



World Health Organization

Situation report # 5
31-AUGUST -2017



President of Somalia Mohamed Abdullahi Mohamed "Farmajo" gives an award to the WHO Regional Director Dr Mahmoud Fikri in gratitude for WHO's continued and effective support.

WCO, Somalia



HIGHLIGHTSHIGHLIGHTS

- 917 Acute Watery Diarrhoea (AWD) cases were reported in in the Month of August, 2017. 77133 suspected cases of cholera since the beginning of 2017.
- Over 1491 suspected measles cases reported in August 2017 making a cumulative of 15548 suspected cases since the beginning of 2017
- FMOH,WHO and partners celebrated 3 years polio free status

The cumulative suspected cases of cholera in 2017 is 77 133 including 1,159 deaths with an overall case fatality rate of 1.5%.

Situation update

The current drought situation has forced 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. Most of the IDPs are living in hash living condition plagued with food and water scarcity and consequent malnutrition. An estimated 388,000 cases of acute malnutrition including 87,000 severely malnourished children are in need of urgent and lifesaving

health intervention. There are an estimated 3.2 million Somalis living in an emergency or crisis situation (IPC phases 3 and 4).

These extreme conditions in addition to already existing health indicators 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. (FSNAU, 2017). Thus, if rigorous 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.

Acute Watery Diarrhoea/Cholera

There was a significant decline (86%) in the number of AWD/cholera cases in the month of August, as compared to July constituting a fifth consecutive month. 917 suspected cholera cases and no deaths (CFR 0%) reported for the month of August 2017 across the country, compared to 6,383 suspected cholera cases including 20 deaths (CFR 0.31) July 2017.

The cumulative suspected cases of cholera in 2017 is 77 133 including 1,159 deaths with an overall case fatality rate of 1.5%.

The accomplishment is attributed the vigorous activities implemented by WHO and Health Cluster partners in collaboration with the Federal and Regional ministries of health as well as other cluster partners. These activities include; improved surveillance system, improvement in cases management, provision of safe water, sanitation and hygiene and oral cholera vaccination campaigns conducted in recent months.

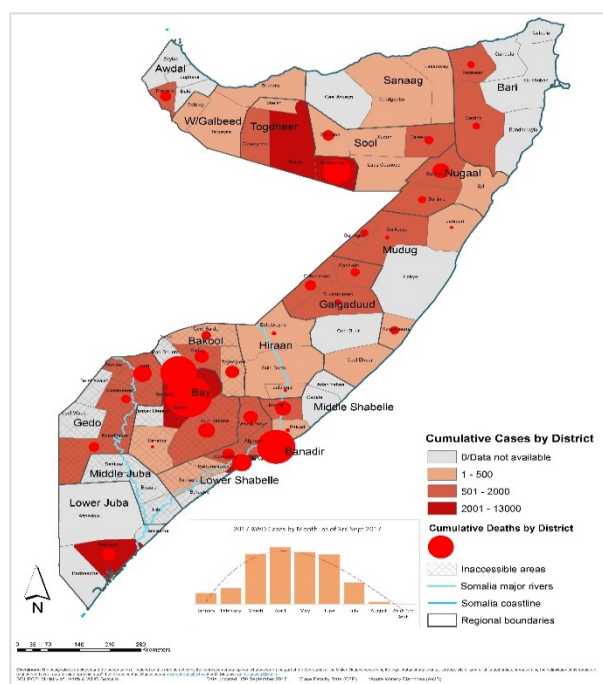


Figure 1: Epidemic curve of suspected cholera cases, deaths and proportion of deaths in Somalia, January – August, 2017

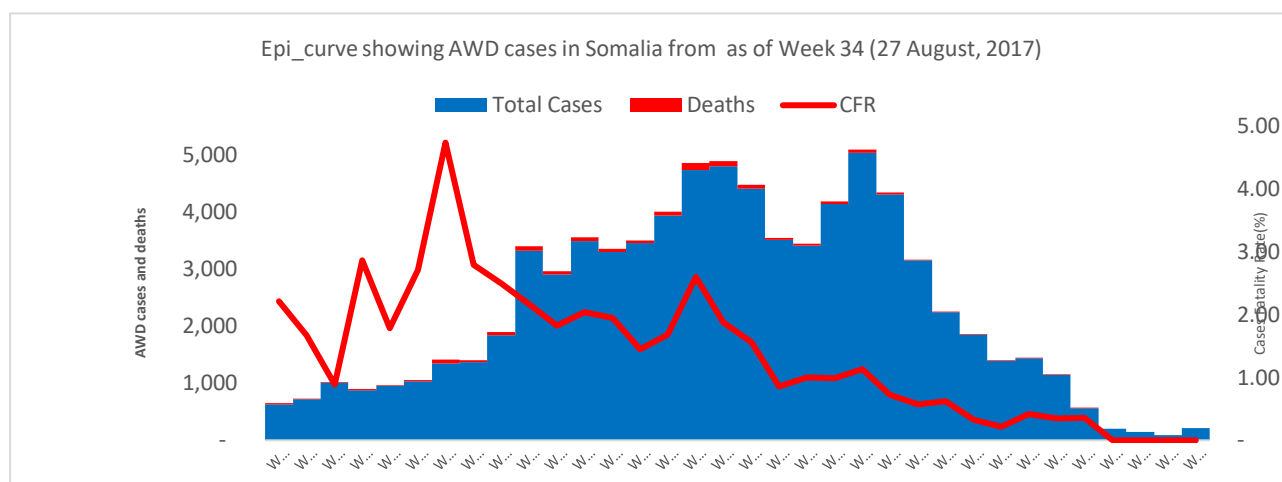
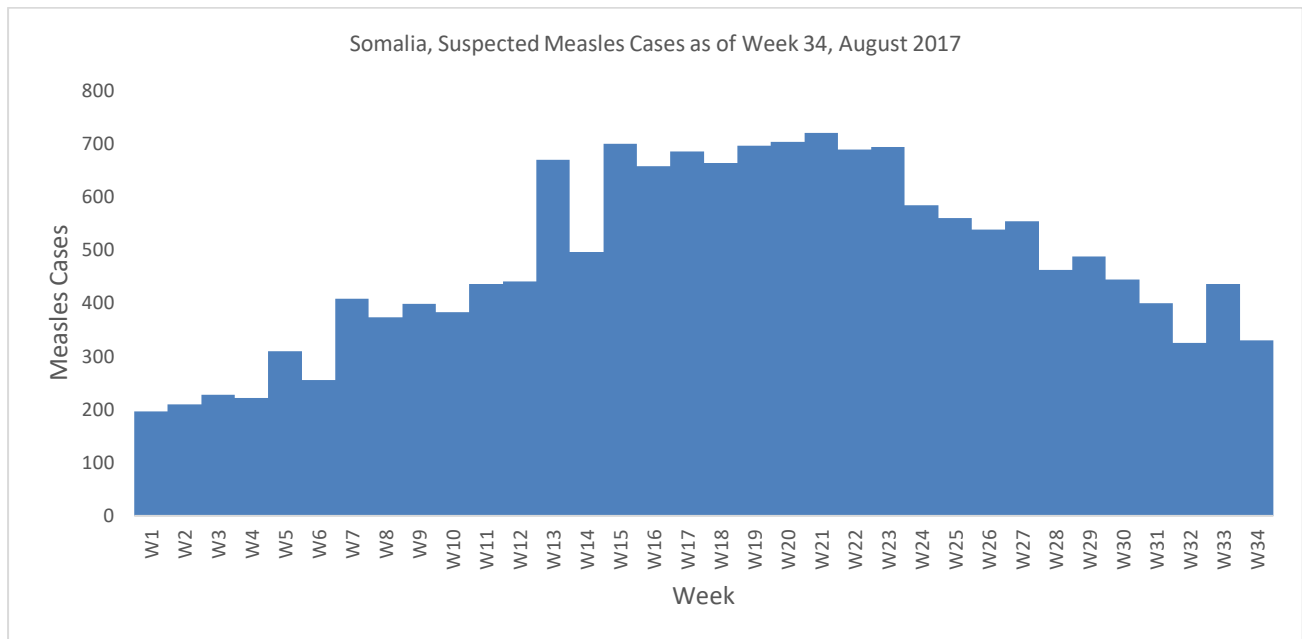
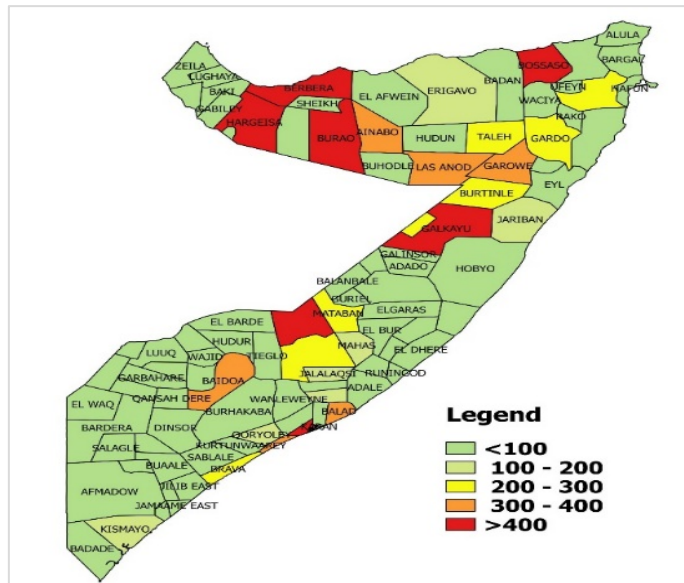


Table 1: suspected cholera cases, deaths and proportion of deaths in Somalia by state, January – August, 2017

Region	August				CF R	January - August				CF R
	Cases <5yrs	Cases ≥ 5 yrs	Total Cases	Total Deaths		Cases <5yrs	Cases ≥ 5 yrs	Total Cases	Total Deaths	
Bakol	0	0	0	0	0	1248	2727	3975	171	4.3
Banadir	168	97	265	0	0	3887	2855	6742	122	1.8
Bay	0	0	0	0	0	3907	11034	14941	214	1.4
Galgadud	55	1	56	0	0	1426	2584	4010	22	0.5
Gedo	0	0	0	0	0	2384	3219	5603	53	0.9
Hiiran	3	3	6	0	0	145	229	374	3	0.8
lower Jubba	65	34	96	0	0	1682	1247	2929	15	0.5
Lower shabelle	24	19	37	0	0	2366	3201	5567	63	1.1
Middle Shabelle	25	16	41	0	0	953	1538	2491	23	0.9
Bari	0	0	0	0	0	3202	2498	5700	104	1.8
Mudug	0	0	0	0	0	1529	1132	2661	17	0.6
Nugal	0	0	0	0	0	1683	1056	2739	27	1.0
Sanaag	0	0	0	0	0	689	949	1638	28	1.7
Sahil	0	0	0	0	0	0	3	3	1	33.3
Sool	19	17	36	0	0	1902	1739	3641	56	1.5
Awdal	44	54	98	0	0	583	1035	1618	10	0.6
M.Jeex	23	100	123	0	0	222	496	718	5	0.7
Togdher	86	73	159	0	0	3746	8037	11783	225	1.9
Grand Total	512	414	917	0	0	31554	45579	77133	1159	1.5

Measles Outbreak

The number of suspected measles cases continue to increase at an alarming rate in 2017. As of August 28, 2017 a cumulative 15 548 cases of suspected measles cases were reported across Somalia. This number is about three times higher than the 5 657 cases of suspected measles reported in the whole of 2016. More than 80% of all those affected by the current outbreak are children below the age of 10 years in all regions of the country. The rising number of suspected measles cases is a combined effect of the drought and its associated displacement resulting in overcrowding in IDP camps as well as the overall low vaccination coverage prior to the current crises and low population immunity due to high prevalence of malnutrition.



WHO and HC partners are planning for a nationwide emergency mass measles campaign targeting children under 10 years in November to stop the spread on measles in the country. An estimated US\$14 million is required to support the nationwide measles campaign. Resource mobilization for the campaign is ongoing with part of the funding already committed from some sources.

Malnutrition

The nutritional status of the people of Somalia continued to deteriorate. According to the latest survey conducted by FSNAU, an estimated 388,000 children under age five are acutely malnourished, including 87,000 who are severely malnourished and face an increased risk of complications and death.

WHO Response Activities

WHO continued its leadership role in the response to the emergency health situation in Somalia. In the month of August, WHO collaborated with over 66 health cluster partners and the Federal and State Ministries 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 been delivered to-hard-to reach populations through Integrated Emergency Response Teams. During August, Health cluster partners delivered primary and/or basic secondary health care services.

Acute Watery Diarrhoea

Thematic Areas

Leadership and Coordination

Response activities

- The Federal Ministry of Health, with the support of WHO, conducted weekly coordination meetings with Health and WASH cluster partners at national and sub-national levels.
- All the cholera treatment centres that were opened at the beginning of the outbreak to manage cases in different regions have been closed.
- A review of the implementation of different activities was conducted by MoH to identify gaps and lessons learnt so as to plan for the next expected outbreak during the rainy season
- The training of health workers in Bay region

	<ul style="list-style-type: none"> • WHO team conducted a mission to Kismayo to provide technical support to the and response to respond to the AWD
Water Sanitation and Hygiene	<ul style="list-style-type: none"> • Distribution of hygienic kits to IDP communities in Lower and Middle Jubba • Community education and mobilisation was done in all regions affected by AWD. The activities were implemented in Lower Jubba, Middle Jubba and Middle Shabelle
Surveillance and Laboratory Support	<ul style="list-style-type: none"> • A total of 265 sentinel health facilities submitted reports to the electronic disease surveillance systems in all regions. This is in addition to AWD/cholera reports received from cholera treatment facilities. • Weekly and daily surveillance reports were compiled and shared with partners. • Data quality assessment was conducted for all the surveillance records submitted from all regions in the central zone. • Continuous risk assessment is conducted to identify new hot spots as well as drivers of the epidemic to inform planning for the next outbreak
WASH/Environment Health	<ul style="list-style-type: none"> • House to house mobilisation was conducted in 1,789 households in Puntland. • 10 water purification teams were commissioned in Togdheer and Sanag.
Essential Medicines and supplies	<ul style="list-style-type: none"> • A total of 147 tons of essential medicines and supplies have been distributed to all regions since the beginning of the outbreak.

Measles outbreak response

In order to contain the outbreak, WHO and Health Cluster partners have planned a nationwide measles vaccination campaign to be conducted in November 2017 to stop transmission of the disease, targeting 4.2 million children. WHO and health partners also launched an appeal to raise about US\$14million from the donor community to implement nation-wide measles vaccination campaign in November 2017 to prevent further spread of measles in the country. The campaign will also intensify efforts to strengthen routine immunization and reach unvaccinated children to boost their immunity.

Tuberculosis

TB is a major public health problem in Somalia. The TB incidence is estimated to 274 per 100,000 population while the Prevalence is estimated to be 491 per 100,000 population.

Estimated incidence of HIV among TB patients is 4.9 per 100,000 while the incidence of MDR-TB is estimated to be 29 per 100,000. The TB program in Somalia was re-started in 1995 with the overall aim of contributing to the improvement of the quality of life of the people of Somalia by reducing dramatically the burden of the TB in Somalia. The objectives of the program are based on the End TB Epidemic. The TB program grew from 12 functioning TB centers in 1995 to 90 TB centers in 2017 operating in all the three Zones of Somalia.

The program has set up one TB sputum smear culture laboratory in Hargeisa and the process of establishing the second TB culture laboratory in Mogadishu is progressing well. These two laboratories will reduce the cost of MDR-TB sputum smear cultures which were being done in Uganda Supranational Laboratory.

Health information management

WHO participated in the recent data quality review of the DHIS2 system held in Mogadishu. The aim of the meeting was to identify implementation Gaps and find appropriate solution to them. The main areas identified for improvement include;

- Modalities to support the regional HMIS Officers to improve reporting rate into the DHIS2.
- Integration of parallel reporting systems into the HMIS/DHIS2 and DHIS2 will be the only source of HMIS Data routine and surveillance.
- Nutrition and Surveillance data collection tools must be revised and integrated to the main HMIS/DHIS2 which has been rolled out and implemented at Country.

Severe Acute Malnutrition

Nutrition Stabilization Centre of Banadir Hospital

Nutrition Stabilization Centre (NSC) is a unit that takes care of severely malnourished children 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 below).

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.

Polio Free Celebration

WHO Somalia in collaboration with the Federal Ministry of Health, WHO and partners organised a grand durbar to celebrate 3 years Polio-Free in Somalia on 13 August 2017 in Mogadishu. The event was attended by

more than 800 people, including the President of the Federal Republic of Somalia Mohamed Abdillahi Farmajo, WHO Regional Director for the Eastern Mediteranian Region Dr Mahmoud Fikri and the WHO representative for Somalia, Dr. Ghulam Popal, UNICEF Representative for Somalia, polio campaign volunteers, vaccinators and other national and international dignitaries. During the occasion, the President presented an award to



A session of participants at the Polio Free Celebration 13 August 2017

WHO for its exceptional performance in the Polio eradication effort.

The last case of polio was recorded in 2014 in Hobyso district, Mudug region. The outbreak that erupted in the Horn of Africa 3 years ago paralyzed close to 200 children, with Somalia accounting for more than 90 per cent of these cases.

Resource mobilization

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Emergency Health Response Plan	US\$13.6	US\$9.6	71%
HEALTH SECTOR	Humanitarian Response Plan	US\$106.8	US\$24.7	23%

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