



People affected

**5.5 million** people lacking access to basic healthcare services

**2.9 million** people living in 'Emergency' or 'Crisis' phase

**3.3 million** people affected by severe drought and food insecurity

**363,000** children acutely malnourished

**36,066** cholera cases in 2017

**6,500** measles cases in 2017

Funding needs

*Pre-Famine Operational Plan*

**US\$ 85 million** required by the Health Cluster to reach 4.3 million people in first half of 2017

**US\$ 13 million** required by WHO to reach 4.3 million people

*2017 Humanitarian Response Plan*

**US\$ 103 million** required by the Health Cluster for 2017

**US\$ 25 million** required by WHO for 2017

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At a glance

- Famine could soon be a reality in Somalia due to the current severe drought and consecutive years of no rainfall.
- Drought has led to food insecurity, affecting 3.3 million people and could leave up to 1 million children acutely malnourished in 2017.
- Drought has also led to lack of clean water and the largest outbreak of cholera Somalia has seen in the last 5 years. Measles cases on the rise.
- Out of a total of US\$ 825 million appealed for by the United Nations for the first half of 2017 for the Pre-Famine Response, US\$ 85 million is required by the Health Sector, of which US\$ 13 million is required by WHO to reach 4.3 million people in first half of 2017.

Current situation

Over 6.2 million people in Somalia are in need of humanitarian aid and there is a high risk that the country will face its third famine in 25 years. Nearly 5.5 million people are in need of health care and at risk of contracting water-borne diseases, of which more than half are women and children under 5 years of age. Acute watery diarrhea/cholera is spreading rapidly with a significant increase in cases reported compared to same time last year. Over 36,000 cases and almost 690 deaths have been reported so far in 2017 alone. With the beginning of the expected rainy season and floods this month, these numbers are expected to increase to 50,000 cases by the end of June.

Mass displacement as a result of the drought has created overcrowded living conditions for over one million people, resulting in increasing measles cases. Almost 6,500 measles cases have been reported in 2017 as of 30 April, with children making up 71% of all cases.

Almost 600,000 people have been displaced by drought since November 2016, and the rapid increase in internally displaced populations (IDPs) has overwhelmed health facilities. The national supply chain has been severely disrupted and is unable to rapidly redirect support to the areas of need. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rupture of the cold chain.



### Health Cluster Objectives for 2017

- Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality
- Contribute to reduction of maternal and child morbidity and mortality
- Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner

### Health cluster pre-famine operational plan

January-June 2017

Health Cluster partners are pushing ahead with implementation of a plan to **restore critical life-saving interventions** to drought-affected and vulnerable populations and prevent avoidable morbidity and mortality. This includes **supporting lifesaving health service delivery** in affected areas through existing fixed facilities or via outreach services and mobile clinics. **The supply of essential medical supplies, vaccines and equipment** is a critical component of the response. Partners are **strengthening the emergency preparedness and response capacities** of the health authorities, including for nutrition, cholera and measles surveillance and response. **Rapid Response Teams at regional level** will be trained to respond to suspected disease alerts, confirm cases and support early investigation and response efforts. Cluster partners are targeting local communities for **sensitization and mobilization on AWD/Cholera and other epidemic diseases control** and prevention. Cholera vaccines are being introduced in “hot spot” areas to help prevent future outbreaks.

### Health Cluster Strategy

2017 Humanitarian Response Plan

In 2017, in addition to the emergency pre-famine response, the Health Cluster plans to provide critical life-saving interventions to vulnerable people and work jointly to prevent avoidable morbidity, mortality, and disability. While NGOs remain the prime provider of health care services, cluster partners provide key front-line health services in targeted geographical areas, including mobile medical units for services in hard-to-reach and overwhelmed areas, camp-based clinics, and support to existing facilities unable to cope with increased demands. These provide life-saving health care services for the particularly vulnerable, such as primary healthcare, emergency reproductive health and nutrition and trauma care. With needs expected to further increase, front-line health care providers will need to scale up lifesaving interventions, complementing and building upon existing national health structures whenever possible.

The efficient response to disease outbreaks, timely identification, treatment, and case management of communicable diseases and prevention of outbreaks will be managed through functional early warning system and increased availability of stocks of medicines, vaccines and medical supplies.

Health Cluster activities will also contribute to the reduction of maternal and child morbidity and mortality through maternal and child-focused interventions that include emergency immunization campaigns of measles and polio. Emergency obstetric and neonatal care will be put in place addressing major causes of new-born and childhood morbidity and mortality. Cluster partners will contribute to building and strengthening emergency preparedness and response capacities of health partners and emergency units of Ministry of Health, both at Federal and state level.



### Key health achievements 2016/7

- 56 Cholera Treatment Centres are operational in 40 districts to manage severe acute watery diarrhea/ cholera cases. To keep these facilities functioning, WHO and partners are providing medicines and medical supplies and training health staff.
- In March 2017, WHO and partners conducted the first national oral cholera vaccination campaign in Somalia, successfully reaching over 450,000 vulnerable people.
- WHO and health partners are increasing the number of surveillance sites for epidemic-prone diseases such as cholera and measles across the country.
- An emergency measles prevention and control strategy is being implemented by the health cluster.
- 50 Integrated Emergency Response Teams (IERT), will undergo refresher training before deployment to hot spots.

## WHO: A Major Investment to Revitalise the Health Response in Somalia

WHO is determined to scale-up its emergency response to meet the most urgent health needs in Somalia. A revised WHO Emergency Response Plan was launched in April 2017 with a total request of US\$ 13.5 million over six months between April – September 2017. The overall goal is to reduce avoidable morbidity and mortality due to famine and cholera in Somalia, with three outputs:

- **Provide leadership and co-ordination of the health and nutrition response.**
  - WHO hubs established in Mogadishu, Garowe, Hargeisa and Baidoa to provide co-ordination and leadership of health activities.
- **Strengthen epidemic disease surveillance and response.**
  - Surveillance capacities throughout the country are being upgraded and Rapid Response Teams deployed for both investigation and response.
  - Supplies, staff and operations support are being provided to more than 20 secondary level cholera treatment centres, and Oral Cholera Vaccination campaigns are being implemented in 'hotspot' areas.
- **Improve access to essential lifesaving health and nutrition services.**
  - Emergency support provided to 300 primary care facilities and 15 hospitals in 6 regions of the country.

