



World Health Organization

WHE Situation Report September, 2018 Situation Report No. 9



WHO-supported Integrated Emergency Response Teams (IERTs) providing outreach services



5.4 Million

in need of health services



2.6 M

Displaced



4.3 M

People targeted by health cluster



432

EWARN sentinel sites

KEY FIGURES

HEALTH SECTOR	
70	HEALTH CLUSTER PARTNERS
5.4M	PEOPLE IN NEED OF HEALTH SERVICES
4.3M	TARGET POPULATION (HEALTH CLUSTER)
HEALTH FACILITIES	
1074*	NUMBER OF HEALTH FACILITIES
800	FUNCTIONING HEALTH FACILITIES
432	EWARN REPORTING SITES
VACCINATIONS	
1.2M	ORAL CHOLERA VACCINE
22,231	POLIO
FUNDING US\$	
24	FUNDED
US\$17M	REQUESTED
85%	FUNDING GAP

HIGHLIGHTS

- Cholera cases declined from 244 cases in July to 144 cases in September. The cumulative number of cases reported in 23 districts since December 2007 stands at 6,423, including 42 deaths (CFR 0.7%).
- Suspected measles cases continue to decline following the mass measles campaign conducted between January and March, 2018. In September, 388 cases of measles were reported making a cumulative total of 7,034 cases since the beginning of the outbreak in December 2017
- Health cluster partners reached 318,873 beneficiaries with life-saving health services during the reporting period. Cumulatively, health cluster partners have provided health services to 2.5 million people with life-saving health services since January 2018.

1. Overall Situation

Despite the improvements recorded in the humanitarian situation in the first half of the year, the humanitarian situation is still fragile. According to FSNAU, the *Gu* seasonal rains performed beyond average thereby ending the drought that persisted since mid-2016. However, the adverse impacts of the 2016-2017 severe drought are expected to persist especially among the population displaced due to the drought and among pastoralists who lost most of their animals during the floods. Humanitarian partners are required to respond to the needs of 5.4 million people, including an estimated 2.7 million internally displaced persons (IDPs) and refugees.¹ Meanwhile, the Greater Horn of Africa Climate Outlook Forum projects higher than normal *Deyr* rainfall across Somalia from October through December, with the possibility of flooding in the low-lying and areas of the country and those near rivers. These may result in increased displacement, which would have a deleterious effect on public health.

1.1 Public Health Concerns

Access to basic health services across entire different parts of the country is still a major concern. This is due to many factors including but not limited to limited funding, insecurity in some parts of the country, and especially in the South, and the limited availability of qualified and competent health workers in rural and difficult-to-reach areas.

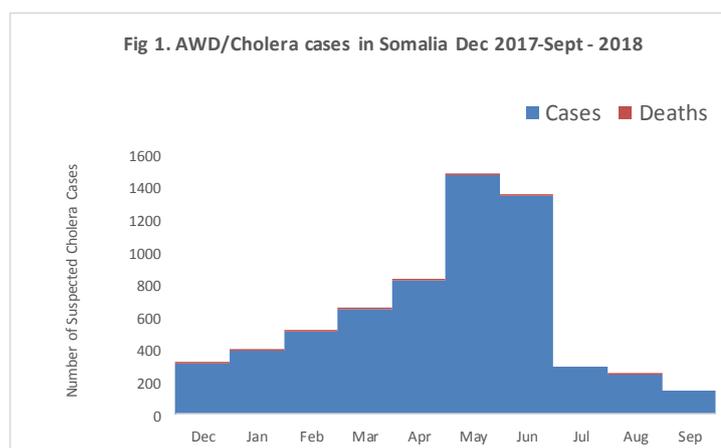
WHO Somalia and the Health Cluster partners continue to respond to the needs of Somalis affected by the floods and cyclones that occurred in May 2018 as well as the residual effect of the 2017 drought. An estimated 1.5 million people face acute food insecurity or worse (IPC Phases 3 or higher).² It is estimated that 294,000 children under the age of five are likely to be acutely malnourished, including 55,200 who are likely to be severely malnourished by the end of the year.³ Public health indicators such as vaccination status against vaccine preventable diseases still lower coupled with high rates of malnutrition especially among IDPs.

1.2 Epidemiological Update

There has been a reduction in AWD/Cholera cases reported in September (144 cases) compared to the August (244 cases). Areas of active transmission include Banadir and Kismayo, but no cholera-related deaths were reported during the month of September. Measles cases have also declined following the mass measles vaccination campaign.

1.2.1 Acute Watery Diarrhea (AWD)/Cholera

The cumulative AWD/cholera cases since the beginning of the outbreak stands at 6,423 including 42 deaths, (a case fatality ratio of 0.7%). Of the 74 affected districts, 23 districts from four regions have reported cases. Majority of these cases are located in the basins of the Shabelle River and Juba River. The number of cases reported in September



2018 is approximately one-third of the number of cases recorded during the same period last year. This declining caseload follows a series of intervention measures WHO put in place in the last quarter of 2017 and early 2018, such as the oral cholera vaccination campaign, WASH improvements, and a hygiene education campaign.

1.2.2 Measles

The number of measles cases in the different regions continue to decline for the mass measles campaign that was conducted in the first quarter of 2018.

In September, 339 suspected cases of measles were reported, which increased the cumulative number of suspected measles cases since the beginning of the year to 7,034., a caseload reduction of more than two thirds compared to 2017.

1.3 Nutrition

Overall, the nutrition situation in Somalia has improved progressively over the course of 2018 due to strengthened humanitarian assistance and improved food security resulting from the Gu rains. The median Global Acute Malnutrition (GAM) rate according to the latest FSNAU report is 14% across Somalia. However, high rates of malnutrition associated with high morbidity and mortality still exist among IDP populations, especially those residing in Mogadishu, Baidoa, Dolow, Galkacyo, Dhusamareb, Garowe, Qardho and Bossaso, where the GAM rate is higher than 15%. Integrated interventions are needed to improve food security in these areas. As of September 2018, a total of 138,268 children less than years five years with severe acute malnutrition (SAM) were admitted to nutrition stabilization centers across Somalia.

¹ ReliefWeb (n.d.). Humanitarian Bulletin Somalia, 1 August - 5 September 2018 - Somalia. *ReliefWeb*. Retrieved from <https://reliefweb.int/report/somalia/humanitarian-bulletin-somalia-1-august-5-september-2018>

² ReliefWeb (n.d.). FSNAU-FEWS NET 2018 Post Gu Technical Release, 01 Sep 2018 - Somalia. *ReliefWeb*. Retrieved from <https://reliefweb.int/report/somalia/fsnau-fews-net-2018-post-gu-technical-release-01-sep-2018>

³ Ibid

2. Key Response Challenges

- To provide lifesaving services to approximately 5.4 million people in need of health services.
- Increase provision of primary health services to rural and IDP populations.
- Inadequate funding to respond to growing public health emergency needs.
- Violence and insecurity in some parts of the country results in access challenge for humanitarian actors to reach communities and to provide timely services.
- Poor health-seeking behavior among the population as well as inadequate community awareness on prevention of common maternal and child illnesses remain significant challenges.

3. WHO Response Actions

3.1 Leadership and Coordination

The WHO Emergency Program (WHE) is committed to providing technical support to the Federal Ministry of Health (FMoH) and state-level health authorities for planning and implementation of life-saving services to those affected by the humanitarian emergencies and crisis in Somalia. WHO Somalia, as the Health Cluster lead, presides over 70 cluster partners under the health cluster coordination platform to deliver various health intervention services to the populations in need. In the month of September, the Health Cluster conducted 11 cluster coordination meetings –three at the national level and eight more at the regional level--with partners to discuss progress and challenges in health service delivery and conduct planning exercises. The meetings also served as platforms to consult and engage Health Cluster members to finalize the Humanitarian Needs Overview (HNO) and start preparation of the 2019 Humanitarian Response Plan (HRP).

3.2 Health System Strengthening

WHO continues to build a strong and resilient health system to ensure health service delivery to the population in need.

3.2.1 *Integrated emergency response team*

WHO trained and deployed Integrated Emergency Response Teams (IERTs) to deliver critical health services to remote and difficult-to-reach populations through mobile clinics. The IERT concept is an initiative to bridge the gap accessibility of essential health services. The IERTs were involved in treatment of minor ailments, investigation of alerts, data collection, and health education, and other public health services.

3.2.2 *Capacity building*

WHO continued to prove its core mandate of increasing the capacity of health staff for efficient health services delivery. During the month of September 2018, the WHE program provided on-the-job training to 24 health workers trained in the management of cases of SAM with complications.

3.3 Outbreak Response Activities

WHO continues to support the federal and state health authorities to monitor and respond to suspected outbreaks on infectious disease on a continuous basis. In the month of September, 31 health facilities have been added to the Early Warning Disease Surveillance and Response Network (EWARN), thus increasing the reporting facilities from 401 to 432 as of the end of September. EWARN has been enhanced with mobile application and alert systems for prompt detection and response to outbreaks. Through this network, WHO and the MoH continue to monitor communicable diseases on real time basis.

3.3.1 Polio cVDPV Outbreak Response

WHO and its partners continued providing support to local health authorities in their response to the circulating vaccine-derived poliovirus (cVDPV) outbreak in Somalia. The polio programme rolled out a campaign targeting 22,625 children in the district of Daynile in September, in response to a case of cVDPV in that district. So far, six mass vaccination campaigns, each delivering oral polio vaccines (OPV) have been conducted in 2018 to end the cVDPV outbreak. Additional campaigns are planned for October and November.

On 15 September 2018, Somalia's Health Minister, Hon Fauziya Abikar, joined forces with Ministries and their representatives from Kenya and Ethiopia, under the auspices of the Intergovernmental Authority on Development (IGAD) to recommit to halting the polio outbreak in the Horn of Africa.

Somalia has already been coordinating nationwide polio campaigns along shared borders and hotspots in the two countries to prevent transmission of the poliovirus to neighboring countries.

A total of ten cases of cVDPV have been reported in humans since the beginning of 2018. Due to the security situation of Somalia, several pockets of children are unvaccinated in inaccessible areas, creating a conducive environment for VDPVs to thrive. In some situations, these VDPVs can circulate and paralyze children, although they are often not as virulent as wild poliovirus. When circulation occurs, it must be stopped by mass vaccination campaigns, and by raising overall immunity of populations.⁴



The Somali Minister of Health administers drops of polio to a child in Garissa, Kenya.

3.3.2 Distribution of Medicines and Essential Supplies

WHO Somalia distributed continues to provide emergency medicines and medical supplies to areas affected by the floods and other emergencies across Somalia. Over 125 tons of assorted medicines

⁴ See <http://www.who.int/features/qa/64/en/> for additional information on circulating vaccine-derived polioviruses

and emergency medical supplies were supplied to the health facilities through the Federal and state level ministries of health for use in delivering services to beneficiaries.

3.3.3. IDP Health Risk Assessments Mission

In the month of September, WHO organized a trip to Baidoa IDP settlement sites to assess the needs of the people living in the camps in order to plan tailored services to meet their health needs

4. Funding Needs

Below is the summary of funds planned and received.

	Name of the appeal	Required Funds	% Funded
WHO	Emergency Health Response Plan	US\$17m	24%
Health Cluster	Humanitarian Response Plan	US\$124m	50.4%

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