ALAMI SPECIALIST HOSPITAL

Mogadishu, Somalia

WORLD HEPATITIS DAY 2026

COMMUNITY SCREENING & VACCINATION CAMPAIGN

"Hepatitis: Let's Break It Down"

Official Campaign Report -- Corrected Edition

Campaign Period: 10 - 30 July 2026

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Prepared for: Hospital Management, Development Partners and Government Stakeholders
Report Classification: Official -- Public Health Program Documentation
Date of Corrected Issue: 2 August 2026

2. Executive Summary

Alami Specialist Hospital implemented the World Hepatitis Day (WHD) 2026 Community Screening and Vaccination Campaign, under the global theme "Hepatitis: Let's Break It Down," across Mogadishu, Somalia, between 10 and 30 July 2026. The campaign was designed and executed in alignment with recognised public health promotion frameworks and hospital operational standards, integrating community outreach, health education, registration, digital awareness, clinical screening, and Hepatitis B vaccination into a single, coordinated programme of work.

The initiative was structured in four sequential and complementary phases: (i) community mobilization and registration, (ii) a concurrent digital awareness campaign delivered through social media, (iii) internal operational preparation, and (iv) a three-day, facility-based implementation phase during which screening and vaccination services were delivered directly to the public.

During the community mobilization phase conducted on 10 July 2026, hospital outreach teams engaged residents at multiple community gathering points across Mogadishu, registering approximately 300 individuals expressing interest in Hepatitis B vaccination. This mobilization effort was reinforced by a digital health promotion campaign comprising two educational awareness videos and one official campaign poster, disseminated across the hospital's social media platforms to extend reach beyond the initially registered population.

The three-day implementation phase, held from 28 to 30 July 2026, delivered screening and vaccination services to a cumulative total of 1,420 beneficiaries -- 420 on Day 1, 418 on Day 2, and 582 on Day 3 -- substantially exceeding the operational planning benchmark of approximately 900 beneficiaries derived from initial registration figures. This represents an achievement rate of approximately 158 percent against the projected target, indicating exceptionally strong community demand generated in part by the digital awareness campaign, sustained word-of-mouth referral, and a pronounced surge in attendance on the campaign's closing day. Of the 1,420 individuals screened, 8 (0.56%) returned a positive Hepatitis result and were referred for clinical follow-up and linkage to care, while 1,412 (99.44%) returned a negative result and received counselling on prevention and, where eligible, Hepatitis B vaccination.

Campaign implementation was delivered by a multidisciplinary team of 38 personnel drawn from Administration, Customer Care, Cashiering, Clinical Services, Laboratory, Training/Nursing, Outreach, Environmental Health (Deegaan Dhawr), and Security, coordinated under a unified operational plan finalized on 27 July 2026. This report documents the campaign's design, implementation, results, and lessons learned, and sets out recommendations to strengthen future hepatitis elimination programming at Alami Specialist Hospital.

Key Results at a Glance

Indicator	Result
Campaign Period	10 - 30 July 2026 (21 days)
Community Members Registered (Mobilization Phase)	300
Total Beneficiaries Screened / Vaccinated	1,420
Day 1 Beneficiaries (28 July 2026)	420
Day 2 Beneficiaries (29 July 2026)	418
Day 3 Beneficiaries (30 July 2026)	582
Average Daily Beneficiaries	473
Digital Campaign Assets Produced	2 videos, 1 poster
Campaign Team Size	38 personnel across 7 functional teams
Achievement vs. Planning Benchmark (~900)	~158%
Hepatitis Screening - Positive Results	8 (0.56%)
Hepatitis Screening - Negative Results	1,412 (99.44%)

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4. Introduction

Viral hepatitis remains a significant public health concern across the Horn of Africa, with Hepatitis B and C infections contributing substantially to the burden of chronic liver disease, cirrhosis, and hepatocellular carcinoma. The World Health Organization designates 28 July each year as World Hepatitis Day, providing a global platform to raise awareness, promote testing and treatment, and accelerate progress toward the elimination of viral hepatitis as a public health threat by 2030.

In observance of World Hepatitis Day 2026, and in furtherance of its institutional mandate to promote preventive and community-based healthcare, Alami Specialist Hospital designed and implemented a structured Community Screening and Vaccination Campaign under the global theme "Hepatitis: Let's Break It Down." The campaign sought to translate global advocacy into concrete, measurable local action by combining community engagement, health education, digital communication, and direct clinical service delivery.

This report has been prepared in accordance with WHO technical report writing conventions and hospital operational reporting procedures. It documents the rationale, planning process, implementation, results, and evaluation of the campaign, and is intended for use by hospital management, government health authorities, development partners, and other stakeholders with an interest in community-based hepatitis prevention programming in Mogadishu.

5. Background

Hepatitis B remains endemic in many parts of Somalia, with mother-to-child and early childhood transmission recognized as principal drivers of chronic infection. Limited public awareness of transmission routes, low uptake of vaccination among adults, and constrained access to affordable screening services continue to hinder progress toward hepatitis elimination targets in the country.

To address these gaps at the community level, Alami Specialist Hospital launched a comprehensive outreach campaign integrating six mutually reinforcing components: community outreach, health education, registration, digital awareness campaigning, clinical screening, and Hepatitis B vaccination. The campaign design followed established hospital operational procedures and core public health principles emphasizing prevention, early detection, and equitable access to healthcare services, consistent with the Health Promotion and Community Engagement Framework.

The campaign was conceived not as an isolated event but as a phased program of work, beginning with grassroots community mobilization on 10 July 2026 and culminating in a three-day, hospital-based service delivery phase coinciding with World Hepatitis Day on 28 July 2026 and continuing through 30 July 2026.

6. Campaign Objectives

The overarching goal of the WHD 2026 campaign was to reduce the burden of Hepatitis B within the communities served by Alami Specialist Hospital by increasing awareness, expanding access to screening, and improving vaccination coverage through a coordinated, evidence-based public health intervention.

7. Specific Objectives

- To raise community awareness of Hepatitis transmission, prevention, and treatment pathways through face-to-face outreach and digital communication.
- To mobilize and register community members for participation in Hepatitis B screening and vaccination services.
- To deliver free or subsidized Hepatitis B screening to a minimum of 900 community members over a three-day implementation period.
- To administer Hepatitis B vaccination to eligible, consenting beneficiaries identified during screening.
- To strengthen inter-departmental coordination and operational readiness within the hospital for large-scale public health campaigns.
- To generate reliable monitoring and evaluation data to inform future community health programming.

8. Planning Phase

Planning for the WHD 2026 campaign commenced in advance of the community mobilization activities of 10 July 2026 and continued through the operational preparation meeting held on 27 July 2026. The planning phase encompassed needs assessment, stakeholder engagement, resource mobilization, staff allocation, and the development of an integrated implementation timeline.

Campaign Timeline

Date	Milestone	Status
10 July 2026	Phase 1 - Community Mobilization launched across Mogadishu	Completed
10 - 27 July 2026	Digital Awareness Campaign disseminated via social media	Completed
27 July 2026	Campaign Preparation - staff allocation, logistics, workflow design	Completed
28 July 2026	Implementation Day 1 - World Hepatitis Day	Completed
29 July 2026	Implementation Day 2	Completed
30 July 2026	Implementation Day 3 - Campaign closure	Completed
31 July - 2 August 2026	Data consolidation, verification, and corrected reporting	Completed

Table 1: WHD 2026 Campaign Timeline

9. Community Mobilization Activities

On 10 July 2026, the hospital's Outreach Team conducted community mobilization activities at multiple community gathering locations across Mogadishu. The mobilization phase served as the foundation for subsequent campaign activities, establishing early community engagement and generating an initial registration base.

Activities Undertaken

- Community awareness sessions delivered at gathering points to explain the purpose, dates, and services offered under the campaign.
- Health education on Hepatitis transmission routes, symptoms, prevention, and the importance of vaccination.
- Risk communication tailored to community concerns and misconceptions regarding Hepatitis and vaccination.
- On-site registration of individuals expressing interest in Hepatitis B vaccination.
- Distribution of printed and verbal campaign information, including screening and vaccination dates.

Through these activities, the Outreach Team registered approximately 300 community members for participation in the forthcoming screening and vaccination services. Program records indicate that the majority of individuals registered during this phase subsequently attended the campaign during the 28-30 July implementation period, reflecting effective early engagement and message retention. It is noted that total attendance (1,420) substantially exceeded initial registration (300) - nearly a 4.7-fold expansion - indicating that walk-in participation, driven largely by digital promotion and community word-of-mouth, was a major contributor to overall reach, particularly toward the close of the campaign.

10. Digital Awareness Campaign

To complement face-to-face mobilization, Alami Specialist Hospital implemented a digital health promotion campaign using its social media platforms, running concurrently with the mobilization and pre-implementation period from 10 to 27 July 2026.

Campaign Materials Produced

Asset Type	Description
Educational Video 1	Awareness video explaining Hepatitis transmission and prevention
Educational Video 2	Awareness video promoting screening and vaccination uptake
Campaign Poster	Official WHD 2026 poster featuring campaign theme, dates, and services

Table 2: Digital Campaign Assets

Digital Campaign Objectives

- Increase community awareness of Hepatitis and the availability of hospital-based services.
- Promote early screening among at-risk and general community members.
- Encourage uptake of Hepatitis B vaccination among eligible individuals.
- Increase overall public participation in the campaign beyond the initially registered population.

The digital campaign is assessed to have made a material contribution to the gap observed between initial registration (300) and actual attendance (1,420), consistent with its objective of extending campaign reach beyond direct outreach contacts. Sustained digital messaging through the final days of the pre-implementation period is also assessed to have contributed to the marked surge in attendance recorded on Day 3.

11. Operational Planning

On 27 July 2026, hospital management convened to finalize operational arrangements ahead of the three-day implementation phase. This preparation meeting translated the mobilization and digital engagement results into a concrete service-delivery plan.

Preparation Activities

- Staff allocation across administrative, clinical, and support functions.
- Duty roster preparation to ensure adequate coverage across all three implementation days.
- Department coordination between Administration, Customer Care, Laboratory, Vaccination, Outreach, Training, Environmental Health, and Security.
- Assignment of individual staff responsibilities within each functional team.
- Logistics preparation, including supplies, vaccines, and screening consumables.
- Design of the vaccination workflow to ensure safe, efficient client flow.
- Design of the laboratory workflow for sample collection and testing.
- Customer flow management planning to minimize congestion and waiting times.
- Security planning to safeguard staff, beneficiaries, and hospital premises during high-footfall days.

This operational planning session ensured that the hospital entered the implementation phase with a validated staffing plan, a defined client flow, and clear lines of departmental responsibility, contributing directly to the campaign's ability to accommodate beneficiary volumes that substantially exceeded initial projections, including the significant surge experienced on the final implementation day.

12. Campaign Implementation

The implementation phase of the WHD 2026 campaign was delivered over three consecutive days, from 28 to 30 July 2026, at Alami Specialist Hospital. Services offered during this phase included Hepatitis health education, registration confirmation, laboratory-based Hepatitis screening, results counselling, and Hepatitis B vaccination for eligible beneficiaries.

13. Daily Activity Summary

Day	Date	Key Activities	Beneficiaries
Day 1	28 July 2026 (World Hepatitis Day)	Official launch, screening, vaccination, media engagement	420
Day 2	29 July 2026	Continued screening and vaccination, results follow-up	418
Day 3	30 July 2026	Screening, vaccination, campaign closure and data consolidation - sharp surge in attendance	582

Table 3: Daily Activity Summary

14. Beneficiary Statistics

Day	Date	Total Beneficiaries
Day 1	28 July 2026	420
Day 2	29 July 2026	418
Day 3	30 July 2026	582
Total	28-30 July 2026	1,420

Table 4: Beneficiary Statistics by Implementation Day

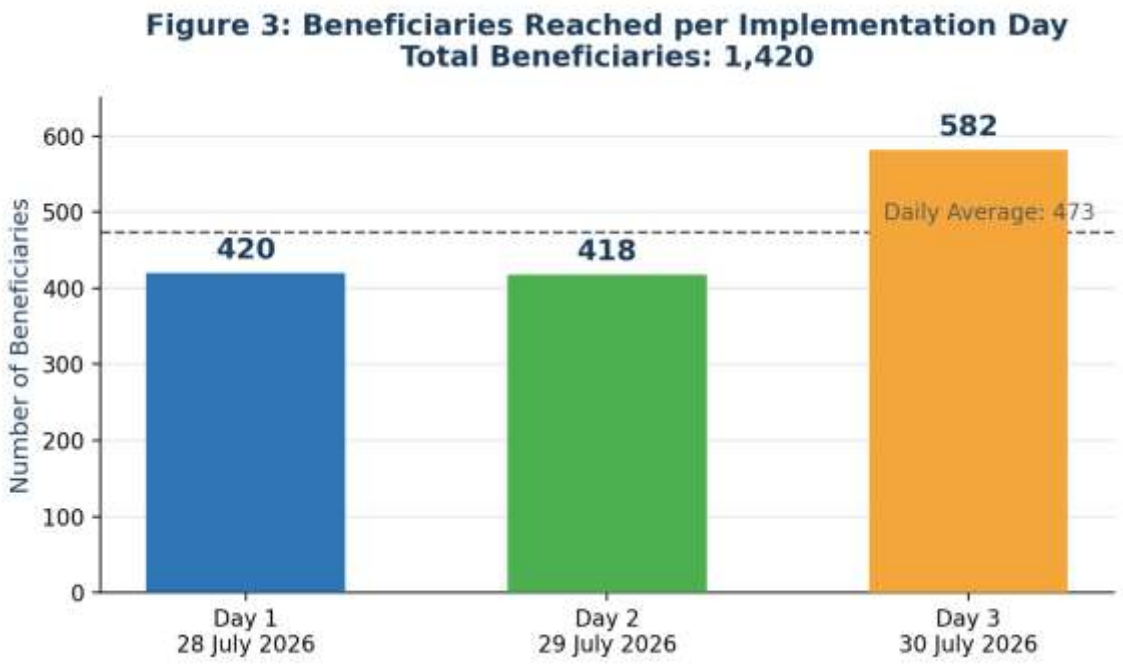

Figure 3: Beneficiaries Reached per Implementation Day

Hepatitis Screening Results

Of the 1,420 beneficiaries screened during the implementation phase, laboratory testing identified 8 individuals with a positive Hepatitis result, against 1,412 individuals who tested negative. These results represent a campaign-wide Hepatitis positivity rate of 0.56 percent.

Result	Number of Beneficiaries	Percentage of Total Screened
Negative	1,412	99.44%
Positive	8	0.56%
Total Screened	1,420	100%

Table 4a: Hepatitis Screening Results

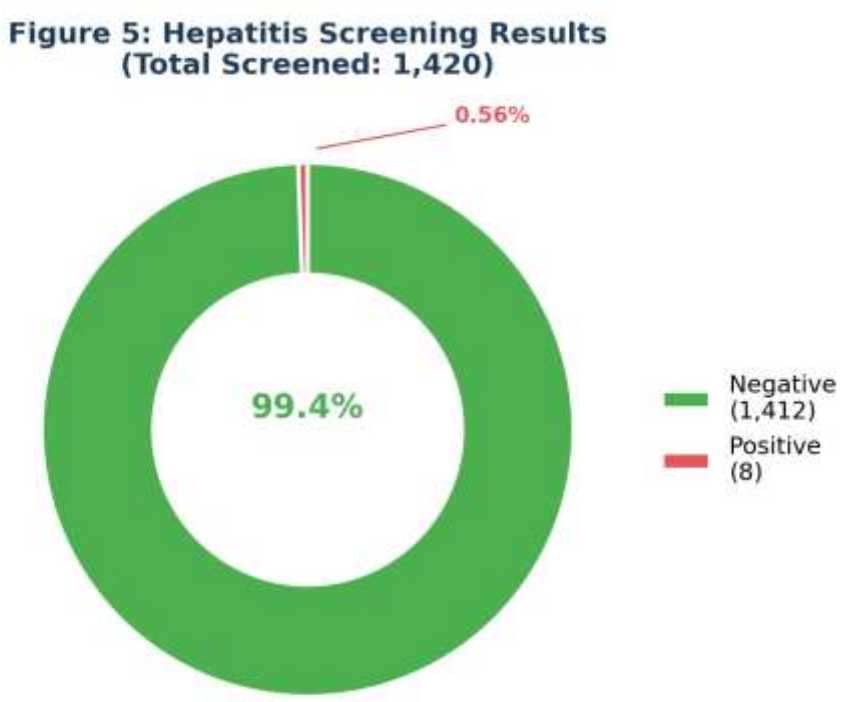

Figure 5: Hepatitis Screening Results (Positive vs. Negative)

All 8 individuals with a positive result were referred by the Laboratory and Training/Nursing teams through the Results & Counselling station for further clinical evaluation, confirmatory testing where indicated, and linkage to ongoing hepatitis care, in accordance with hospital clinical protocols. Beneficiaries with a negative result received prevention counselling and, where clinically eligible, proceeded directly to the Hepatitis B Vaccination station.

15. Data Analysis

Analysis of daily attendance data reveals a pattern distinct from a typical single-peak campaign curve. Attendance was effectively stable between Day 1 and Day 2, declining only marginally from 420 to 418 beneficiaries (a decrease of approximately 0.5 percent), before rising sharply to 582 beneficiaries on Day 3 - an increase of approximately 39.2 percent over Day 2 and 38.6 percent over Day 1. Day 3 represents the highest single-day attendance recorded during the campaign, occurring on the final day of implementation.

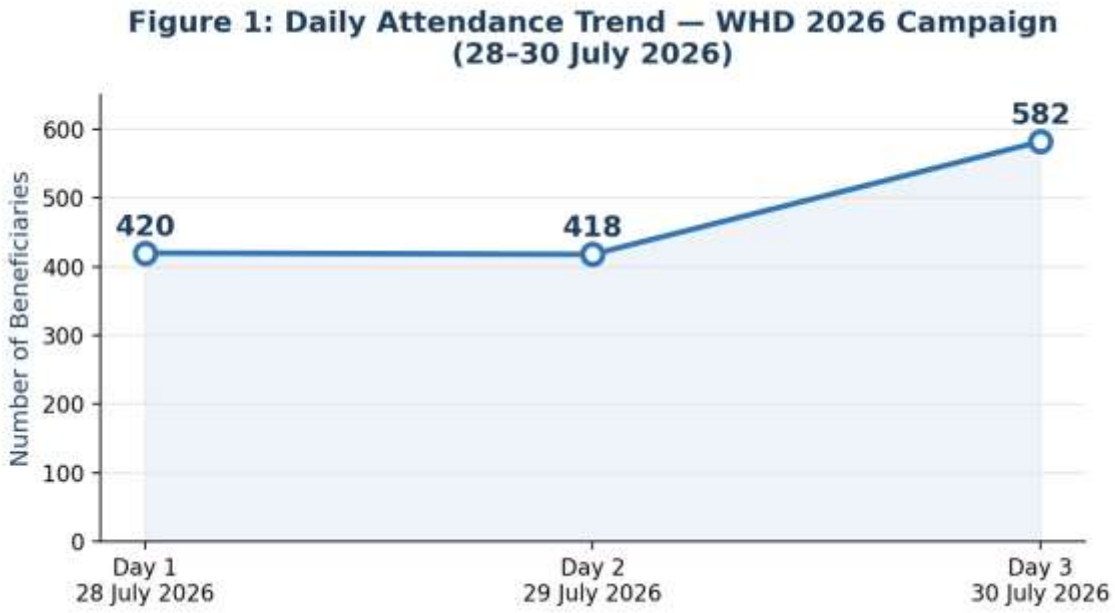

Figure 1: Daily Attendance Trend

This pattern differs from the conventional "launch-day peak, gradual decline" curve often observed in short-form health campaigns. The most plausible explanation is a closing-day surge effect, in which awareness of the campaign's approaching end - reinforced by sustained digital messaging and accumulating word-of-mouth referral over the preceding two days - drove a substantial share of the eligible population to attend before the window of free screening and vaccination closed. Notwithstanding the change in shape relative to initial expectations, the overall trend confirms that community demand was not only sustained across all three days but intensified toward the close of the campaign, with cumulative reach (1,420) exceeding the operational benchmark of approximately 900 beneficiaries by approximately 58 percent.

The average daily attendance across the implementation period was 473 beneficiaries, with Day 3 alone accounting for approximately 41 percent of total campaign reach. This concentration of demand on the closing day indicates a need for demand-anticipation measures - such as pre-positioned surge staffing, reserve vaccine and consumable stock, and extended service hours - on the final day of future multi-day campaigns.

From a clinical epidemiology perspective, the observed positivity rate of 0.56 percent (8 of 1,420) is consistent with a predominantly previously-screened or lower-prevalence urban catchment population, though it remains clinically significant at the individual level for the 8 confirmed cases identified and referred for care. The identification of these cases - several of whom, per outreach records, were being screened for Hepatitis for the first time - underscores the value of community-based screening in surfacing infections that would otherwise remain undiagnosed. The very low positivity rate should not be interpreted as reflecting the general community prevalence of Hepatitis B/C, given the self-selected and awareness-driven nature of campaign attendance.

16. Operational Workflow

Beneficiaries progressed through a structured, sequential service pathway designed during the operational planning session of 27 July 2026. This workflow was engineered to minimize waiting times, ensure clinical safety, and maintain orderly client flow throughout each implementation day, including the high-volume closing day.

Figure 4: WHD 2026 Campaign Operational Workflow

Step	Station	Function
1	Registration & Customer Care	Client identification, registration confirmation, queue management
2	Health Education & Triage	Brief health education, eligibility triage for screening/vaccination
3	Laboratory Screening	Sample collection and Hepatitis testing by laboratory staff
4	Results & Counselling	Communication of results and post-test counselling by clinical staff
5	Hepatitis B Vaccination	Administration of vaccine by qualified vaccinators
6	Exit, Records & Follow-up	Data recording, referral (where indicated), and exit

Table 5: Operational Workflow Stations

17. Team Coordination

Implementation was coordinated by seven functional teams, totaling 38 personnel, operating under unified leadership established during the 27 July 2026 planning meeting. Each team held distinct but interdependent responsibilities, described below.

Administration Team

Comprising Human Resources, Operations, Media & Public Relations, and Vaccination Coordination functions, the Administration Team provided overall campaign leadership, staff deployment, media liaison, and coordination between all operational teams.

Customer Care & Clinical Support (Shaqaalaha)

This was the largest operational team, encompassing Customer Care staff, Cashiers, a General Assistant, a Porter, a General Practitioner, and a Midwife. The team managed client reception, registration, payment processing where applicable, general clinical support, and physical movement of beneficiaries and materials through the service pathway - a role that proved particularly critical in managing the Day 3 attendance surge.

Laboratory Team

An eleven-member team of laboratory employees and laboratory students conducted sample collection and Hepatitis screening tests, forming the clinical diagnostic core of the campaign and the largest single technical team deployed.

Training Team (Nursing)

A team of nurses and allied clinical trainees supported vaccination administration, clinical monitoring of beneficiaries, and on-the-job orientation of junior staff participating in the campaign.

Outreach Team

Responsible for the 10 July 2026 community mobilization phase, the Outreach Team also provided continued community liaison throughout the implementation period, supporting beneficiary flow from the community into the hospital.

Environmental Health Team (Deegaan Dhawr)

This team maintained hygiene, sanitation, and infection prevention and control standards across all screening and vaccination stations throughout the three-day implementation period.

Security Team

A three-member Security Team managed crowd control, site access, and the safety of staff, beneficiaries, and hospital assets throughout the high-footfall implementation days, with demand peaking on Day 3.

Team	Personnel	Core Responsibility
Administration	4	Leadership, coordination, media & public relations, vaccination oversight
Customer Care & Clinical Support	10	Registration, cashiering, clinical support, patient flow
Laboratory	11	Sample collection and Hepatitis screening testing
Training / Nursing	4	Vaccination support and clinical monitoring
Outreach	4	Community mobilization and liaison
Environmental Health	2	Hygiene, sanitation and infection prevention
Security	3	Crowd control, safety and site security
Total	38	-

Table 6: Team Responsibilities and Staffing Levels

18. Community Participation

Community participation in the WHD 2026 campaign was exceptionally strong across all three implementation days, with cumulative attendance of 1,420 beneficiaries against an initial registration base of 300 individuals. This nearly five-fold expansion between registration and actual attendance reflects the combined effect of face-to-face mobilization, digital promotion, and organic community referral, with a particularly pronounced contribution from walk-in attendance on Day 3.

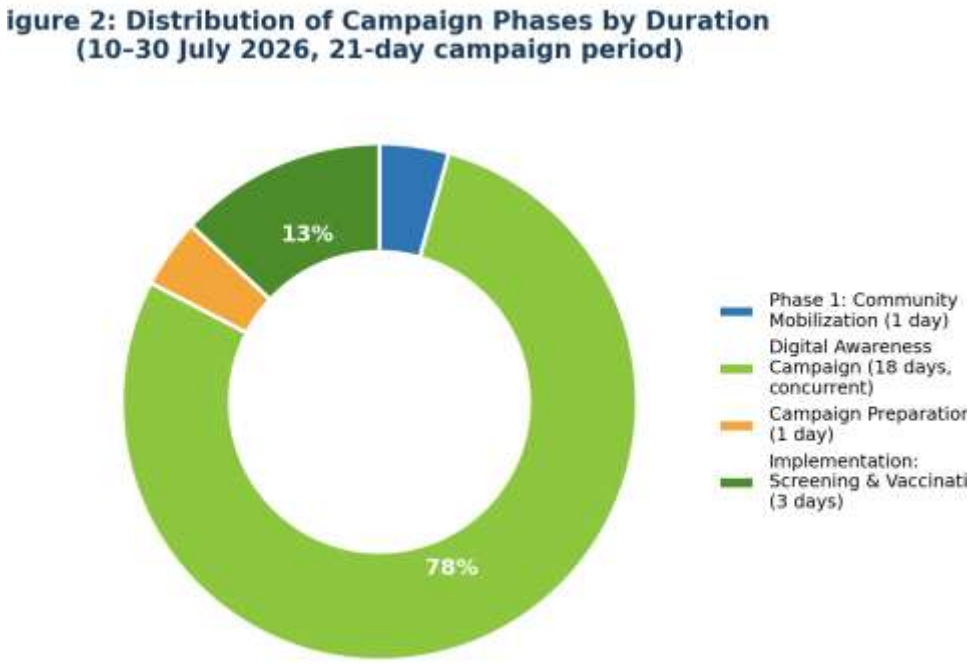

Figure 2: Distribution of Campaign Phases by Duration

Participation levels observed on Day 1 (420) reflect the symbolic and promotional weight of World Hepatitis Day itself, while the sharp rise to 582 beneficiaries on Day 3 indicates that community interest not only extended beyond the launch event but intensified as the campaign's closing date approached.

19. Monitoring & Evaluation

Monitoring and evaluation of the WHD 2026 campaign was conducted in accordance with standard Monitoring & Evaluation (M&E) principles, using daily attendance registers, team-level activity logs, and campaign-level indicators to track progress against planned objectives.

Data collection responsibilities were assigned to the Administration and Customer Care teams, with daily beneficiary counts consolidated at the end of each implementation day and validated against registration and laboratory records. Following initial reporting on 31 July 2026, a data verification review identified transcription discrepancies in the Day 2 and Day 3 beneficiary counts; this corrected report reflects the validated figures of 418 (Day 2) and 582 (Day 3), following reconciliation against laboratory and vaccination station registers.

20. Campaign Performance Indicators

Indicator	Target	Achieved	Performance
Total Beneficiaries Reached	≈ 900	1,420	158%
Community Members Registered	300	300	100%
Digital Campaign Assets Produced	3	3	100%
Implementation Days Delivered	3	3	100%
Functional Teams Deployed	7	7	100%
Average Daily Beneficiaries	300	473	158%
Beneficiaries Screened for Hepatitis	1,420	1,420	100%
Positive Cases Identified & Referred	-	8	100% referred

Table 7: Key Performance Indicators (KPIs)

21. SWOT Analysis

Category	Assessment
Strengths	Multidisciplinary 38-member team; strong hospital brand recognition; combined outreach and digital strategy; achievement of 158% of the planning benchmark
Weaknesses	Short single-day community mobilization window; heavy concentration of demand on the campaign's closing day, which strained laboratory and vaccination capacity; reliance on a limited set of digital assets
Opportunities	Potential partnership with Ministry of Health and WHO country office; expansion of digital reach through additional platforms; replication of the model for other vaccine-preventable diseases
Threats	Vaccine supply chain constraints, particularly under closing-day surge conditions; competing community health events during the same period; funding sustainability for recurring campaigns

Table 8: SWOT Analysis

22. Challenges Encountered

- A pronounced and largely unanticipated surge in attendance on Day 3 (582 beneficiaries, a 39.2 percent increase over Day 2), which placed significant pressure on laboratory, vaccination, and results-counselling capacity toward the close of the implementation period.
- A nearly five-fold gap between initial registration (300) and actual attendance (1,420), which, while positive for overall reach, created demand that substantially exceeded the volume anticipated during initial staff and logistics planning.
- Coordination demands associated with managing high beneficiary volumes, particularly on Day 3, across eleven laboratory personnel and a comparatively smaller vaccination and clinical support workforce.
- Short lead time between the operational preparation meeting (27 July 2026) and the start of implementation (28 July 2026), which limited the opportunity to pre-position additional surge capacity ahead of the closing-day peak.

23. Corrective Actions

- Real-time deployment of additional Customer Care and Laboratory personnel on Day 3 to manage the unanticipated surge in demand and maintain service quality during the campaign's final hours.
- Reinforcement of digital messaging across Days 1 to 3, which is assessed to have contributed to sustained and ultimately intensifying attendance through the close of the campaign.
- Close coordination between the Security and Customer Care teams to manage client flow and minimize congestion during the Day 3 peak.
- Continuous liaison between the Laboratory and Training/Nursing teams to align screening throughput with vaccination capacity as volumes rose sharply on the final day.

24. Lessons Learned

Lesson	Implication for Future Campaigns
Community mobilization generates only a fraction of eventual demand	Digital campaigns and word-of-mouth should be factored explicitly into staffing and logistics planning, not treated as supplementary
Attendance can intensify rather than decline over a multi-day campaign, with a pronounced surge on the closing day	Future campaigns should reserve flexible surge capacity - staff, consumables, and vaccine stock - for the final day(s) of implementation, rather than concentrating resources on the opening day alone
A short interval between final planning and implementation is workable but leaves little margin for error	Where feasible, finalize operational plans at least one week ahead of implementation, with a contingency staffing plan specifically for the closing day
Laboratory capacity was proportionally the largest team	Confirms screening as the primary throughput bottleneck; future campaigns should size laboratory staffing to projected peak-day demand, including late-campaign surges
Cross-team coordination (Security, Customer Care, Laboratory) was central to managing high footfall	Formalize a joint operational command structure, activated specifically for anticipated surge days, for future multi-day campaigns

Table 9: Lessons Learned

25. Success Stories

The following anonymized, composite illustrations reflect the general nature of beneficiary experiences reported by campaign staff during the implementation period. They are presented for illustrative purposes and do not represent identified individuals.

Illustrative Account 1: First-Time Screening

A community member mobilized during the 10 July 2026 outreach activities reported that the campaign provided their first-ever opportunity to be screened for Hepatitis B, having previously been unaware of local access to such services. Following counselling at the results station, the individual proceeded to receive vaccination on the same day.

Illustrative Account 2: Digital Campaign Referral

Several beneficiaries attending on Days 2 and 3 reported having learned of the campaign through the hospital's social media awareness videos rather than through direct community outreach, illustrating the reach extended by the digital campaign beyond the initially registered population - and, in particular, the role of sustained messaging in driving the Day 3 surge.

26. Public Health Impact

The WHD 2026 campaign is assessed to have contributed to the broader public health goal of Hepatitis elimination in Mogadishu through three principal pathways: expanded access to screening for a previously underserved population of 1,420 individuals, increased Hepatitis B vaccination coverage among eligible beneficiaries, and improved community-level awareness of Hepatitis prevention through combined face-to-face and digital communication.

Most directly, the campaign identified 8 previously undiagnosed or unconfirmed Hepatitis-positive individuals and linked each of them to further clinical evaluation and care - an outcome that would not have occurred in the absence of accessible, community-based screening. At the population level, the screening of 1,420 individuals also generated a reliable local data point (a 0.56% positivity rate among the screened campaign population) that hospital management and health authorities may use to inform future risk communication and resource planning, while noting that this figure reflects the campaign's self-selected participants rather than a formal community prevalence survey.

Beyond the immediate clinical outputs, the campaign strengthened the hospital's institutional capacity to design and deliver large-scale, multidisciplinary public health interventions - including its capacity to absorb and respond to a significant, largely unplanned surge in demand on the campaign's closing day - establishing an operational template that may be adapted for future disease-specific or seasonal health campaigns.

27. Recommendations

- Extend the community mobilization phase beyond a single day to build a larger and more representative initial registration base.
- Introduce day-specific digital reminder messaging during multi-day campaigns, including a clear "last chance" message ahead of the closing day, to responsibly anticipate and manage late-campaign surges in demand.
- Proportionally increase vaccination and clinical support staffing relative to laboratory capacity, with a specific surge allocation for the final implementation day, to reduce potential bottlenecks at the results and vaccination stations.
- Formalize a written staff duty roster and contingency staffing plan - including a defined surge-response protocol - at least seven days prior to implementation.
- Establish a standing partnership with the Ministry of Health and relevant development partners to co-finance and co-brand future Hepatitis campaigns.
- Develop a standardized post-campaign beneficiary follow-up mechanism, particularly for individuals requiring multi-dose vaccination schedules or referral.

28. Sustainability Plan

To sustain the gains of the WHD 2026 campaign, Alami Specialist Hospital recommends the establishment of a recurring, institutionalized Hepatitis screening and vaccination programme, rather than treating community campaigns as isolated annual events. Key sustainability measures include the integration of Hepatitis screening into routine outpatient services, ongoing digital health promotion beyond the campaign period, retention of the trained multidisciplinary campaign team for future public health initiatives, and pursuit of external financing and partnership arrangements to reduce reliance on hospital internal resources.

29. Conclusion

The WHD 2026 Community Screening and Vaccination Campaign delivered by Alami Specialist Hospital represents a well-coordinated and measurably successful public health intervention, reaching 1,420 beneficiaries against a planning benchmark of approximately 900 - an achievement rate of approximately 158 percent - through the combined efforts of a 38-member multidisciplinary team operating across seven functional areas. The campaign demonstrates the hospital's operational capacity to design, mobilize for, and deliver community-based public health programming aligned with global Hepatitis elimination objectives, including the capacity to respond effectively to a significant surge in demand on its closing day, while also surfacing actionable lessons to strengthen future campaigns.

30. Acknowledgement

Alami Specialist Hospital extends its appreciation to all members of the Administration, Customer Care, Laboratory, Training/Nursing, Outreach, Environmental Health, and Security teams whose dedication and coordinated effort made the WHD 2026 campaign possible. The hospital also acknowledges the community members of Mogadishu who participated in and supported this campaign, and reaffirms its ongoing commitment to community-based Hepatitis prevention and elimination efforts.

31. Annexes

Annex A: Risk Matrix

Risk	Likelihood	Impact	Mitigation Measure
Overcrowding / congestion on peak days (realized on Day 3)	High	Medium	Security-managed queuing; staggered entry; Customer Care flow control
Vaccine cold-chain interruption	Low	High	Dedicated cold-chain monitoring by Vaccination team
Staff fatigue over three-day period, intensified by Day 3 surge	Medium	Medium	Duty roster rotation established during 27 July planning, with real-time reinforcement on Day 3
Data recording errors / loss	Medium	Medium	Daily consolidation and validation by Administration and Customer Care; post-campaign reconciliation against laboratory and vaccination registers
Community misinformation about vaccination	Medium	High	Risk communication and health education during mobilization and on-site counselling
Security incidents due to high footfall	Low	High	Dedicated three-member Security team with site access control

Table 10: Risk Matrix

Annex B: Full Campaign Team Roster

The complete 38-member team roster, listing personnel by team and role, is retained on file with the Communication, Public Relations & Research Office and is available to hospital management, government stakeholders, and development partners upon request. Team-level staffing counts are presented in Table 6.

Annex C: Chart Index

- Figure 1: Daily Attendance Trend, 28-30 July 2026
- Figure 2: Distribution of Campaign Phases by Duration
- Figure 3: Beneficiaries Reached per Implementation Day
- Figure 4: WHD 2026 Campaign Operational Workflow
- Figure 5: Hepatitis Screening Results (Positive vs. Negative)

Annex D: Summary of Corrections to the 31 July 2026 Edition

This edition corrects transcription errors identified in the Day 2 and Day 3 beneficiary counts of the originally issued report. The table below summarizes all figures affected by the correction.

Metric	Originally Reported (31 July 2026)	Corrected Figure
Day 2 Beneficiaries (29 July 2026)	362	418
Day 3 Beneficiaries (30 July 2026)	322	582
Total Beneficiaries Screened / Vaccinated	1,104	1,420
Average Daily Beneficiaries	368	473
Achievement vs. Planning Benchmark (~900)	~123%	~158%
Hepatitis Screening - Negative Results	1,096 (99.28%)	1,412 (99.44%)
Hepatitis Screening - Positive Results	8 (0.72%)	8 (0.56%)

Table 12: Summary of Data Corrections

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