Highlights

• WHO launched a preventative oral cholera vaccination campaign in Baidoa & Jowhar targeting 463,000 persons aged 1 year and older – the largest cholera vaccination campaign to date.
• WHO trained Integrated Emergency Response Teams (IERTs) in Baidoa to build drought response capacities.
• Around 50 tons of emergency medicines and medical supplies were delivered during the first quarter of 2017.
• In response to the deteriorating situation in Somalia, a revised 2017 Humanitarian Response Plan (HRP) was presented on May 11 at the London Somalia Conference, calling for additional funding and further scale-up of humanitarian response. The revised HRP is seeking US$1.5 billion to reach 5.5 million people with life-saving assistance in 2017.

Situation Overview

• The humanitarian situation continues to deteriorate and the possibility of famine in 2017 persists.
• Rains have started in Somaliland, western parts of Puntland, Bari and Nugaal regions, while Lower Juba, Lower Shebelle and the coastal areas of Galgadud and Mudug have remained dry, according to SWALIM. There is now possibility of an El Nino occurring towards the end of the year.
• Massive drought-related displacement continues across Somalia, with most of the displaced people moving from rural to urban areas or other rural areas where they anticipate receiving aid. Drought-related displacements to urban centres have slowed down land preparation activities ahead of the rainy season in agro-pastoral areas of Bay, Bakool, Hiran, Gedo, Middle Juba and riverine areas of Shebelle.
• Humanitarian organizations and civilians continue to experience challenging access constraints, including safety and security concerns as well as road access challenges, particularly along major roads in southern and central Somalia. In April 2017, more than 30 violent incidents affected humanitarian organisations. As of 27 April, 13 humanitarian workers had been abducted by non-state armed actors during the month of April, the highest number recorded in one month since the 2011 famine response. The affected personnel are all front-line responders (Source: Somalia Humanitarian Bulletin, April 2017, OCHA).
Key Health Issues

Acute Water Diarrhoea/ Cholera

The overall trend of the AWD/ cholera is not slowing down and the outbreak is spreading to new villages and districts. There are cholera alerts reported from Galgadud, Gedo, Togdheer, Bakool and Middle Juba region and other inaccessible areas, and the verification of these alerts is becoming a major challenge due to security.

Severe drought and its consequence (water scarcity, food insecurity and malnutrition) are major contributing factors to the ongoing cholera outbreak which has spread to 13 out of 18 regions across the country. More AWD/ cholera cases were recorded among people displaced due to drought, living in IDP camps in Baidoa, Banadir and other locations.

The preparation for an upsurge of cholera cases along the main rivers are ongoing since the rainy season began more than a week ago, and major floods are expected. Active transmission of AWD/ cholera is still going in all districts in Banadir region, with Hodan, Daynile, Dharkeynley and Wadajir recording the highest number of AWD/ cholera cases. AWD/ cholera cases are now reported in Buuhodle, Burco, and Taleex districts, parts of Puntland and Somaliland.

Measles

This year has seen significantly higher numbers of suspect measles cases reported compared to 2016. A total of 8,390 cases have been reported as of 12 May.

Suspected cases of measles were reported from all regions in 2017. The highest number of cases were reported in the Central region (4,202), followed by Somaliland (2,968), Puntland (784) and South Central Region (435). Of the reported cases, over 66% of the cases are children under the age of 5.

<table>
<thead>
<tr>
<th>Region</th>
<th>Week 13 (1st to 7th May – 2017)</th>
<th>Week 14 (8th to 14th May – 2017)</th>
<th>Cumulative (week 1-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live</td>
<td>Deaths</td>
<td>CFR (%)</td>
</tr>
<tr>
<td>Bay</td>
<td>480</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Bakol</td>
<td>85</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Lower Juba</td>
<td>169</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Gede</td>
<td>228</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Galgadud</td>
<td>202</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Middle Shabelle</td>
<td>84</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Hiran</td>
<td>4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lower Shabelle</td>
<td>233</td>
<td>5</td>
<td>1.9</td>
</tr>
<tr>
<td>Bari</td>
<td>38</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sanaag</td>
<td>38</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Karkaar</td>
<td>58</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mudug</td>
<td>58</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nugaal</td>
<td>77</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Ayn</td>
<td>520</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Banadir</td>
<td>309</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>2,691</td>
<td>22</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Measles Vaccination was introduced in 7 high risk districts in these regions. Alerts from Middle Juba have not be included because they could not be verified due to insecurity. Affected districts in these regions are hard to reach with the exception of town areas. Cases reported from Middle Juba region could not be verified by the time of reporting.
Severe Acute Malnutrition

There are currently an estimated 363,000 acutely malnourished children, including 71,000 severe acute malnutrition (SAM) cases, of which 15% (10,650) are anticipated to suffer from complications of SAM.

WHO introduced electronic nutrition monitoring tools in coordination with ministries of health (MoH), as part of a new initiative for quality and monitoring framework. 60 tablets are presently in use and reports are already expected on stabilization centers (SCs). An additional 150 tablets are in the pipeline, expected to cover more geographical areas.

WHO is currently supporting the Federal Ministry of Health (FMoH) to establish a new partnership approach (technical agreement) to assist in mapping of the international partners.

Currently 46 national and international organisations are engaged in nutrition programs in Somalia.

Operational Updates

Acute Water Diarrhoea/Cholera

Strengthen Cholera outbreak response coordination

The Health Cluster, in conjunction with the federal ministry of health (FMoH), conducted a national cholera task force meeting. In addition, the different regional clusters working in the Drought Operations and Coordination Centres (DOCCs) in Baidoa and Mogadishu held coordination meetings with the objective of strengthening response coordination.

A task force was formed from the 3 clusters (Health, WASH and Nutrition) in Puntland to jointly address the AWD outbreak in Buuhoodle.
Procure and distribute AWD/cholera supplies and essential medicines in all high risk areas

WHO supported the NGOs consortium, led by Save the Children (SCF), with 100 inter-agency emergency health kits (IEHKs). One kit is designed to meet the basic health needs of 1000 people for approximately 3 months.

Some of the direct interventions in the different regions include:

- Operationalizing the Regional Cluster in Mudug & Bari regions and holding the first meetings on 6th & 13th of April.
- Holding regional cluster meetings in Puntland, Middle Shebelle, Gedo, Bari, Lower Juba and Bay and Bakool and a National Cluster meeting in Mogadishu.
- Developing operational guidelines for 34 Integrated Emergency Response Teams (IERTs) by Health, WASH and Nutrition clusters, in collaboration with federal and state Ministries of Health.

Implement oral cholera vaccination (OCV) campaigns in high-risk areas:

The second round of oral cholera vaccination campaigns was completed in seven high risk areas in Mogadishu, Beledweyne and Kismayo, where 411,883 people (91% of target population) aged 1 year and above received the second dose of OCV. The Polio team led the implementation of the campaign using polio structures already existing in all parts of the country. They used a mix of fixed, temporary and house-to-house strategies to reach the maximum number of people. No case of Adverse Events Following Immunization (AEFI) were reported at any of the implementation sites.

WHO and the Federal Ministry of Health of Somalia launched a preventative oral cholera vaccination (OCV) campaign in Baidoa in the Bay region and Jowhar in the Middle Shebelle regions in May, targeting a total of 463,000 vulnerable persons aged 1 year and above. This is the largest preventative cholera vaccination campaign to date, and aims to limit the spread of cholera in some of the most hard-hit areas of the country. In both locations, vaccination priority is being given to internally displaced people (IDPs) who are at greater risk of contracting AWD/cholera. No AEFI cases were reported at any of the vaccination sites. The campaign is conducted in 2 rounds and will conclude before the start of Ramadan.

Enhance timely investigation, case reporting and laboratory confirmation of suspected cholera cases

Based on daily/weekly updates from the FMoH, over 200 alerts for AWD/cholera were reported from all around the country, of which 80% were from Middle Juba. Surveillance officers have been investigating cholera alerts in Karkaar, Bari and Cayn regions in Puntland.
In March and April 2017, WHO completed delivery of nearly 50 tons of medicines and medical supplies for around 4.3 million persons, in collaboration with health authorities, to be used in health centres in the areas most hard-hit by cholera, including Bay, Bakool, Gedo, Galkayo, Garowe, Banadir and Somaliland.

In addition, 22 tons of AWD/cholera and primary health kits were shipped for distribution. The inter-agency health kit covers the needs for the primary health care, by:

- 170 basic units, each covering the needs for a population of 1,000 persons over 3 months
- 4 supplementary units, each covering a population of 10,000 persons over 3 months
- 45 interagency diarrheal disease kits (IDDK), each capable of treating 100 severe cases or 400 moderate cases
- 6 cholera kits capable of treating 100 cases of AWD/cholera, severe or moderate, at central, periphery and community level.

**Strengthening water, sanitation hygiene and risk communication campaign in high-risk areas**

- The procurement of water quality testing machines to be distributed in high-risk regions has been initiated.

**Ensure effective case management and access to health care services**

To ensure effective cholera case management and access to health care services, a total of 22 integrated emergency health response teams (IEHRTs) were trained in Mogadishu, while 12 were trained in Baidoa. 60 health care workers were given on-the-job training in cholera treatment centres (CTCs) in Baidoa and Banadir hospital. WHO, Save the Children (SCF), UNICEF and IOM are supporting training of 50 IERTs for deployment to hotspot areas.

The single dose antibiotic treatment was introduced for moderately dehydrated cases, in addition to the oral rehydration therapy (ORT) with ORS solutions. This was in recognition of the overwhelming poor sanitation conditions and limited access to safe drinking water. This case management update is aimed to reduce the spread of the disease, acute dehydration cases and related mortalities.

WHO supported Puntland Ministry of health in TOT training of 40 health workers in AWD/cholera case management, which could be cascaded to CTCs/CTUs staff, as well as hospital medical doctors in all regions of Puntland. 110 Health Workers, district medical officers and social mobilizers from Banadir, Middle and Lower Shebelle regions received cascade training on AWD/cholera prevention, case management, surveillance, outbreak investigation and rumour verification. The training was conducted by FMoH, with support from WHO.

75 AWD/cholera treatment facilities (24 CTCs, 38 CTUs and 13 stand-alone CTUs) have been operationalized, mainly in the South West, Hir-Shabelle, Jubaland, Galmudug, Somaliiland, Puntland and Banadir.

**Measles**

In April 2017, WHO supported the UNICEF measles vaccination campaign, covering over 240,000 children in 12 districts in Somaliland. Nearly 30,000 children in Baidoa camps for internally displaced persons (IDPs) between the ages of 6 months to 5 years were reached. Children received the measles vaccine, as well as vitamin A supplements. Baidoa has received the largest number of drought-affected IDPs in Somalia. We also recently completed a vaccination campaign in South Galkakayo, where 15,615 children were vaccinated against the disease. Other campaigns targeting IDPs in the Banadir area and in high risk districts of Puntland are expected to start in the second half of May.
**Severe Acute Malnutrition**

In April, a survey was conducted to review the Food Security and Nutrition Analysis Unit (FSNAU) protocols, and participation in mortality. Sub-national teams for monitoring of district level nutrition response with partners were also formed. A nutrition monitoring team, in collaboration with UNICEF, was deployed to review Severe Acute Malnutrition (SAM) management in SCs located in integrated phase classification 4 (IPC4) areas. Facility-based priority events, including mortality, are being monitored using the quality and outcomes framework.

**Coordination**

In the first month of the WHO Somalia Emergency Response Plan, a team was recruited and deployed to strengthen capacity and provide surge support. 4 hubs (Hargeisa, Garowe, Baidoa, and Mogadishu) have been strengthened to implement the emergency response plan.

The Health Cluster has scaled up its coordination activities at regional and National levels to enhance partnership in responding to the Pre-famine situation. The Cluster has increased the frequency of coordination meetings to weekly in the regions that are considered hotspot, and bi-weekly in other regions.

Further, the Health cluster partners have scaled up lifesaving health interventions by establishing additional mobile clinics, and fixed centres to treat and prevent common communicable illnesses in the most vulnerable population groups.

The health cluster is targeting 4.3 million out of 5.5 million people who are in need of emergency health services for 2017. This is an increase of 2.4 million people compared to target populations in 2016. The aim is to expand emergency lifesaving health services. National laboratories are actively engaged in testing samples for cholera.

WHO, in conjunction with UNICEF, conducted refresher training for 33 Integrated Emergency Response Teams (IERTs) comprising of a total of 156 health professionals on lifesaving health/ WASH/ Nutrition services. The IERTs will be deployed immediately to work with IDPs in hard-to-reach areas and districts, including Bay, Bakool, Gedo and Banadir. These are the most affected by AWD/ cholera, measles and malnutrition. In addition, WHO contributed essential medicines for use by IERTs. The teams are also supported by the Federal and State Ministries of Health, who will provide overall guidance and leadership, team and site identification.

Health cluster partners have reached 338,671 people (202 945 female & 1389 38 below 5 yrs) in April – a 74% increase from 194,268 people reached in March.

A national Health Cluster meeting was held in Mogadishu in the month of April. Health, WASH and Nutrition clusters, in collaboration with Federal and State Ministries of Health, developed operational guidelines for 34 Integrated Emergency Response Teams which spell out their key functions and services.

The Joint Health and Nutrition Program that has offered vital support to Health and Nutrition activities in the past few years is coming to an end. Additional support to health facilities with life-saving medical supplies, especially in drought and AWD/ cholera-affected areas of Somalia, is urgently required.

**Information and Planning**

**UPDATED LIST OF CTCs, CTUs, SCs**

The list of functional, proposed and closed cholera treatment centres (CTCs) & cholera treatment units (CTUs), as well as SCs from WHO and the Ministry of Health were mapped against data from the 2016 WHO Service Availability and Readiness Assessment (SARA) of regional health facilities in Somaliland, Puntland and South Central.

Mobile monitoring systems training. Photo Credits: John Haskew, WHO EMRO.
The main findings of the initial analysis are summarised below:

- 776 beds available
- 15 (71%) facilities with sufficient bed capacity
- 2,178 patients treated, including 1,094 children under 5 years old, and 29 deaths recorded
- 1.3% (0.0% - 18.1%) average case fatality rate (minimum - maximum)
- 19 (90%) case management protocols available
- 15 (71%) antibiotics available
- 13 (61%) training and case management sessions undertaken
- 10 (47%) safe water protocols available
- 17 (80%) water points available
- 115 (71%) IPC protocols available
- 17 (80%) hand soaps available

**Health Operations**

**Cholera treatment centres**

Cholera treatment centres (CTCs) are operational in 40 districts to manage severe acute watery diarrhoea/ cholera cases. To keep these facilities functioning, WHO and partners are providing medicines and medical supplies, as well as training health staff.

In April, 8 diarrhoea disease kits (DDKs) and 150 Cholera beds were distributed to Cholera Treatment Facilities in affected regions of Gedo, Togdher, Awdal, Middle and Lower Shebelle. In addition, health cluster partners recruited additional medical staff, dispatched tents, medicines and emergency mobile teams, to respond to new AWD/Cholera cases in Puntland and Somaliland. A total of 16 integrated emergency response teams (IERTs) have been mobilized to monitor CTC functioning and outcomes. This is a joint project across agencies and clusters.

**Operational Support and Logistics**

WHO, in partnership with the FMoH, is currently running an integrated pilot project (monitoring and quality framework) using mobile monitoring as a new means of information gathering. 60 tablets are already in use and another 150 tablets are in the pipeline to support this initiative.

**Communications**

The following news stories were published on WHO Somalia website:

- Second round cholera vaccination campaign starts in Somalia
- WHO conducts joint mission to Baidoa to review cholera support

WHO Somalia’s Twitter account (@WHOSom) was relaunched in April. It has since earned 106.8K impressions (potential number of times a tweet was viewed) and increased followership by approximately 900 persons which is a 41% increase. The expected rise in followership by May 2017 was 10%.

**Administration**

Mogadishu office expanded warehouse storage capacity to 1500 cubic metres, in order to accommodate large quantities of emergency medical supplies and medicines being shipped to offices around the country.
Key Gaps and Challenges

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 due to funding constraints and access difficulties. This means about 175,000 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)
• Additional 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 Priorities

• Distributing health and AWD/ cholera kits (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 (pending funding)
• Increasing emergency measles vaccination campaigns in hotspot areas (pending funding)
• Renting and equipping ambulances to provide mobile medical services to the most affected regions (pending)
• Facilitating community-based screening for malnutrition using Mid Upper Arm Circumference (MUAC) in collaboration with the Polio Surveillance Program and UNICEF (pending funding)

Funding Needs

Of a total of USD$ 825 million United Nations appeal for the Pre-Famine Response for the first half of 2017, USD$ 85 million is required by the Health Sector. USD$ 13.5 million is required by WHO to reach 4.3 million people in first half of 2017. This is to actualize the WHO Emergency Response Plan. So far 2.4 million (USD$) of the plan has been funded, leaving a shortfall of 11 million (USD$).

Contact Details

Dr Ghulam Popal
WHO Representative for Somalia
popalg@who.int

Kalsan Abdi
Communications Officer
emacosomcomms@who.int