

## KEY FIGURES

<b>6.7 Million</b>	▶ People in need of humanitarian aid
<b>5.5 Million</b>	▶ People lacking access to basic healthcare services
<b>3.2 Million</b>	▶ People living in 'Emergency' or 'Crisis' phase
<b>714 000</b>	▶ People internally displaced by drought since November 2016
<b>1.4 Million</b>	▶ Children acutely malnourished
<b>45 400</b>	▶ Cholera cases *
<b>738</b>	▶ Cholera deaths *
<b>9 800</b>	▶ Measles cases *

\* Cumulative since January 2017



Photo – WHO officer administers measles vaccine at the launch of measles vaccination campaign in Mogadishu. Photo credit: WHO/ Greta Isac

## HIGHLIGHTS

- Dr. Tedros Adhanom Ghebreyesus was elected WHO Director-General at the Seventieth World Health Assembly, held in Geneva on 22-31 May. Additionally, the Somali Federal Minister of Health and Social Care, H.E. Dr. Fawziya Abikar, is among the five elected Vice-Presidents of the World Health Assembly.
- Life-saving medicines and supplies were distributed to Somaliland and , Puntland and South Central.
- The second round of the Oral Cholera Vaccination (OCV) campaign was completed in Baidoa and Jowhar districts on 26 May.
- A total of 2,679 AWD/cholera cases and 23 deaths were reported year-to-date, as of 28 May, across 45 districts in 15 regions of Somalia. Wadajir district in Banadir was the worst affected with 431 reported cases.

## SITUATION OVERVIEW

On 2 February 2017, the international community and the Federal Government raised the alarm on the ongoing drought/pre-famine crisis in Somalia, which is affecting more than half of the country's population. This has caused high levels of food insecurity resulting in disease outbreaks and severe acute malnutrition requiring urgent and quality lifesaving interventions.

Prior to the current drought/pre-famine crisis that begun in 2015, Somalia suffered two devastating famines (1992 and 2011), these two events occurred in the context of a protracted civil war that began in 1991. During this period, most of the public health infrastructure was destroyed, which caused a significant deterioration of health service delivery across the country. The war caused insecurity, inaccessibility to large areas of the country that lead to delayed response and the loss of at least half a million lives.

At present, more than three million people are living in an emergency/crisis situation (IPC phases 3 and 4) with more than 360000 acutely malnourished and 70000 severely malnourished children in need of urgent and life saving support. Less than half the Somali population have access to basic health services with most facilities located in urban areas. Insecurity, poor health seeking practices and population



awareness, lack of functioning referral systems, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks.

The overall goal of the WHO Somalia's Emergency Response Plan is to reduce disease and death due to the drought, in all the affected areas of Somalia.

WHO's response is focusing on the following strategic areas where WHO has a specialized knowledge and expertise:

- Providing leadership and co-ordination in health;
- Prevention of disease outbreak; and
- Delivery of essential healthcare services.

Building technical health leadership will focus on strengthening the health authorities' capacity in Somalia, in order to ensure the emergency efforts are sustainable. This also leads into building the resilience of the health system and infrastructure, not only to manage the current emergency but also future shocks.

Delivery of essential health care services ensures that the affected communities have access to essential health care services, and basic health needs such as common childhood illnesses and maternal health needs are met effectively.

## KEY HEALTH ISSUES

### Acute water diarrhoea/cholera

Although Acute Watery Diarrheai/cholera cases are declining in certain regions such as Ayn, Bay, Bakol, Bari, Sanaag and Sool, attributable to the robust health interventions currently underway in these regions, overall, the situation is deteriorating with more than half of the country's population (6.7 million people) in need of humanitarian assistance.

In the period of 15-28 May, there were 4,998 AWD/cholera cases and 45 deaths reported across the 15 regions of Somalia. South Central region has reported a notable increase in the rate of infection, from 3 374 cases and 31 deaths in the period between May 1 and 14, to 3,541 cases and 45 deaths in the period between 15-28 May (a difference of 167 infections and 14 deaths between the two time periods). The drought and pre-famine situation in Somalia has led to the ongoing health crisis, leading to disease outbreaks such as AWD/cholera and measles and creating suitable conditions for malnutrition, as a result of limited access to safe drinking water, poor sanitation and displacement.

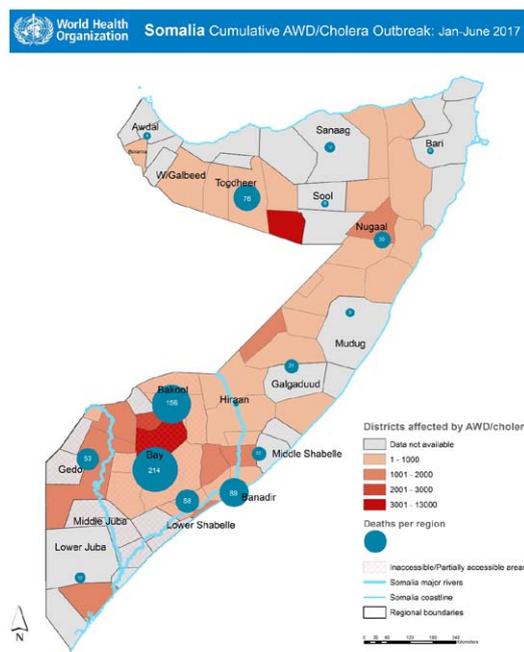


Fig 1: AWD/Cholera Cases in Somalia: May 2016 – May 2017.

## Measles

A total of 9 813 suspected measles cases were reported in the initial 21 weeks of 2017 across Somalia. The Central zone has recorded the highest number of cases (4 901) followed by Somaliland (3 317) Puntland (1 094) and South (501). The regions reporting the highest number of suspected measles cases are: Banadir (2 576), Togdher (1 754), Hiran (891) and Lower Shabelle (826).

The number of suspected measles cases in 2017 is approximately four times higher than that of the same period in 2016.

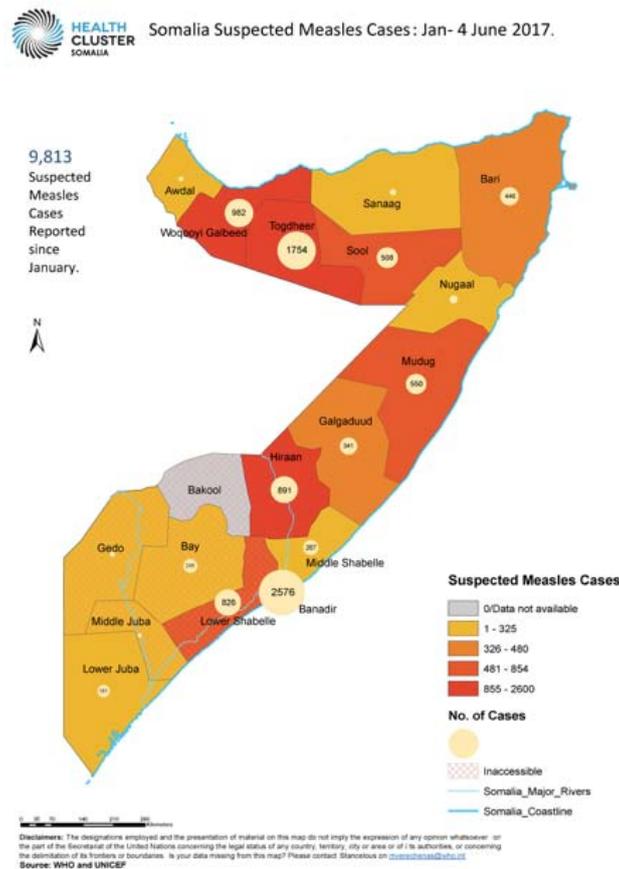


Fig 2: Measles Cases in Somalia: May 2016 – May 2017

## Severe Acute Malnutrition

The nutrition cluster reported 76453 severely malnourished children treated since January 2017 and 285664 children screened by nutrition cluster partners & 71411 pregnant and lactating women (PLW) received integrated basic nutrition services package.

## KEY GAPS AND CHALLENGES

Due to lack of funding, the Health Cluster is unable to reach the target monthly population of approximately 360,000 people per month and is currently reaching just over a half of the population due to funding constraints and access difficulties. This means about 175000 people per month are not reached through Health Cluster interventions.

The following planned activities cannot begin without funding support:

- Training for management of complicated Severe Acute Malnutrition (SAM)
- Providing a emergency measles vaccination campaigns in hotspot areas
- Renting and equipping ambulances to provide mobile medical services to the most affected regions
- Facilitating community-based screening for malnutrition using Mid Upper Arm Circumference (MUAC) in collaboration with polio surveillance program and UNICEF

## RESPONSE ACTIVITIES

### Acute water diarrhoea/ cholera

Thematic Areas	Response activities
Leadership and Coordination	<ul style="list-style-type: none"> <li>• A weekly emergency meeting was held in Mogadishu and Garowe by the Ministry of health and health cluster partners.</li> <li>• Coordination committee meetings held in Mogadishu and Baidoa for AWD/cholera and drought response.</li> <li>• Federal Minister of Health and WHO Representative in Somalia launched Oral Cholera Vaccination campaign in Baidoa and Jowhar.</li> </ul>
Oral Cholera Vaccine (OCV)	<ul style="list-style-type: none"> <li>• The second round OCV campaign was completed in Baidoa and Jowhar districts on 26th May 2017 as summarised in table 4 below. A total of 407,314 (88%) received the second dose of OCV compared to 442,099 (95%) people aged 1 year and above who received the first dose.</li> <li>• The OCV campaign was implemented by 449 vaccination teams. 217 of them were based in Baidoa while 232 teams based in Jowhar district.</li> <li>• Over 90 supervisors will monitor the implementation of the campaign with 45 of them stationed in each of the target districts.</li> <li>• Social mobilisation was implemented by the local NGOs with support from the polio teams in Baidoa and Jowhar districts. Communication materials were developed and disseminated in Baidoa and Jowhar target areas.</li> <li>• Health partners were supported by the Ministry of Health to organise the oral cholera vaccination campaign in Baidoa and Jowhar districts.</li> <li>• All the activities, from micro-planning, training vaccination teams and social mobilisation were led by the Federal Ministry of Health with support from the WHO polio team and partners.</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>• Continued on the job training on Infection Prevention and Control (IPC) at CTCs.</li> <li>• Provide IPC guidelines to RHB and health workers at the CTCs.</li> <li>• Monitoring and strengthening of adherence to IPC and other case management protocols – providing oversight of case management.</li> <li>• Supported the development of Protocols on AWD/cholera treatment for children with SAM which was agreed with Nutrition cluster partners, including R-ENCU and submitted for approval to MoH.</li> <li>• Supported mapping of SAM cases, IDPs sites, mobile health and nutrition teams (UNICEF/MoH) including partner support.</li> <li>• Training of Integrated Emergency Response Teams (IERTs) 10 in Gedo, 10 in Banadir/Lower Shabele and 5 in South Mudug. In May, these teams provided 32,074 consultations, treated 4,244 AWD/Cholera cases and referred 638 AWD/Cholera cases to CTUs and CTCs. A further 26,562 individuals were educated AWD/Cholera preventive measures, 2,879 households provided with hygiene kits and 9,554 children screened for malnutrition.</li> </ul>
Surveillance and Laboratory Support	<ul style="list-style-type: none"> <li>• 59 mobile teams deployed in 592 IDP settlements in Puntland.</li> <li>• A total of 769 alerts were investigated in Puntland. 583 of them were true alerts</li> </ul>

<p>WASH/Environment Health</p>	<ul style="list-style-type: none"> <li>• House to house mobilisation was conducted in 1,789 households in Puntland.</li> <li>• 10 water purification teams were commissioned in Togdheer and Sanag.</li> </ul>
<p>Capacity Building</p>	<ul style="list-style-type: none"> <li>• On the job training being carried out on infection prevention and control at the treatment centers.</li> <li>• Training and reorientation of staff were conducted on surveillance and epidemiology of AWD.</li> </ul>
<p>Logistics and Supplies</p>	<ul style="list-style-type: none"> <li>• 4 Integrated Diarrhoeal Disease Kits (IDDK) distributed to affected regions in Somaliland.</li> <li>• 500 Carry Blair tubes distributed to Somaliland for stool sample collection and laboratory diagnosis.</li> <li>• 11 Tons to be supplied (10,000 litres of RL plus tents) to Burao district for AWD/ cholera response.</li> <li>• WHO Somalia offices used as open office space for emergency coordination meetings.</li> <li>• 3C (Command Control Centre) established at the Regional Health Bureau with WiFi internet connection.</li> <li>• Procurement office equipment (e.g. printers, projectors computers etc.) to revamp the Regional office.</li> </ul>



IERT training held in Baidoa at the DOCC. Photo credit WHO.

## Health Systems

There are currently 83 Cholera Treatment Centers (CTC) and Cholera Treatment Units (CTU) providing lifesaving healthcare to the vulnerable and affected populations in the disease hot spots areas across all the regions.

Mapping of Health Service Delivery among implementing partners at the facilities level has been completed:

- 1,074 facilities in Somalia
  - 74.5% of health facilities in Somalia are functioning
  - 60% of health facilities in Somalia supported by NGOs
  - 63% of health facilities in IPC4 affected regions of Somalia supported by NGOs
  - Critically low geographic coverage of service delivery in Bay region
  - Critical gaps in NGO supported service delivery in Sanaag (3.6%) and Sool (9.9%) regions
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- » More than 10 metric tons of inter-agency emergency health kits have been delivered to 170 health facilities across the country, including monitoring of end-to-end supply chain.
  - » 60MT of emergency kits supplied across the country, since last December 2016.
  - » More than 4,700 eIMCI consultations have been conducted to improve quality of care in health facilities.
  - » More than 10,000 priority conditions and events reported across 150 health facilities in SL, PL and SC with MOH and partners, including linkage to national health management information system (HMIS).
  - » A joint monitoring of service delivery, quality and outcomes is currently ongoing across 100 cholera treatment centres and 119 nutrition stabilisation centres with MOH, UNICEF and partners.
  - » 40 regional and district MOH medical officers trained in Mogadishu to continue monitoring of cholera treatment and nutrition stabilisation centres.
  - » Data analysis and mapping is ongoing to determine supply (bed capacity) vs demand (case) for cholera and nutrition, as well as inter-relationships between disease, accessibility and population movement than can inform operational decision-making.

\*\*\*Add chart week 21 cholera sitrep

## Measles

The Government of Somalia with support from partners (WHO, UNICEF, and others) is taking steps to protect vulnerable children from measles. WHO provided technical support for implementing emergency response vaccination measles vaccination campaigns in Somalia that reached and vaccinated over 500,000 children. The following campaigns have been conducted:

- Somaliland: 240,723 children in 12 districts were vaccinated against measles and administered Vitamin A
- Baidoa: 29,228 children from the IDP community were vaccinated against measles and administered Vitamin A
- South Galcaakayo: 15,615 children from the IDP community were vaccinated against measles and administered Vitamin A
- Banadir and Afgoi corridor: 119,245 children were vaccinated against measles and administered Vitamin A
- Untland: 122,123 children in 5 high risk districts were vaccinated against measles

## Severe Acute Malnutrition

WHO is working to support SFG-Nutrition department infrastructure to build constitutional capacity, departments structure was finalized including the description for each unit, WHO is working to recruit more support to the government, meeting with UNICEF and WFP, nutrition cluster and MOH to decide the capacity building program to support government infrastructure.

- 46 national and international organisations are providing nutrition programming in Somalia, according to nutrition geo-tagging survey conducted by UNICEF, WFP & nutrition cluster INGOs and national organization support 895 active nutrition delivery points (286 fixed sites, 108 mobile teams and 609 outreach sites) across different regions in Somalia. These nutrition sites including 40 SCs providing management of complicated malnutrition across 34 districts, still there are gap in 60 districts where children have no access to management of complicated SAM.
- Monitoring of nutrition stabilisation centres is underway INGOs and SFG-MOH focal points (DMOs and RMOs) were trained on the electronic system for data collection that launched jointly by WHO, UNICEF and MOH. 60 tablets distributed to participants during the last two weeks of May, data flow is expected soon.

## RESPONSE PRIORITIES

- Distributing medicines and medical supplies (22 Metric Tons)
- Expanding facility-based reporting to 100 facilities via SCI/NGO consortium
- Completing CTC quality and outcomes review and expansion to Stabilization Centres (SCs)
- Training for management of complicated Severe Acute Malnutrition
- Planning and implementing nationwide measles vaccination campaign
- Renting and equipping ambulances to provide mobile medical services to the most affected regions
- Facilitating community-based screening for malnutrition using Mid Upper Arm Circumference (MUAC) in collaboration with the Polio Surveillance Program and UNICEF

Many of these activities depend on funding.

## FUNDING NEEDS

A pre-famine response appeal of US\$ 825 million was made by the United Nations for the first half of 2017; USD\$ 85 million is needed of the health sector. In April a revised WHO Emergency Health Response Plan was prepared with total request of US\$ 13,466,846 to reach 4.3 million people over a six-month period. So far US\$ 2.4 million have been funded, leaving a shortfall of 11 million (USD\$).



IERT training held in Baidoa at the DOCC. Photo credit WHO.

## CONTACT DETAILS

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