Dr. Said M. Ali,
Head of Dermatology Unit.
Hargeisa Group Hospital, Somaliland.
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Acknowledgment

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Progress Report

Background

In general, access to health care services in Somaliland are limited, although medical institutes are still producing new graduates of Medical Doctors and Nurses for the last decade. Still there are not enough health workers in Somaliland and Doctor population ratio is “1 Doctor serves per 29,000 population” as the Ministry of Health Development stated. Unfortunately, yet we have no specialty postgraduate programs except 2 years Public health in Hargeisa university and three-year postgraduate family medicine program in Amoud university.

Since the central government of Somalia collapsed and Somaliland declared its independence from Somalia in 1991. The public health services declined to its worst, on the other hand, that also empowered sufficiently the private sector of becoming only source to get health care, especially for only those afford.

Due to support of the international and local NGOs, public hospitals and health centers were able to deliver cheaper health services but not enough. Majority of the population don’t have access to the health care particularly those live outside the big cities. having said that, people are also economically poor and have no health insurances except few people which works to international NGOs.

Dermatology is one of those areas underserved, currently when it comes to medical services in Somaliland, there are no more than three private clinics that do give dermatology outpatient services in Hargeisa the capital city of Somaliland which has about one million inhabitants. “Skin Diseases is the third most widespread problem in Somaliland”. As Public Health department of ministry of health development said.
Hargeisa Group Hospital, the biggest public and referral hospital in Somaliland and the only teaching Hospital in the capital, which hosts medical students of University of Hargeisa and other medical institutes in the city and in the country in general.

For the first time Oct 2016, I managed to establish first of its kind of a dermatology service at HGH as a daily visit outpatient care. The main objective of establishing this service was to create a center in the public sector that serves the community, particularly those who can’t afford to go to the private sector. As I am aware of, till now it’s not possible to tell the exact prevalence of the common skin problems affecting the community due to several factors. Though scarcity of qualified health workers is one of the main challenges, however, we cannot rule out socioeconomic problems as well. We are looking forward that this small start unit would be benefited and serve to the community of Somaliland at any level in the future. Health institutes in Somaliland are still in the development stage and we are now ready to spend a lot of effort on extending to postgraduate level in University of Hargeisa which is the first public medical schools established in the capital city.

Annually about 7000 to 8000 patients seek medical care in Hargeisa group hospital which consists of five major sections. The Psychiatry, Obstetrics and Gynecology, Medical, surgical orthopedic and the outpatient unit.

Soon after the first three patches graduated from the public universities, the internship program halted, and there is no ongoing official internship program in the teaching hospitals of the country. This is due to the temporary cessation of economical support provided via THET which an international NGO is, this became an obstacle to both medical students, junior and senior doctors and jeopardized activities going on the academic platforms such as teaching hospitals.

The number of medical students graduating from medical schools are dramatically increasing recently despite no effective plan to put to support these new health professionals will be affected in many ways, academical, psychological, and economical.
Another few points to mention are the increasing of number of foreign health care workers coming to Somaliland, particularly for the last 7 years to practice and establish private hospitals and clinic centers. This contributed to put pressure on the local health professionals in many ways. As a matter of fact, majority of the local people prefer to seek health service for those foreign Doctors than the local one’s. this could be due to beliefs among society though we cannot rule out the low literacy rate of the community could play a major role.

This persuaded more foreigners to follow on the same route to Somaliland mostly hired by local business men and few health workers to challenge such problem. Though, we are not sure whether a lot of them are qualified and competent to do what they entitled to. On the other hand, we are looking forward in the future that the systems will be reviewed by the related authorities and recent Government elect of Somaliland. As I mentioned earlier, I decided to start individually of what I can contribute to the community starting public hospitals firstly, and other channels contribute to the community.

My target is to extend up to better level and try my best to have close relationship and work with every local, international, and governmental institutions that can support me to strengthen the field of dermatology in Somaliland.

The main thing facilitated me go through such complicated situation and challenge those issues I mentioned above was that firstly, I studied in Hargeisa up to university level. Secondly, being trained abroad particularly in Germany which would somehow persuaded the community to feel that I could provide a similar or better medical service than they expect from others.
Discussion

Achievements

*Setting-up Dermatology Service in HGH:*

On October 2016, I approached Hargeisa Group Hospital (HGH) and convinced them to establish Dermatology service unit for the first time and availed myself five days per week. Previously, patients having skin problems were managed by General Practitioners working in other departments. Now I took that responsibilities and give outpatient services from 8 am to 1 o’clock pm 5 days a week. During first couple of months I managed at least to convince people to come to our unit instead of private clinics and physicians of other sections at the Medical outpatients. Though the number of patients we received first couple of months, however the number of patients seeking the service increased and now managed to serve about 10 patients per day. I also contribute treatments as well as consultation of in-patients admitted to other sections of the hospital, particularly those present serious skin problems or having comorbid medical diseases. This made better for us to work with other parts of the hospital and broaden our tasks in the hospital. On the other hand, our experience and skills of taking care of patients with diverse skin problems improved a lot. Most of the patients who attend our hospital are economically poor and were reluctant to access such affordable service. Since we opened the unit, I treated more than 1500 patients with different skin problems. I also do 2-3 hours private clinic service which is mainly benefited by those who don’t have chance to come in the morning sessions or personally want to be treated privately. About 400 patients have benefited this evening private service.

I would like to point out the chart below which depicts the major skin problems we see in our daily outpatient service. Unfortunately, due to our manual data entry systems we have difficulties of sorting and analyzing our data to certain scientific parameters to further levels. Now, we have managed to interpret our data prevalence of the top five skin problems we managed in our service by disaggregated to *Sex, age group, Gender, Region, Season* etc.
I got the opportunity to see interesting and rare cases that would have not been possible if we have not such services at the hospital. The medical students also benefited and got practice different skin problems we discussed in the class.

**MOST COMMON SKIN PROBLEMS AT HGH**

- **T.capitis**, 77, 14%
- **Eczema**, 104, 19%
- **Scabies**, 81, 15%
- **Psoriasis**, 50, 9%
- **Acne vulgaris**, 98, 18%
- **Dermatophytosis(except t.cap)**, 141,...

*Figure 1: The top five major skin problems visited our outpatient unit at Hargeisa Group Hospital*

**Services Provided & Experience:** I got the opportunity to expose into the field and gained a significant practical and clinical experience. I learn new diseases every day and review the literature to solve some cases that I cannot reach the final diagnosis at the office. The main accomplishments that I would like to mention is teaching the Dermatology course for medical students of University of Hargeisa. This made me to be involved in the literature regularly and recall easily certain diseases that I don’t see regularly.

Earlier in my career, my general practitioner status taught me this course, because there was no dermatologist or anybody who attended a postgraduate level education were available in the country. Being a General Practitioner taught me this course and I am more than happy to fill that gap currently.

**Health Education:** Since I came back to Hargeisa, I have been attending Weekly Health Programs by Radio Hargeisa- the only Radio station in the country. These radio sessions I present, provided me the opportunity to educate and remind the community the importance of skin diseases and related health issues in general.
Challenges

- Lack of specialized diagnostic lab tests particularly those we need in Dermatology E.g. Histopathology etc.
- Lack of awareness about skin diseases among the community (people usually underestimate primary cutaneous malignancies or relating Geno-dermatosis or syndromes in skin problems
- Cultural and traditional believes about certain dermatological problems (self-managing using for some local plants, covering the affected area with fresh animal skin or discharges).
- Access and Misuse of over-the-counter topical steroids for bleaching purposes E.g., Clobetasol propionate, Betamethasone propionate/valerate, tretinoin
- Underestimation of the morbidity and mortality of skin problems (unaware of the fatality of skin cancers, genetic disorders leading to skin cancers).
- Lack of enough qualified public/private health centers to deal with skin diseases.
- Socioeconomic factors that can further potentiate the fatality and complications and negatively affect the prognosis. E.g., poor access to health centers due to economical reason.
- Lack of computerized data entry in the public hospitals and difficult Tracking patients record (follow up visits, data analysis etc.).
- Lack of academic platform such as Supervisors and Mentors (E.g. Professors, Senior consultants) in the field.
Way Forward

- Community awareness about skin problems and encouraging to seek health centers at first rather than traditional centers.
- Campaigning against skin bleaching practices specially targeting high risk groups E.g., Women aging 16 to 40 years.
- Challenging the use, harmfully over-the-counter medicines particularly potent Topical steroids and depigmenting agents
- Conducting researches and assessing the prevalence and impact of Dermatological problems in Somaliland
- To increase our relations with other international dermatological institutions
- Further expanding the unit for inpatient care and work for the future establishment of postgraduate Dermatology training in Somaliland
- Working with closely and strengthening the relations with other communities in the field both regionally and internationally.
- To establish in the future a private clinic owned by me, because the work with currently is owned by someone else.
Appendix

Photos

Figure 2: Earing live show of weekly Health program at Radio Hargeisa

Figure 3: Waiting area for the patients at the outpatient, the left pic shows follow up visit of one of my patients at HGH
Figure 4: Front views of the Offices of the Dean of faculty of Medicine and Administration building of the university of University of Hargeisa

Figure 5: The front view and the Examination Room at the private Clinic equipped only with Magnifier, Couch and two chairs.
Figure 6: Oral examination of the Dermatology course for the fifth-year medical students of University of Hargeisa