

# WHO Somalia Position Paper

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The country of Somalia is found in the Horn of Africa. Djibouti, Ethiopia, and Kenya are its neighbors, and it has a coastline that runs along the Indian Ocean. Mogadishu, the capital of Somalia, is home to more than 16 million people. The history of Somalia is long and rich, with a wide variety of ethnic groups and tribes. European nations colonized Somalia in the 19th and early 20th centuries. British ruled the north of Somalia, while Italy ruled the south. The two areas were combined to create the independent nation of Somalia in 1960.

Somalia is portrayed as a United Nations member state in the Model United Nations (MUN) (UN). The World Health Organization (WHO), a division of the UN that focuses on global public health, also recognizes Somalia as a member. Somalia would be expected to participate in discussions and negotiations about health problems such disease prevention, strengthening of health systems, and access to healthcare in MUN debates relating to WHO. In addition, Somalia would be expected to cooperate with other members in tackling problems with the world's health, like pandemics or infectious disease outbreaks.

In Somalia, where over a third of the population is under 15, adolescent health is a crucial issue. Adolescents in Somalia face a number of serious health issues, including:

1. **Malnutrition:** Malnutrition affects a large number of adolescents in Somalia and can cause stunted growth, weakened immune systems, and other health issues. Malnutrition must be addressed in a comprehensive way, which includes expanding access to nutrient-dense meals, encouraging breastfeeding, and dispensing micronutrient supplements.
2. **Malaria, HIV/AIDS, TB, and other infectious diseases** are all highly prevalent in Somalia. Adolescents are especially vulnerable to these illnesses, which can have long-term effects on their health. Increased access to healthcare, including screening, testing, and treatment, is necessary for the prevention and treatment of many diseases.
3. **Reproductive health:** Early marriage is common among adolescent girls in Somalia, putting them at risk for both early and unwanted pregnancy as well as problems during childbirth. Adolescent females may also face complications, such as stigma and ignorance, in getting access to reproductive health treatments. Access to sexual and reproductive health services must be improved, and healthy habits must be promoted through education and awareness-raising.

4. Adolescents in Somalia are increasingly struggling with substance abuse, with many turning to stimulant plants like khat and other substances. A comprehensive strategy is needed to combat substance abuse, one that includes prevention and education programs, treatment options, and initiatives to address the underlying social and economic causes of drug use.

Trying to address the social, economic, and cultural factors that lead to poor health outcomes would necessitate a comprehensive strategy in Somalia. This will require greater financial investment in healthcare facilities and services, as well as initiatives to advance social stability, economic growth, and educational advancement.