Somalia has among the world’s highest rates of maternal and neonatal mortality with the latest UN reports estimating 621 maternal deaths per 100,000 live births (2020) and 36 newborn deaths per 1,000 live births (2021). Complications during pregnancy and childbirth remain a leading cause of death and despite efforts to increase access to care, the Somali Health and Demographic Survey 2020 found only 32% of deliveries happen with a skilled birth attendant.

After decades of conflict and instability, addressing the high burden of maternal and newborn mortality requires a greater understanding of the political and economic factors that influence MNH policies and financing. This brief outlines a recent political economy analysis (PEA) led by the Somali Research and Development Institute – a partner in the EQUAL research consortium – to examine the diverse political and economic factors that influence MNH decision making within this complex environment.

**KEY MESSAGES/SUMMARY**

- There is insufficient understanding of how political, economic, and other factors influence the prioritization of health policies and programs related to maternal and newborn health in Somalia.
- EQUAL conducted a political economy analysis with data collection and analysis guided by the health policy triangle framework to understand contextual factors, policy content and processes, as well as actor interests and motivations in MNH policies and programs.
- 20 health sector stakeholders were interviewed including representatives from government, donor agencies, civil society organizations, international NGOs, and private sectors health providers.
- Findings from this study – anticipated in mid-2023 – will help to inform policymakers and other stakeholders about gaps in implementation on MNH policies and strategies and offer recommendations for opportunities to strengthen the prioritization of MNH in Somalia.
A PEA provides a structured way to examine the systems, structures, and processes that guide MNH policy making in Somalia. This includes exploring the influence of timing and events and the role of power dynamics while also unpacking the complexity of policymaking spaces that involve multiple stakeholders each with their own priorities, perceptions, and capacities. Specifically, this PEA sought to understand the factors that facilitate and/or prevent the prioritization of MNH services by government and other key stakeholders. Ultimately, the findings from this study will help to identify opportunities to accelerate progress toward improved health outcomes for women and newborns in Somalia.

**Study location**

The study specifically examined policy making and financing at the central level based on where decisions are made and policies formulated.

**Study design**

This was a descriptive case study of the context of MNH policy making and financing in Somalia. Conducted between July 2022 – Feb 2023, the study relied on evidence from a literature review looking at health policies and strategic plans, national development plan, grey literature, and available health related articles as well as UN reports. The study was guided by the Health Policy Analysis (HPA) Triangle, a conceptual framework commonly used to assess policy content, policy-making processes, the overall institutional, political and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy outcomes.

Data analysis is ongoing, using inductive approaches including NVivo and pattern coding. Emerging themes were then grouped and discussed using the four dimensions of the HPA triangle.
Findings
This study is ongoing with findings anticipated in mid-2023.

For more information visit www.EQUALresearch.org and contact Maryan Abdi (maryan.abdi@sordi.so) and Asia Mohamed (Asia@sordi.so)

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