jama Mahmud,
Founder WGH-Somalia*



Image 4: Amina Jama, Founder of WGH Somalia Chapter opening the launch

Dr. Amina Jama, founder of WGH-Somalia started by stressing the frustration of women in global health, as indeed women represent 75% of the health sector, however only men are in the decision-making bodies. Somalia is no different according to her, women represent most of the health workforce, however, there are almost invisible in the ministries as

almost all Director Generals and program managers are men. The same applies in the non-governmental organizations and private sectors; they are significantly absent in big decision-making meetings. She, like many of the WGH women, wondered why women are not visible. Dr. Amina Jama was enthusiastic about WGH Somalia being the first chapter in Africa, stating: “it has a special meaning that Somalia is a forerunner”, she added. She expressed the importance of representation of the special needs of Somalia, as a fragile country in the bigger discussion of WGH regionally and globally.

“WGH Somalia is not just about recognizing women in leadership, it is also about the human resource in health, and ultimately improving health services”, she added. “Women have been working in providing health since the collapse of the Somali government and often without pay, hence, now is the time to see them, celebrate and empower them. And finally, since this is not a Somali problem, but a global one; it is key that men and women work together hand in hand nationally and globally to decrease the inequality.”

2.1.4 Strides of Puntland in Promoting Gender Equality in Health in the Last 20 Years

H.E. Said Abullahi Deni,
President of Puntland State of Somalia



Image 5: President Deni takes the stage to welcome the launching of WGHSomalia Chapter

The President thanked the organizers of WGH Somalia chapter and the participants. He also hailed the role played by the sponsors in this much-needed agenda. He stated that, Puntland had played a key role in the politics of Somalia as other Federal States emulate and benchmark the leadership styles of Puntland to also achieve remarkable progress. Thus, it was of significant importance that the event was launched in Garowe, Puntland. The president reminded everyone that the outcomes and progress is not only for Puntland, but for Somalia as a whole, as we have the chance to be a forerunner in this.

The president added that, there are several achievements which Puntland has had for the last 20 years for gender equality, such as the remarkable improvement in the policies set towards addressing structures and behavior undermining women in all sectors, and fighting cultural practices that hurt women. Despite all these, there are still challenges; women should work harder to achieve their goals, he added.

He concluded by saying that government is ready to not only support this initiative, but is also prepared to empower women to enable them to reach their maximum potential.

2.1.5 UNFPA's Support for Somali Women Leadership in Health

Nikolai Botev,
Representative, UNFPA Somalia



Image 6: Mr. Botev gives his speech during the WGH Somalia chapter

Mr. Nikolai Botev first expressed his happiness of speaking after H.E Said A. Deni and after receiving certification.

Mr. Botev stated that while he is not a health professional, he is glad to partake in this event. According to him, UNFPA is a big contributor to the launching of WGH-Somalia and has continued to promote women in leadership positions. Women in Somalia face many disadvantages and challenges; it is thus relevant and symbolic for Somalia to have the first chapter launch in Africa. Garowe, Puntland has furthermore the potential to be a renewal and growth experience for the country he added.

He concluded that while health professionals might contribute more to the agenda, UNFPA supports Somali women, and particularly women leadership in health.

2.1.6 Sweden's Contribution to Somalia's Health Sector

Per Karlsson,
The Head of Cooperation, Swedish Embassy



Image 7: Mr. Karlsson communicates Sweden's contribution to Somalia's health sector

The Head of Cooperation congratulated Puntland in its peaceful election and transition of power leading to H.E. Said Abdullahi Deni as president. The transitioning event that took place in Garowe reinforces the Puntland's role as a unifier of the different regions.

He continued by emphasizing the close and strong relationship between Sweden and Somalia, as Swedish with Somali background make 1% of the Swedish population. Sweden is to donate 3 billion Swedish krona to Somalia. For many years, the biggest contribution of Sweden was to the Somali health sector.

"As WGH Somalia is launched, the first ever in Africa, Sweden shall remain an important partner in achieving the WGH Somalia goals", he concluded.

2.1.7 Strategies for Empowering Women in Global Health

*Mariam Ahmed Ali,
Puntland Minister of Women*

The minister expressed her thanks to the participants, media, civil society, SIDRA, UNFPA, policy makers, the Swedish Embassy and all who contributed to this event.

Minister Mariam mentioned that, prior to this event, there was a meeting at the ministry where various stakeholders in the health sector came together for a brainstorming on how to empower women in Global Health. The needs are summarized below:

Knowledge increase: There is a realization that many girls do not finish their education for various reasons; some financial as well as cultural. As a ministry, they have worked on improving women and girl's situation by

granting scholarships, providing capacity building, creating awareness, make them heard, etc.

Participation in politics: In this unfortunate time, where only one member out of the 66 parliamentarians in Puntland Somalia, is a women, we must not blame one but all of Puntland. Women in politics is an agenda that needs everyone on board in order to succeed.

Protection against harmful practices: The focus should not be cities alone, but towns and anywhere people can be reached. There is a need for awareness and capacity building for women in remote areas so that they can know their duties and fight for their rights as citizens.

Income: Women need support from businesses and banks in order to achieve economic independence and further their goals.

2.1.8 Women and Youth Inclusion in Decision-Making

*Mursal Mohamed Khalif,
Jubbaland Minister of Health*

Mr. Mursal thanked the organizers and the participants for this event. "Partaking in the launch is important and relevant to all Somali regions", said the minister. Mr. Mursal believes that having women in leadership positions in the health sector is not an isolated goal; there is a need to include more than 50% of the Somali population in decision-making, as they have always been excluded. Women and youth should have a say as they make up the majority of the population that decision-making affects.

Mr. Mursal believed that it would be hard to have a functioning government, if we did not prepare women and youth to take on their well-deserved roles. He concluded his speech by saying "it is our duty to increase participation of women in all aspects of society". Gender mainstreaming should be a practice in all the ministries.

3

KEY NOTE ADDRESSES

Several prominent members of the Somali Health Sector made keynote addresses. These included: Mrs. Zainab Hassan -co-founder and chairwoman of the Somali Gender Equity Movement (SGEM); Dr. Maryan Qasim -UNFPA and former Minister for Humanitarian and Disaster Management. Prof. Birgitta Essén from Uppsala University, Sweden was among the keynote speakers from abroad.



Image 8: President Deni and Minister Cuuke attentively listen to the keynote speakers

3.1 Keynote Address One

Box 1. Keynote address on “Gender equality and the Somali political arena; facilitators and barriers for women leadership in the political arena”

Zainab Hassan,
Co-founder & Chairwoman of SGEM



Image 9: Zainab Hassan discusses Gender equality and the Somali political Arena

3.1.1 Introduction

- Gender Equality: Gender equality is the fight for the rights that was given to women in Islam.
- Political Participation: Political participation is not the ultimate goal we want to achieve, political participation is the policy, the tool, the agenda and the roadmap to develop the country and its social services such as education, health, economy, politics and all other sectors. As policy-makers are guiding, directing and delivering these services to the nation as a whole, it is important for women to play a major role in leadership and decision-making.

3.1.2 Gender Equity and Equality

The UN estimates that only 30% of Somali children attend school and 40% of those are girls, however, many are excluded from school before a middle school graduation due to various reasons: inability to pay school fees or early marriage. To achieve gender equality, we must have goals and visions that we are aiming for. The long-term vision is:

- Our agenda is to have peace, security and stability for the citizens in order for our children to have equal opportunities.
- It is estimated that 70% of our population is living in poverty, it is thus necessary to develop our economy focusing on the resources the country has, such as livestock, fisheries and agriculture in order to reach development and come out of poverty.
- 70% of the population is under 35 and 67% are unemployment. We should focus of creating sustainable jobs for the youth, taking into consideration both genders.
- Every Somali citizen, especially women, should understand their rights and duties.
- Somali men should reach a level where they support women in politics.

In short, policies should be reflected in the needs of the people and the country's interests.

3.1.3 Barriers and obstacles to women leadership in different sectors

- Politicians who see women as trying to take away their rightful seat according to culture;
- Clannism;
- Wrongful use of religion;
- No legal bounding to the 30% quota;
- Economy;
- Lack of support between women.

3.1.4 Where Women Stand Now Political representation

- Somaliland: 1% of parliament;
- Puntland parliament: less than 2%;
- Jubaland parliament: 4%;
- South West parliament: 21%;
- Galmudug parliament: 9%;
- Hirshabelle parliament: 5%.

Council of Ministers

- Federal Government: 9%;
- Somaliland: 9%;
- Jubaland: 5%;
- Galmudug: 8%;
- Hirshabelle: 3%;
- Puntland and South Galbeed have not been named yet.

3.1.5 Way forward

- By 2020-2021, the federal government of Somalia promised to deliver on the one man, one vote agenda;
- So far, 35 political parties have registered;
- Only 1 has a woman at the head and 2 women as deputy.

3.1.6 Recommendations

- The 30-40% quota for women should be legalized;
- Political parties should be forced to have the same quota in their candidacies;
- Women should start organizing now;
- Opening bank account so that women entrepreneurs, men who support women, all working women can contribute to the advocacy for women who want to engage in politics;
- To raise awareness about the importance of women's participation in leadership and politics;
- Make use of media and social media.

3.1.7 Conclusion

The standard of development of any country is rated by the level of access for women and children to education, health, economic, and political participation and representation. If there is no change in the situation of women and children, Somalia cannot achieve significant progress and development.

Somali women are the backbone of the community, since the fall of the central government they have been the standing stone for not only their families, but also the entire Somali community. Thus, it is just for them to be part of the leadership of Somalia in a fair and equal manner.

3.2 Keynote Address Two

Box 2: Keynote address on “Achievements & shortcomings regarding the challenges faced by women in reaching their goals: past and present”

Dr. Maryan Qasim, UNFPA Assistant Representative/Head of Puntland Sub-Office and former Minister for Humanitarian and Disaster Management of the Federal Government of Somalia.



Image 10: Dr. Maryan Qasim discusses Gender Equality and Somali Health sector.

3.2.1 Introduction

As an introduction to her topic, Dr. Maryan shared a typical story of a girl in 1960s in Somalia. This girl wanted to study and contribute to society, as most girls she sat behind in class and unfortunately before she finished grade 8, she got married. She could not pursue secondary education; the finances allowed only boys to go to another city for secondary, all boarding schools were also for boys. The closest option for a girl would have been living with relatives in the city, which came with many complications.

How can this girl dream to be in a leadership position? She didn't even finish secondary. This situation according to Maryam Qasim is not different than today: the education system might have allowed girls to reach as

far as university, however, many old and new challenges still limit women's potential to be leaders. In work environments, her brain is not seen; only her body counts, her colleagues and bosses will hit on her.

When the central government failed, everything failed. This brought about disregard to women and their affairs. In 2010-2011 there was a revival, but two generations were lost.

In 2018, things seem to be improving but many challenges still remain. Women do not get the big positions, the 3.5 system of sharing of power in Somalia does not include women as a priority and traditional elders do not select women as MPs. Furthermore, there are no laws or regulations that facilitate, advocate or empower women in place. This does not aid women when positions are given through clannism.

Somali scholars are another challenge mentioned by Maryan Qasim. According to her, they use religion falsely in order to keep women in the shade.

3.2.2 Conclusion

In conclusion, Dr. Maryan says some barriers have persisted throughout time, some new ones have risen, it is by continuously encouraging women to stand in front of the light that we can reach our full potential.

3.3 Keynote Address Three

Box 3: Research as a vehicle for voice in women leadership: The research – policy link.

Prof. Birgitta Essén,
Uppsala University, Sweden



Image 11: Birgitta Essén, one of the keynote speakers at the WGH Somalia launch

3.3.1 Introduction

Birgitta Essén is a professor in maternal and reproductive health, her presentation focused on academic leadership and its impact on maternal mortality. Her research data was collected in Sweden and focuses on Somali diaspora when it comes to maternal mortality.

“Why do Somali women in diaspora not do as well as the locals?” was a key question, as understanding maternal and perinatal mortality from both Somalia and Somali Swedes was an important factor in finding clues.

Prof. Essén stressed the importance of evidence-based policies instead of ideology based by saying: “To present your own opinion is haram, to present research is halal”. Politicians who write policies based on ideology counter the efforts that researchers are putting towards bettering women’s health, she adds.

3.3.2 Learning from history

Since 1990, mortality ratio reduced by three quarters. When comparing the roll-up of the MDG 5, Somali had 732 MMR in 2015 when Sweden’s was higher in the 1800s. Swedish way of assisted vaginal delivery was already implemented nationwide in those years, indeed there were alliances between doctors and midwives and the midwives were licensed to use forceps and sharp instruments in 1826.

A few champions for change were mentioned in the presentation such as midwife Elisabeth Holmgren and Professor Johan Von Hoorn who said “My heart is crying blood every time I see fetuses dying because of ignorance”.

Focusing on non-biomedical factors related to maternal mortality, Prof. Essén presented the positive factors, followed by the negative ones. These are summarized below:



POSITIVE	NEGATIVE
<ul style="list-style-type: none"> • From 18th century, Public Health and Welfare State; • Church and State collaboration; • Societal commitment; • Women's empowerment; • Education for boys AND girls; • Peace- no war since 1850; • Potatoes. 	<ul style="list-style-type: none"> • Resistance against change; • Religion and cultural beliefs; • Bad science.

Maternal mortality within Swedish Somalis is considered as relatively risky, in Hargeisa

1500 out of 100 000 birth lead to maternal mortality.

3.3.3 Diaspora - Cultural and gender changes

Prof. Essén compares the Somalis in Somalia with the ones in Sweden in regards to the culture.

SOMALIA	SWEDEN
<ul style="list-style-type: none"> • Motherhood • Home births • Collectivistic decisions on CS • Social network • Circumcision: sons and daughters • Male doctor • War 	<ul style="list-style-type: none"> • Parenthood • Hospital births • Individual decisions on CS • Single mother • Circumcision: only sons • Prefer female doctor • Moving on

The motives behind these cultural factors in Somalia is a fear that the daughter will be rejected at marriage, while the change in marital patterns within Somali Swedes is that young people know each other before marriage and men are found within the ones who grew up in the west.

Regarding FGM, in Somalia, there is a belief that Islam demands circumcision while in Sweden, Somalis encounter other Muslims who do not circumcise their daughters, which changes their reflections on the subject.



3.3.4 Own experience - Women in Global Health

EXTERNAL	INTERNAL
<ul style="list-style-type: none"> • Demographic health system ('statistic') • Leadership - do not throw out the men ('task-sharing') • Context - do not buy all from the West ('beyond the numbers') • Gender and cultural change when make sense (diaspora) 	<ul style="list-style-type: none"> • Gender statements - fluffy • Gender equality trap - burden of administrative duties • -/+ Junior men vs junior women • + Strategic mentorship • + Choose battles • + Proud of my knowledge • + Loyalty to informants • + Don't cry - Do research

To conclude Prof. Essén stated "Remember that there is a special place in hell reserved for women who refuse to help one another. None of us get to where we are on our own.

And none of us will get to where we want to go unless we move forward together. And if you remember nothing else from what I've said this morning, remember that."

3.4 Key Note Dress Four: Female Leaders in Medicine and Management

Box 4: "It can be done": The power of female leaders in medicine and management. An example from the establishment of a Community-based Mental Health Center in Burao, Somaliland.

Dr. Fatuma Ali,
Psychiatrist, Copenhagen Denmark/
Beledweyne Hospital.



Image 12: Dr. Fatuma Ali discusses mental health amongst Somali women and men

Dr. Fatuma Ali started her speech with her background. She is a professional psychiatrist who has worked in many different institutions and with all kinds of diagnosis, but her

main interest is the field of psychosis and transcultural psychiatry. She is also a trained supervisor and group psychotherapist. She worked for 5 years in the city of Burao/Somaliland, 3 of which she lived there permanently. For the most of the time, she has worked on a voluntary basis.

Together with other Somali psychiatrists and doctors from diaspora, Somali NGOs in the diaspora and local activists as Togdheer development committee, they built psychiatric services from the scratch. In her view, were quite unique in the Somali spoken territories perhaps in the whole East Africa.

When it comes to Women in Global Health and particularly women leaders in health institutions, she believes Somalia has a huge issue on gender inequality in general and it is



not only in the health field that women are absent. She stated that if a visitor from out of space saw any video or reportage from meetings in Somalia, this visitor would think that only men inhabit this country. The women are not there! At the same time, she adds that women are the ones that are making the wheels of society run. From her working experience in Somali context in Burao, and Beledweyne, Dr. Fatuma implied that the pattern of diagnosis and treatment would probably be the same in all Somali spoken areas, except Djibouti.

It is difficult to talk about women leaders in the psychiatric field, because psychiatric institutions are underdeveloped and, in most cities, non-existing. The vacuum left by the non-existing psychiatric services is filled by the so-called Elajs. These are places where the mentally ill are segregated, locked up, chained, sometimes beaten and kept for years. The patients are deprived of their dignity and humanity. The “treatment” is based on the Qoran where from morning to evening the patients listen to the Qoran from ghetto-blasters and the volume is so high that you can hear from outside of the institution. The families pay for the patients an amount of money that is very high in the Somali context. While working in Burao, Dr. Fatuma established a good relationship with 2 Elajs and visited them weekly. Some of the leaders of these Elajs she believed to be decent people with Islamic ethics and that they wanted to do a good job. Others are charlatans and moneymakers and misuse the Qoran in this job.

At the mental health center called Mandhaye that they established, there was small in-patient department with 5 beds for women and 10 beds for men. Every patient had his or her

room and they could have family members to stay with them. The majority of the work was done in the outpatient department. The work in the outpatient department was to meet the patients there, to make home visits sometimes in the bush where patients were chained to trees for years, to see patients in the Elajs and in the city jail.

Two Somali psychiatrists were helping in the outpatient department via Skype consultations once a week when the Internet was working: Dr. Yakoub in Stockholm and Dr. Jama in Frederikstad, Norway.

The number of patients treated in the period of Oct 2008 to Oct 2013 in the outpatient department is 7532, 726 of them were treated through Skype.

The in-patient department was built in 2011 and the number of patients admitted from 2011 to 2013 was 366: 237 men and 129 women. Out of the 129 women in the in-patient unit, 90 had post-partum depression or post-partum psychosis. Others suffered from schizophrenia, bipolar disorder, dementia, epilepsy and only 1 with Khat abuse.

Common features for the patients with post-partum depression or psychosis were: very young age (the youngest was 15), multiple pregnancies, and loss of babies at birth. A physiologically young and vulnerable age combined with the trauma of loss. Most of them were poor, analphabets, from rural areas and in a polygamist marriage. The treatments the center gave were: rest, good food, sleep, and anti-depressant or anti-psychotic medicine. An important aspect of treatment was making the patients accept that it is ok to grieve. In Somali society, it is taboo to talk



about feelings, everything is predetermined and it is just your fate, if you, at the age of 23, have had 6 pregnancies and lost 4 babies at birth. In many cases, the husband was invited to the therapeutic session and most of them were positive about the given information on the need of the woman to avoid pregnancy in the near future.

3.4.1 What can be done both on a general and more specific level?

Very crucial to establish psychiatric institutions with trained health personal: Mental health issues are extremely important to focus on. The Somali society is traumatized after many years of civil war, ongoing unrest, violence and poverty.

The Mandhaye model in Burao could be a model to copy, because it showed that it is practicable in a society with limited resources. At Mandhaye, we followed the clear recommendations from WHO: to shift the focus from psychiatric hospitals to community-based psychiatric institutions, work close

with the patients' community, work with the families and key persons in the local community, and finally use information about mental health issues, as one of the central tools in the psychiatric work.

Establish specific teams in all regional hospitals or/and MCH (Mother Child Health) targeting the young mothers: Train the staff in counseling on mental health issues. Counseling is also prevention and information. Involve the husband when counseling on reproductive health issues and the mental reactions to loss of a child. Making the mental reactions normal and acceptable can also allow him to grieve. And most important, women doctors, nurses, midwives, auxiliaries must claim their space as members of society. Nobody will create that space for you.

Laws empowering women and targeting gender inequality: We cannot have a healthy society if we keep half of the population away from the power and the decision-making.

4 PANEL DISCUSSION: “SOLUTIONS AND WAY FORWARD TO THE CHALLENGES FACED BY WOMEN IN LEADERSHIP”

Moderator: Dr. Deeqa, Mama Hawo Foundation.

Panelists: Dr. Qasim, UNFPA; Dr. Zainab Hassan, SGEM; Dr. Fatuma Ali, Psychiatrist; Dr. Maryam Dahir, Medical Doctor; Dr. Barni Nor, Swedish Embassy



Image 13: Dr. Maryam Qasim, the Head of UNFPA Garowe, Nikolai Botev, the Head of UNFPA Somalia and Asha Gelle, former minister for women

4.1 Key Messages

Inequality was noted to be the biggest challenge that affects women in Puntland and Somalia at large. The panel wholesomely contended that, laws and regulations are missing in order to empower women to take their rightful positions, and when they do exist, there is no follow-up from government to make sure the implementation goes according to the policies. It was agreed that without these regulations, it would be impossible for women to reach leadership positions.

The persisting lack of 30% quota was laid at the table by one of the panelists: according to her, this quota will not be enforced nor reached if there is no board whose mandate is to ensure its implementation fully. All agreed that traditional elders and religious do not support this agenda while former are the ones selecting Parliament and the latter are the biggest influencers. Another challenge comes from men themselves who are neither politicians nor interested in politics, indeed, according to the panel, they want to ensure

women do not take their seats. Dr. Zainab adds that women need financial capital to reach leadership positions.

In the view of Fatuma Ali, mentally stable people make good policies: there is a need for not only politicians, but also practitioners. She stressed the need for the mental health sector and mental health institutions, especially since the trauma of the civil war and fall of the Somali central government. Post-natal depression, for example, is a commonality within young women: there is a need to address these traumas in order to heal them.

It was noted that, young female doctors face many challenges in the health sector. They are not given their proper title or rightful place, should not be outspoken, privileges are given to men as well as high positions, women are considered emotional, victimization and harassments is common, you can never break the glass ceiling, because you have reached the “highest” position a women can reach, men are considered to communicate better with other men, and finally it is considered that they can have late night meetings, while women cannot.

Dr. Barni Nor shed light on the youthful Somali population, indeed 75% of the population is less than 35 years old. She believes that youth are the leaders; however nothing is ready for them to take that position. Somalis focus more on themselves than the global community she adds. In the WGH women nominated globally, there are 4 Somali women, “we are seen, and we are noticed as leaders”.

4.2 Open Discussions and Recommendations

During the open discussions involving the panel members, participants and other speakers, the following remarks and recommendations were made;

- Equality should begin within the household; boys and girls should be made aware of their duties, responsibilities and rights in an equal manner.
- Systems of implementation and checkup should be put in place at the same time as policies are written.
- Government should make Somalia reach one person, one vote in order for clannism unequal system to be abandoned.
- Religious leaders should advocate for the rights women are given within Islam, they should create awareness on education, health, economy, politics, and every sector that affects women.
- Men and women should work hand-in-hand so that women can be empowered.
- Mental health issues should be talked about and mental health institutions should be created.
- There is a need for role models that can motivate women and young girls to fight for their dreams, to aim higher and to never give up.
- Women should come together as one, advocate for each other and support each other mentally and financially.
- Islam gives 3 times more rights to the mother than the father.
- Knowledge is important, there are many institutions that encourage diasporas to return home and participate in the change.

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- WGH-Somalia should reach every region in Somalia and brainstorming should be thorough prior to implementation; there is also a need for a clear plan.
 - The objectives of WGH-Somalia should be reachable, do-able instead of being rushed.
 - For women leadership to be a thing, there is a need for change in the structure of our society.

5

WORKING GROUPS

Day two was dedicated to discussing actions towards strengthening Somali women's leadership in global health and the role of WGH-Somalia. Five working groups were created, each focusing on a specific theme:

- (i) Leadership within WGH Somalia (Dr. Amina Jama as facilitator);
- (ii) Advocacy (Dr. Maryam Dahir as facilitator);
- (iii) Capacity and skills building (Dr. Deeqa as facilitator);
- (iv) Mentorship/role models (Dr. Fatima Ali as facilitator);
- (v) Space for Networking (Jihan Salad as facilitator).

5.1 Key Messages

5.1.1 Group 1: Leadership within WGH Somalia

- Women are missing in decision-making meetings up to the village level. For example; village committees who are mainly made up of men;
- Gender monitors in all government ministries are needed. Advocate for this with the help of ministry of women;
- Create focal point persons in all regions. It can be voluntary;
- Institutions of higher learning, public conversation;
- Including men in the WGH Somalia;
- Need of accountability;
- Need for women leaders with capacity.

Year 1: Priorities

- Network of Somali professionals globally, to be able to create a database and match people with mentors;
- Create platforms: Social media mainly Facebook;
- Create communication strategy;
- Create a Hackathon to come up with solutions with the use of technology, team up with tech initiatives;
- Lobbying;
- Coordination within the Nurse and midwife, need to write, publish. Create publicity around the health problems faced;
- Continuity & meetings;
- Build and connect to the existing platforms, network;
- Improve the coordination for the women's organizations. Midwifery Association
- Lobby for registration of Nurses and Midwives because human resources are available but not visible due to lack of registration;
- Create employment opportunity for women and improve working conditions for women in remote areas. This will feed into a strategy to maintain HRH in rural areas (Advocacy).

5.1.2 Group 2: Advocacy



Image 14: Group Two Led by Dr Deqo Mohamed

- Create an environment where women in health sector are closer to each other;
- A health system that is the same everywhere should be created;
- Women should advocate for women wanting to join leadership positions in health;
- Women should have economic ownership and finances in order to achieve goals, need for working together;
- In education, women should be able to reach higher, scholarships should be available for those in need;
- Associations of women and men should be created in order to support women with goals;
- Confidence building for women is a must, they need to know they can pursue anything, change of mentality needs to be put in place;
- Job sustainability;
- Find organizations that can advocate for women;
- Health insurance and safety is important for women to pursue leadership;
- Face-to-face meetings with decision makers is needed;
- Only when a woman knows what she is missing can she fight for her right, so there is a need for awareness;
- Annual recognitions: women of the year.

5.1.3 Group 3: Capacity and Skills building



Image 15: Group three led by Fatima Ali one the keynote speaker of the launch

- Confidence building is crucial in encouraging women prior to capacity building;
- Behavior change, the culture does not allow women to succeed;
- Continuous education;
- Conferences, workshops and seminars available to all;
- Database with information on role models, their skills and contact information;
- Communication skills, Somali women need to share their stories;
- Leadership skills;
- Need for strong educational base (good quality teachers, good quality curriculum);
- Platform for sharing knowledge and experiences;
- Critical thinking;
- Writing skills;
- Quality assurance mechanisms should be in place in all learning centers.

5.1.4 Group 4: Mentorship/Role Models



Image 16: Asha Gelle the former Minister for Women tackles the topic of the group

- There is no border for mentorship or role models, they can be from anywhere around the world;
- Role modeling starts at home, with parents;
- Women's political participation is a good inciter;
- Decision makers should be the biggest mentors;
- Putting overall goals before individual ones;
- Anyone that contributes to society can be a role model, anyone worth following their footsteps;
- Need for communication and relations between different women in society;
- Use of everyone's quality and skills, knowing what each person is good at;
- People with qualifications, in particular subjects can be mentors;
- Goal-oriented meetings;
- Confidentiality between mentors and the people they mentor;
- Invest in youth capacity for improvement through mentorship;
- Create space for communications.

5.1.5 Group 5: Space for Networking

- A platform for networking is a crucial to bring together Somali women in global health/health sector. Online platforms and forums can serve as an umbrella for women in health sector;
- Create space and opportunity for direct communication e.g. create blogs, invite people to contribute to debate and share experiences;
- Organize regular meetings/events to provide opportunities for networking since not everybody has access to internet;
- Tap onto the potential of influential health professionals with a Somali background or working inside Somalia to engage in spaces for networking in order to exchange know-how, share experience and skills, as well as to contribute to technology and innovation, and fundraising initiatives in support of (setting up) spaces for networking;
- Organize networking skills training courses to build the confidence, provide access to job opportunities, enhance the career and strengthen the business connections of students and young professionals;
- Deploy “networking caravans” involving role models and mentors from the health sector to reach out to universities, students, peer groups and professionals for networking, dialogue, education and sensitization;
- Learn about the experiential knowledge in building successful alliances and partnership with the media, religious leaders, local authorities, private sector and international entities;
- Mobilize resources to cover the travel costs of talented students and young professionals to attend courses on strengthening the networking skills and expanding business connections.

6

CONCLUSION

Gender discrimination is widespread in Somalia, as in many countries. However, due to protracted conflict and subsequent breakdown of social structures, Somali women's situation is worse than women in more stable countries. The discussions in these two days have shed light to the structural, economic and cultural barriers. The event has also demonstrated enormous leadership capacities and willingness to lead, among Somali women from all the regions. However, factors such as discrimination in work places, sexual harassment, cultural preferences for male leadership, lack of strong institutions to enforce policies and lack of platforms that is accessible from national to community level, are major obstacles hindering women to assume positions of power. It was also evident that there is a lot of support for the empowerment of women, in health from the government and international development partners.

The workshops identified four major priority areas: leadership in WGH Somalia, advocacy, capacity and skills building, mentorship and role models, space for networking and, provided clear recommendations. These should guide future directions and activities for the WGH-Somalia. It is important to take advantage of the existing momentum to push the WGH Somalia and WGH global agenda for better health for the whole population, because gender parity in health sector leadership is a prerequisite for better health care services and equitable health care services.

The journey to gender parity in health care sector leadership is very long and tedious, but we have taken the first step.

6.1 Closing Remarks and Certification

The two-day launch of Women in Global Health Somalia chapter ended with certificates awarded to the keynote speakers and special participants by the Executive Director of SIDRA, Mr. Guled Salah Barre.



SIDRA

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