



World Health Organization

Situation report # 4
31-JULY-2017



Dr. Popal having discussions with the Honourable minister of Health: Photo by Kalson Abdi.

Name of the Country: Somalia
Drought



KEY FIGURES		HIGHLIGHTS
	WHO STAFF IN THE COUNTRY	<ul style="list-style-type: none"> Due to ongoing efforts of WHO and health cluster partners, the number of AWD/Cholera cases has dropped significantly in the month of July to 6 344 compared to 14 397 cases reported in June. The case Fatality Rate (CFR) has steadily declined from a peak of 4 percent (above epidemic threshold) in February to the lowest rate of 0.3 percent in July. WHO and health partners have launched an appeal for donor support for a nation-wide measles vaccination campaign in November 2017 to prevent further spread of measles in the Somalia. The campaign will involve the vaccination of 4.2 million children between the ages of 6 months and 10 years across Somalia. Somalia is also facing its worst measles outbreak in four years, with over 14 823 suspected cases reported in 2017 (as of 31 July). WHO and health Cluster have reached over 300 000 people with essential health services through 800 health facilities and mobile services delivered through Integrated Emergency Response Teams across the country.
66	HEALTH CLUSTER PARTNERS	
4.3 MILLION	TARGET POPULATION	
HEALTH FACILITIES		
1074	TOTAL NUMBER OF HOSPITALS	
800	HOSPITALS FUNCTIONING	
FUNDING US\$		
31%	% FUNDED	
13.6 MILLION	REQUESTED	

Situation update

The current drought situation has compelled several people into displacement camps thereby losing their source of livelihood and shelter. From November 2016 to June 2017, more than 766,000 people were displaced due to drought related matters. There are an estimated 3.2 million Somalis 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. During 2017, UNICEF estimates there will be 1.4 million children acutely malnourished.

Most of the IDPs are living in hash living condition plagued with food and water scarcity and consequent malnutrition. These extreme conditions in addition to already existing health indicators has resulted in has triggered a dramatic increase in the number of people in need of critical life – saving health services.

Health Situation

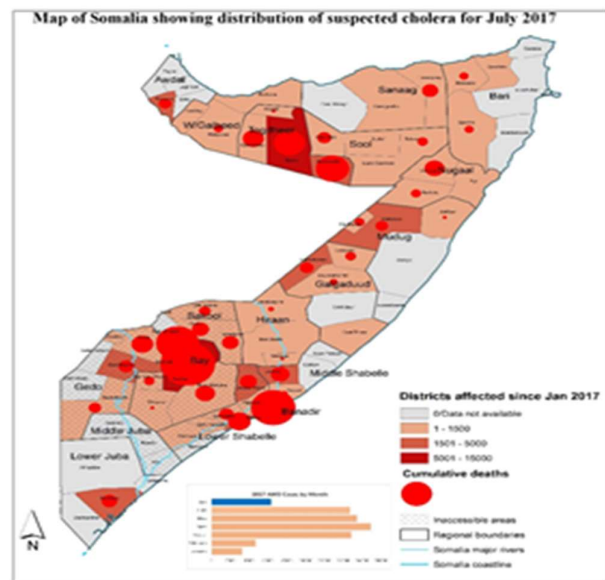
The health needs of the people of Somalia continue to rise exponentially since the start of drought in 2015. Recent projections shows that the situation will continue to the end of 2017. (World Food Program, 2017). Thus, if stringent measures are not taken, the impact health impact of the drought may spill over to 2018. The driving factors of the current health emergency is a complex mix of factors including; massive displacement due to the current drought, the destruction of health infrastructure due to the protracted civil war, volatile security situation in some parts of the country and the impact of the prior famines in 1992 and 2011.

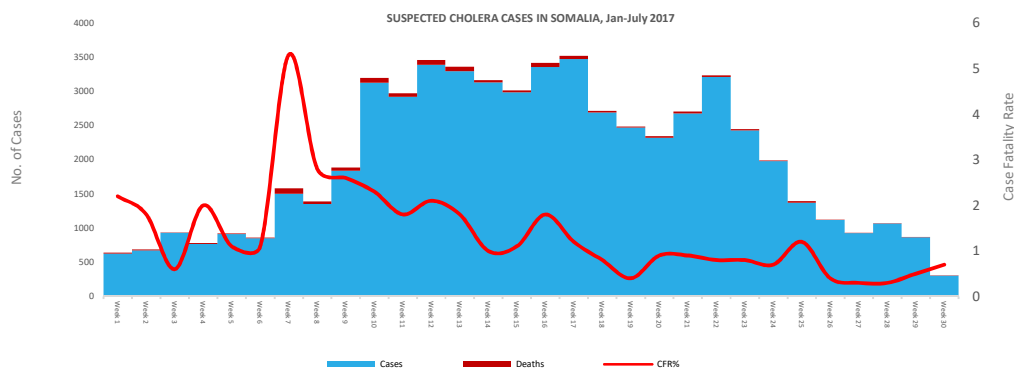
Almost half of the 12.3 million population of Somalia, 5.5 million people, are in urgent need of emergency health services. Insecurity, displacement, poor health seeking practices, concentration of health facilities in urban areas, as well as the continuous spread of measles, AWD/Cholera and complications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

In the month of July 2017, AWD/Cholera cases and deaths has reduced significantly in the month of July 2017 with less districts reporting suspected cases as compared to the previous months. 6 344 suspected cholera cases including 21 deaths (CFR 0.31) were reported across the country in July as compared 14, 397 new suspected cholera cases including 101 associated deaths (CFR 0.6%) in June 2017. This constitute an overall 42% reduction in the number of cases and 18 percent reduction in the number of deaths respectively.

The cumulative suspected cases of cholera in 2017, is 76 236 including 1,157 deaths with a case fatality rate of 1.5%.

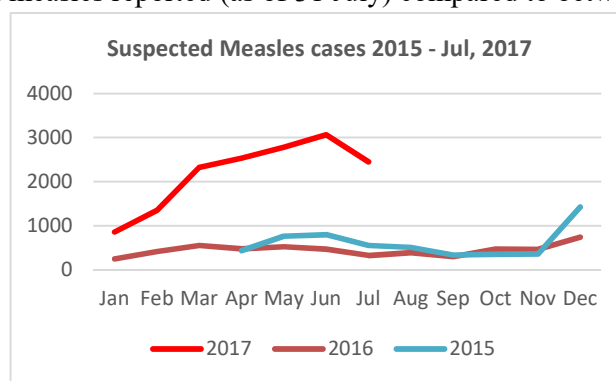
The reduction in the AWD/Cholera cases is the result of the massive efforts of WHO, FMOH and health and WASH cluster partners.





Measles Outbreak

The FMOH, WHO and health cluster partners continue the fight against measles outbreak in Somalia. The country is currently confronted with the worse measles outbreak in four years with more than 14,370 suspected cases of measles reported (as of 31 July) compared to between 5,000 to 10,000 total cases per year since 2014. More than 80% of all those affected by the current outbreak are children below the age of 10 years. The rise in suspected cases of measles cases is attributed to mass displacement and overcrowding in temporary settlements as a result of drought and conflict, combined with the overall low vaccination coverage prior to the current crises and low population immunity due to high prevalence of malnutrition. 18 of the 19 regions in Somalia have reported suspected measles cases in 2017, with Banadir, Togdheer, Hiraa, Lower Shabelle and Galbeed reporting the highest number of cases.



WHO action

Under the leadership of WHO, health partners in collaboration with Federal and State Ministries of Health, have scaled up efforts to meet these rising health needs of the population by instituting measures to control and prevent further transmission 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.

WHO collaborates with over 66 health cluster partners and the Federal Ministry of Health to delivery primary healthcare services through support to more than 800 health facilities including cholera treatment units and nutrition centres across Somalia. In addition, health services also being delivered to hard to reach populations through Integrated Emergency Response Teams During July, the number of people receiving primary and/or basic secondary health care services reported through the Health Cluster totalled over 300,000. This represents 85% of the target set for the response.

WHO and health partners also launched an appeal for donor support for a nation-wide measles vaccination campaign in November 2017 to prevent further spread of measles in the country.

In order to contain the outbreak, a nationwide campaign is planned for November 2017 to stop transmission of the disease, targeting 4.2 million children. The campaign will also intensify efforts to strengthen routine immunization and reach unvaccinated children to boost their immunity. As shown by the response to the cholera outbreak, with the right interventions,

health authorities are confident that similar success may be seen in controlling the measles outbreak.

WHO Supports Critical Health Services delivery in Banadir Hospital

In the month of July, WCO team conducted two separate assessments in Banadir hospital to assess the conditions and find ways to collaborate with the FMOH to revitalize critical services to the hospital. During these visits, the team identified the dialysis Unit and the stabilization Centre as two major departments that need urgent support. In a meeting with the FMOH, WHO Representative for Somalia (WR) Dr. Ghalum Popal announced that WHO has decided that it would support the Federal Ministry of Health, to improve conditions in the stabilization centre and revitalize the Kidney dialysis unit of the hospital.



The Kidney Dialysis Centre of Banadir Hospital

The dialysis treatment centre (DTC) unit of the Banadir hospital was constructed in 2015 with the support of the Saudi Relief Committee through their National Saudi Campaign for the Relief of the Somali People. The centre is equipped with majority of the necessary medical supplies and equipment to function effectively but has not been in use due to lack of some basic equipment and experts. In the month of July this year, WR invited a team of experts from WHO's Non Communicable Diseases (NCD) and Nephrologists (kidney diseases specialists) to Mogadishu to conduct a rapid assessment of the available infrastructure, equipment and supplies and recommend the additional resources needed to make the centre functional.



Dr. Popal, in the middle, discussing the way forward with the Minister of health and the nephrologists



Team of experts inspecting equipment at the dialysis: photo by Kalsan Abdi

Nutrition Stabilization Centre

Nutrition Stabilization Centre (NSC) is a unit that takes care of severely malnourished children who have vitamin and mineral deficiencies. The NSC of Banadir hospital was constructed in earlier 1970 and has not seen any major renovation or refurbishment ever since. During the visit, the team found that majority of the glass windows are missing or broken, the walls are dirty and in need of a new coat of paint, toilet facilities are not functioning either do they provide adequate privacy for the users. The furniture is old and the beds are too small. There are no benches in the corridors for the mothers to sit while their children receive care and there is no recreation space for the children. The children have no toys to play with and their mothers sleep on the

floor at night because the beds are too small. The hospital beds have no sheets and the mattresses are old and worn-out too (reference photos blow).

These conditions in combination with to the high number of admissions due to the current drought situation has made condition at the centre unfavourable and needs urgent attention. Based on the recommendations of the assessment team, WR agreed to use part of the Emergency response funds to refurbishment of the Nutrition Centre in order to meet the needs of the people.

Quality of Service Monitoring

WHO health partners to remote monitoring of quality and outcomes in nutrition and cholera facilities in the country. It involve collaboration between MoH, WHO, UNICEF and NGO consortium partners and funded by UKaid. The project uses standardised checklists to monitor functioning (use of case management protocols, stocks and supplies) and outcomes (including caseload and mortality). The project since its inception has surveyed 40 cholera treatment centres and 25 nutrition stabilisation centres by the end of July 2017, and an action plan with recommendations for improvement is now being drafted with MOH and partners. Training of District Medical Officers and mobile teams will take place in Mogadishu on 23 and 24 August designed to address any gaps and support follow-up of these recommendations. Follow-up training in Puntland and Somaliland is scheduled in September 2017.

Communication

On August 13th, the Federal Ministry of Health, WHO and partners celebrated 3 years Polio-Free in Somalia with a national ceremony held at the Police Academy in Mogadishu. The event was attended by more than 800 people, including the President of the Federal Republic of Somalia Mohamed Abdillahi Farmajo, polio campaign volunteers, vaccinators and other national and international dignitaries. Click [here](#) for more.

On July 25th, WHO and partners call on support to scale up measles response in Somalia, in order to protect millions of children from the ongoing measles outbreak, the worst the country has experienced in 4 years. Check [here](#) for more.

Resource mobilization

US\$13.5 million is required under the six 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\$9.4million.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Emergency Health Response Plan	US\$13.6	US\$4.2	31%
HEALTH SECTOR	Humanitarian Response Plan	US\$106.8	US\$24.7	23%

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