

SOMALIA EMERGENCY RESPONSE BULLETIN

ISSUE 2017/03 June 1 – 30, 2017

Highlights

- Overall, the trend of trends of suspected cholera cases and deaths have slightly declined with less districts reporting cases compared to the previous months. From January to June 2017, 71,663 cumulative cases of suspected AWD/cholera and 1,098 related deaths have been recorded including Somaliland Puntland and South Central.
- 60 tons of essential medicines and medical supplies and cholera treatment distributed to major health facilities and cholera treatment Centres.
- Completed the successful pilot program of the multi-sector Integrated Emergency Response Teams (IERTs).
- Country-wide measles vaccination campaign is planned to commence in November 2017.
- WHO Representative for Somalia, had a high level meeting with the Federal Minister of Health (FMOH) for to discuss the current health emergency to ensure strong collaboration between WHO and FMOH response to the emergency.
- Over 66 international and national health partners are coordinated through the health cluster.



An [what is OPD?] consultation desk by IOM Integrated Emergency Response Team at Wadajir district- Banadir region. Photo by IOM

Key figures

<p>5.5m People in need of health services</p> <p>3.2m in IPC Phase 3 and 4</p>	<p>4.3M People targeted for Health Response</p>	<p>761,000 People displaced by drought since November 2016</p>	<p>12,336 Suspected cases of measles in 2017</p>	<p>71,663 Suspected cholera Cases and 1098 deaths in 2017</p>	<p>\$765m Total reported humanitarian funding in 2017 (HRP+ non-HRP funding)</p>
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Situation Overview

The ongoing prolonged drought situation in Somalia which commenced in 2015 is having devastating effects on the people of Somalia. The World Food Program projects that the drought may continue up to October 2017. However, the health needs of the people will continue rise as an after effects of the drought and its related consequences. Compounding the effects of the drought are protracted civil war, with its impact on the health infrastructure, security prior famines in 1992 and 2011.

Thousands of people have been displaced due to the current drought situation thereby losing their source of livelihood and shelter. From November 2016 to June 2017, more than 761,000 people were displaced due to drought related matters. There are an estimated 3.2 million Somali's living in an emergency or crisis situation (IPC phases 3 and 4) with an estimated 360,000 cases of malnutrition of which 70,000 severely malnourished children in need of urgent and lifesaving support. UNICEF estimates there will be 1.4 million children acutely malnourished.

Most of the recent IDPs are living in harsh conditions plagued with food and water scarcity and consequent malnutrition.

Almost half of the 12.3 million population of Somalia, 5.5 million people, are in urgent need of emergency health services. Insecurity, displacement, poor health seeking practices, concentration of health facilities in urban areas, as well as the spread of AWD/Cholera, measles and complications arising from severe malnutrition have compounded the health crises in Somalia.

WHO and health partners together with State and Federal Ministries of Health, have scaled up efforts to meet these rising health needs of the population by instituting control measures to prevent further transmission of diseases as well as responding to the primary healthcare needs.

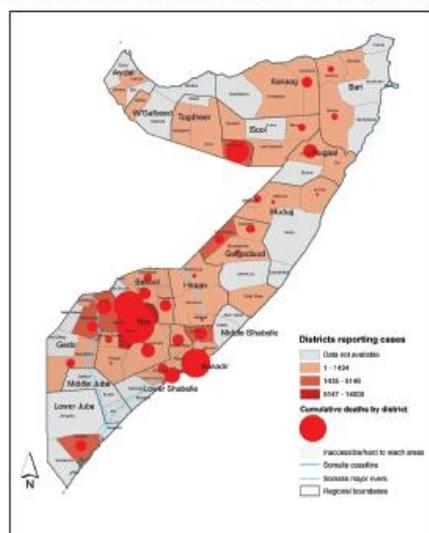
The focus of the health response is to ensure all affected persons receive lifesaving health interventions through an integrated response (Health WASH and Nutrition).

KEY HEALTH ISSUES

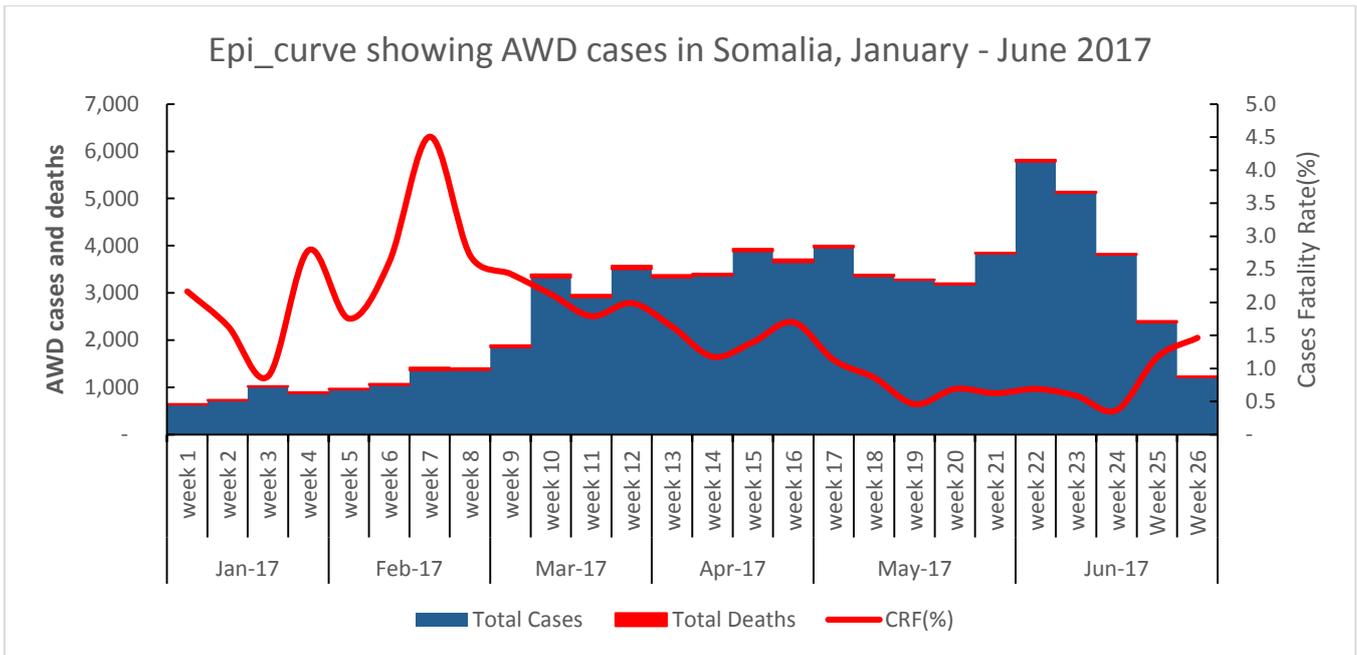
Acute Water Diarrhoea/Cholera

Acute Watery Diarrhoea (AWD)/Cholera continues to pose a major health threat in Somalia. As a cholera endemic country, Somalia has reported suspected cholera cases since 2012. The current cholera epidemic started in October 2016 as a direct effect of the prolonged drought causing massive displacement, scarcity of safe water, food insecurity and malnutrition.

DISTRIBUTION OF SUSPECTED CHOLERA CASES IN SOMALIA, JUNE 2017

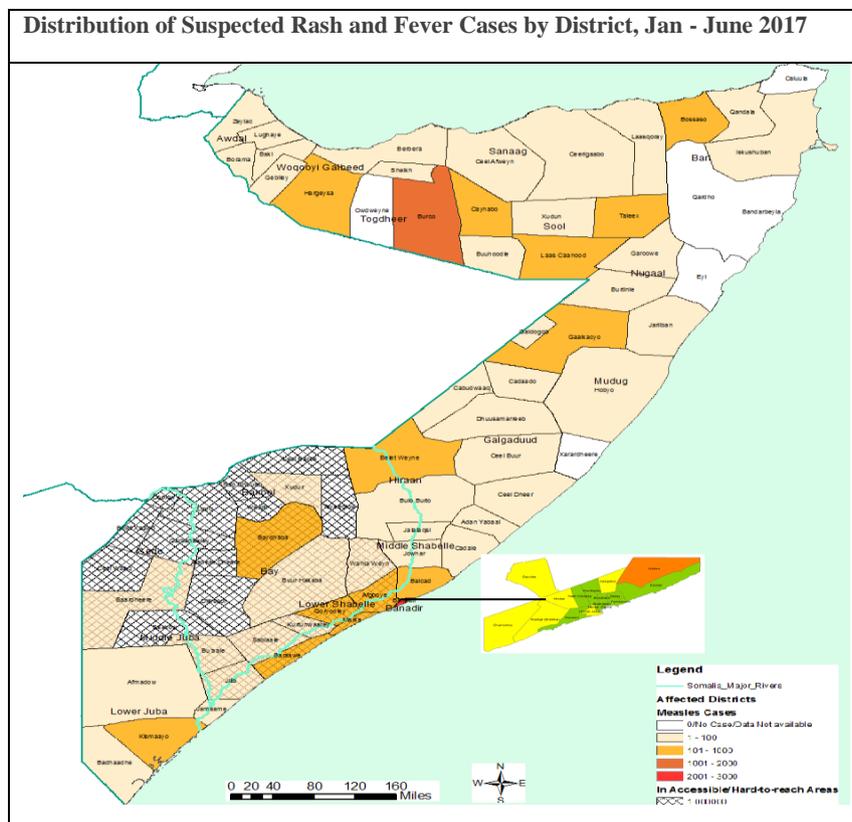


In June 2017, 14, As of 30 June 30, 2017, a total of 71,663 cumulative cases of AWD/Cholera and 1098 deaths { Case Fatality Rate (CFR) of 1.4% } were reported from 52 districts across 16 regions since the beginning of 2017. Although the current CFR exceeds the 1% emergency threshold, a significant decrease from 2.7% in February 2017 to 1.4% in June 2017 was achieved. Most of the AWD/cholera cases are among people displaced due to drought, living in IDP camps in Baidoa, Banadir, Togdheer and Sool and other locations within the country.

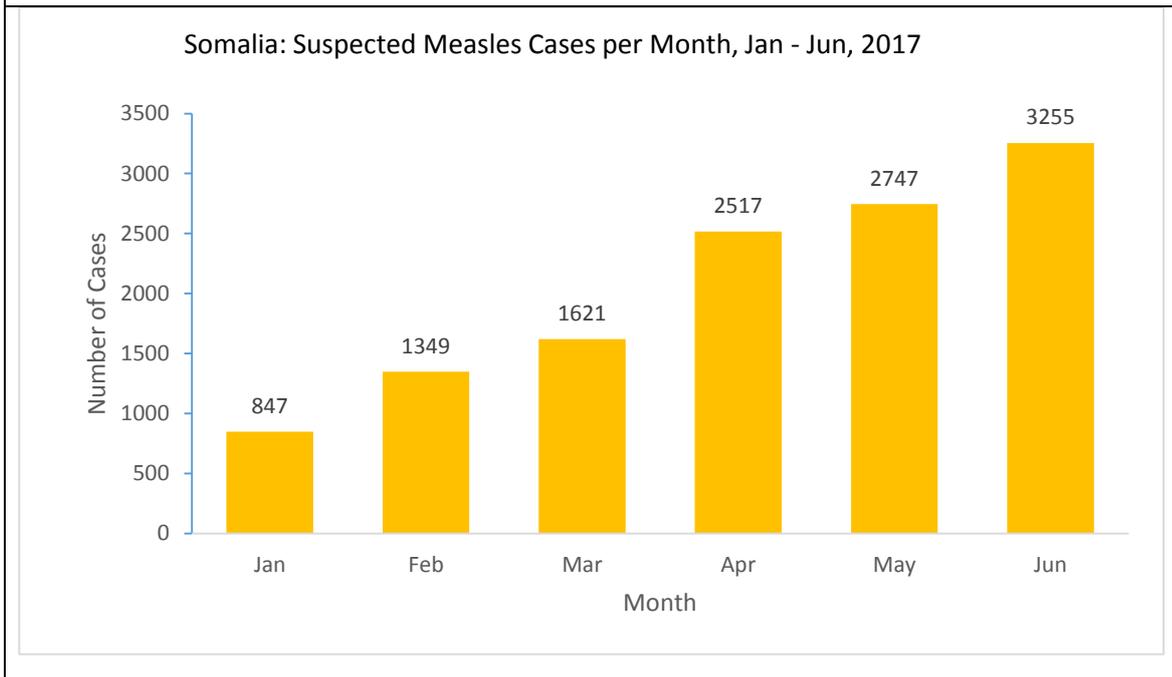


Measles

Measles outbreak continues in Somalia, with 12,336 suspected measles cases reported as of 30 June 2017, substantially higher than the number of cases in the prior comparable period in 2016.



Graphical Presentation of Suspected Rash and Fever Cases by Zone, January - June 2017



Nutrition

The nutrition situation has continued to deteriorate as the direct impact of the prolong drought and a major driver to the health emergencies in the Somalia. Nutrition partners report that 2.2 million people are in need of nutrition interventions, of which the cluster has targeted 1,155,000 people, including 539,000 moderately malnourished children; 346,000 severely malnourished children aged between 6 months and 5 years, and 270,000 pregnant and lactating women.

Since the beginning of 2017, nutrition cluster partners have recorded 153,000 case of SAM amount children less than five years from both Outpatient Treatment Programme (OTP) and stabilizations Centres (SC) in addition to 243,696 U5 MAM cases reported from Therapeutic Supplementary Feeding Programme (TSFP).

Banadir, Lower Shabelle, Gedo, Bay, Mudug and Togdheer have the greatest burden of Malnutrition cases.

Humanitarian Response

Since the beginning of 2017, WHO and health partners combined efforts to reach over one million people each month through provision of various life-saving health services.

WHO continues to play a leadership role in the response by strengthening coordination mechanism at regional and national levels by organizing month and adhoc meetings at the regional levels. WHO also provided direct support to the government to establish Cholera Treatment Centres (CTC) and Cholera Treatment Units (CTUs) in affected districts, distributed over 1, 600 protocols and standard guidelines on cholera treatment to all CTCs and CTU across the country.

Additionally, WHO lead the cluster partners to conduct risk assessment his hotspot areas such as Banadir and Galgaduud regions to identify the population most at risk for cholera and organised immediate measure as chlorination of wells with the Ministry of Water and Natural Resources.

Over 360 health workers have been trained in cholera surveillance, case management, infection control and prevention across Somalia.

WHO also procured and delivered 3,375 boxes containing essential medicines amounting to over 60 tons in weight. WHO is supporting two (2) national consultants to develop a comprehensive situation analysis of the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) in Federal government and Somaliland. This situation analysis will give an update on the current status and the progress made since the introduction of the acceleration plan for sustainable Development Goals (SDGs) 4 & 5. The analysis will form the basis for developing a strategic workplan for RMNCAH 2018-2021 towards reaching the sustainable development goals SDGs.

Furthermore, in the attempt to boost the sensitivity of the disease surveillance system, WHO activated the electronic disease surveillance system (eDEWS) to support timely reporting of cholera cases and other epidemic prone diseases. Additionally, regular technical and logistical support is being provided to 30 regional surveillance officers, 90 district Polio officers and 265 health workers in 265 sentinel sites to report cases of cholera and other epidemic prone diseases on daily and weekly basis.

Monitoring the quality of health service delivery and outcomes is ongoing across 94 CTC and 40 Nutrition stabilisation centres is being conducted to ensure quality of service delivery across the country. Analytic mapping to determine supply vs demand and inter-relationships between disease (morbidity and mortality) as well as accessibility and population movement to inform operational decision making.

The deployment of six (6) international consultants to support health service delivery, nutrition, measles, logistics and communications programming and information management has also given a boost to the WHO health response activities in Somalia.

Over 66 Health Cluster partners provided various essential health services including:

- House-to-house WASH campaigns were conducted in the Afgoye corridor, which has been the epicentre of the cholera outbreak in Banadir.
- Health partners donated 200 boxes of ringer lactate infusions to Banadir hospital CTC.
- Integrated Emergency Response Teams (IERT) provided medical assistance to 1,140 patients suffering from AWD/cholera in June.
- Health cluster partners are responsible for managing most of the CTC and CTU and providing treatment services.
- Health cluster partners deployed two mobile clinics to offer outpatient and referral health services in IDP settlements in Kismayo.
- 14 Integrated Diarrhoea Disease Kits distributed to affected regions in Somalia. Each kit is sufficient to treat 10,000 people for three months. In addition, health partners recruited additional medical staff, dispatched tents, medicines and emergency mobile teams to respond to new AWD/Cholera cases across the country.

Gaps/Current Needs

- Limited access to areas that are controlled by Al-Shabab in Middle Juba, South West State and some parts of Galgadud.
- The health cluster funding shortfall continues to hamper delivery of life-saving health services to most vulnerable people including IDPs in Somalia.

- There is need to train additional health workers in all regions affected by AWD/Cholera as preparedness for future outbreaks.
- Strengthening Surveillance activities in all regions to improve reporting of AWD/Cholera cases
- Training of health workers and community health volunteers to improve the management of cholera cases.
- Strengthening of coordination of response activities at national and sub-national levels in all accessible regions affected with AWD/cholera.
- Translation of cholera treatment guidelines into Somali language

Ongoing/Upcoming Events

- WHO collaboration with health cluster partners in the process of planning a nationwide measles immunization campaign, targeting 4.2 million children aged 6 months to 10 years, expected to commence in November 2017.
- WHO, in collaboration with the Ministry of Health, is planning to establish a mortality surveillance system.
- Completion of independent monitoring for the completed Oral Cholera Vaccination campaign that was conducted during April and March 2017 in high-risk districts.
- Training of Health workers in the stabilization centres planned jointly between WHO and Nutrition cluster.

Funding

US\$13.5 million is required under the six (6) month WHO Emergency Health Response Plan, to reach 4.3 million people. However, US\$4.2 million has been funded, leaving a shortfall of US\$9.3million.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Emergency Health Response Plan	US\$13.5 million	US\$4.2 million	31%
HEALTH SECTOR	Type the name	US\$106.8 Milion	US\$24.27 Million	23%

For enquiries, please contact

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

Seth Annuh
 Information Management Officer
 World Health Organization, Somalia
annuhs@who.int