World Health Organization

Situation report Number 8

30 NOVEMBER 2017

SOMALIA DROUGHT

WHO Staff training worker on nutrition management of SAM cases with complication.

12.3MILLION AFFECTED | **9210000 DISPLACED** | **### ### ### REFUGEES** | **300 INJURED** | **350 DEATHS**

KEY FIGURES

40	WHO STAFF IN THE COUNTRY
66	HEALTH CLUSTER PARTNERS
4.3M	TARGET POPULATION
HEALTH FACILITIES	
1074	TOTAL NUMBER OF HOSPITALS
800	HOSPITALS FUNCTIONING
FUNDING US$	
71	% FUNDED
US$13.6M	REQUESTED

WR in a meeting with staff: Photo:Seth Annuh

HIGHLIGHTS

- WHO has initiated steps to implement civil registration and vital statistic (CRVS) in Somalia
- No AWD/Cholera related death since the beginning of 2017 August. The number of cases continued to reduce drastically from 567 cases with no deaths in October to 435 cases in November.
- WHO donated Hospital beds to enhance services at the stabilization Centre at the Banadir Hospital
- WHO and partners prepare for a nation-wide mass measles vaccination Campaign.
- The health cluster partners reached xxxx beneficiaries with health Services during the month of November, 2017

1
2

Situation update

Prior to the current drought/pre-famine crisis that begun in 2015, Somalia suffered two devastating famines (1992 and 2011), these two events occurred in the context of a protracted civil war that began in 1991. During this period, most of the public health infrastructure was destroyed, which caused a significant deterioration of health service delivery across the country. The war caused insecurity, inaccessibility to large areas of the country that lead to delayed response and the loss of at least half a million lives.

Somalia is one of the countries in the world that has suffered the consequesnces ofcomplex emergency situations (conflict, drought, famine and oubreak of communicable diseases) which has affected the livelihood of the inhabitants. As a result,the country currently has some of the lowest humanitarian and development indicators in the world with a wide-range of inequalities across different social groups thereby creating a fertile ground for conflict. The fragile status of Somalia over the past two and a half decades has resulted in weakening of the health sector, its systems and its personnel, with a subsequent focus on emergency response interventions to recurrent crises.

Somalia is among the least developed countries with the worst economic indicators in the world. The projected Gross Domestic Product (GDP) for the country is US$ 6.2 billion with a GDP per capita of US$450 and over 51.6 per cent Somalis living below the poverty line (World Bank Group, 2016). The economy is highly dependent on imports, with the share of exports to GDP being 14 per cent. Imports accounted for more than two thirds of GDP, creating a large trade deficit, mainly financed by remittances and international aid.

In February 2017, the international community in collaboration of the Federal Government raised the alarm on the ongoing drought/ pre-famine crisis in Somalia, in which more than half of the country's population (6.2M) are affected. The situation has led to massive displacement of people due to food insecurity.

Public health concerns

The protracted crises and political instability in Somalia has disrupted the health systems leading to gross underperformance in the past two decades. The health situation has further deteriorated in 2017, due the drought, which resulted in loss of livelihood for more than half of the Somali population and causing displacement

of over 1M people. The displaced persons are living in displacement camps across the country with limited infrastructure such as shelter, potable water and healthcare services as well as limited supply of food leading to wide spread malnutrition. These conditions created suitable conditions for the spread of communicable disease requiring urgent and quality lifesaving interventions. Drought and conflict has become as the major underlying factors causing major population displacement during 2017, and thus, increased health needs all across the country.

Almost half of the population (5.5M) are in need of the health services, with widespread malnutrition and outbreak of communicable diseases such as cholera and measles posing a major health threat especially to the children and the vulnerable population.

Somalia has recorded one of the highest Wasting rate globally which surpass the emergency threshold 15%. In some areas of the country the GAM recorded as very critical more than 30%. The FSNAU estimated that over 388,000 children suffers from malnutrition of which 87,000 of them are severely malnourished. Since the beginning of 2107, over 78,000 cases of AWD/cholera have been reported across the country. In addition, measles epidemic affecting all regions with over 18,000 cases reported in all the regions of Somalia as of October 2017.

FSNAU data foresees little improvement in drought related circumstances through to the end of 2017 whilst seasonal rains in October threaten the progress made to date in controlling cholera outbreaks.

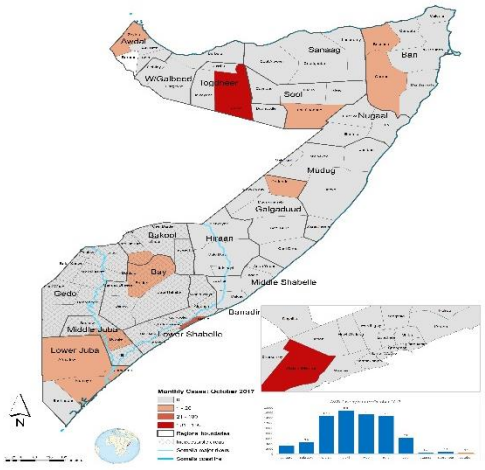
Latest IPC survey in 2017 showed that 25% of population are in critical (L3) and Emergency level (L4). Stunting rates is also high since the last decade with a level of 23.2 per cent. In the stabilization center of Banadir Hospital the main referral hospital for south central region , the number of admission cases was sharply increased from Jan to Jun 2017 with high case fatality rate reach to 11% which require urgent interventions to improve the quality of services at the SC and save life of children see the graph below

5

6

Communicable diseases

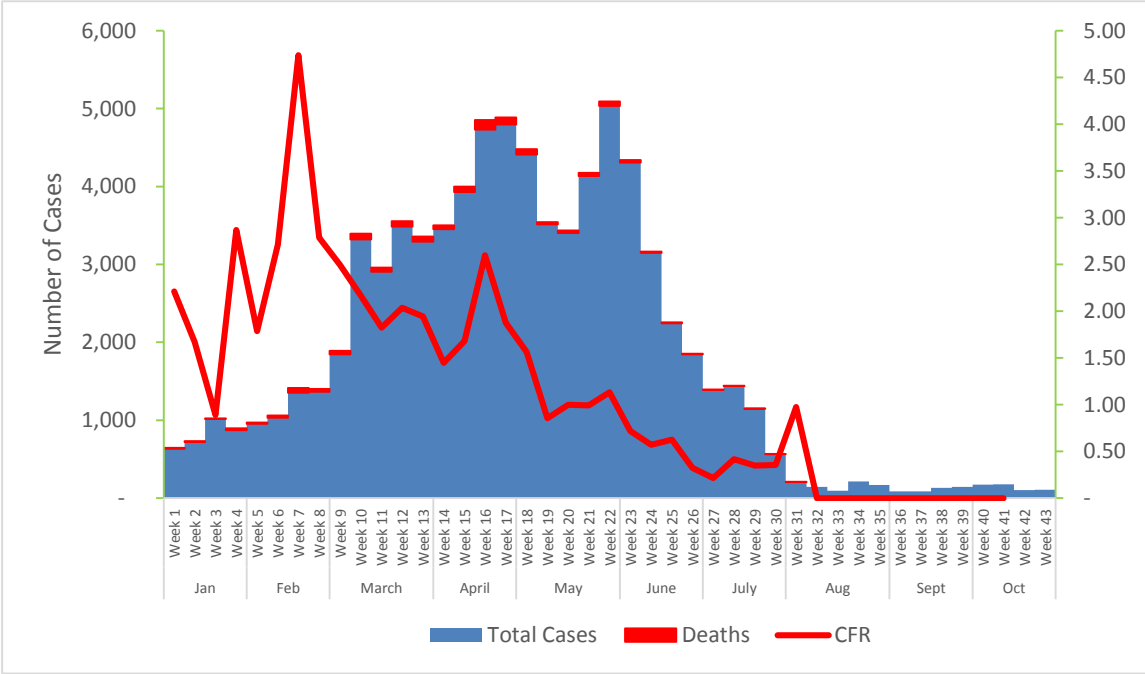
Chart 1. Map of AWD Cases in October (Week 1- 43), 2017

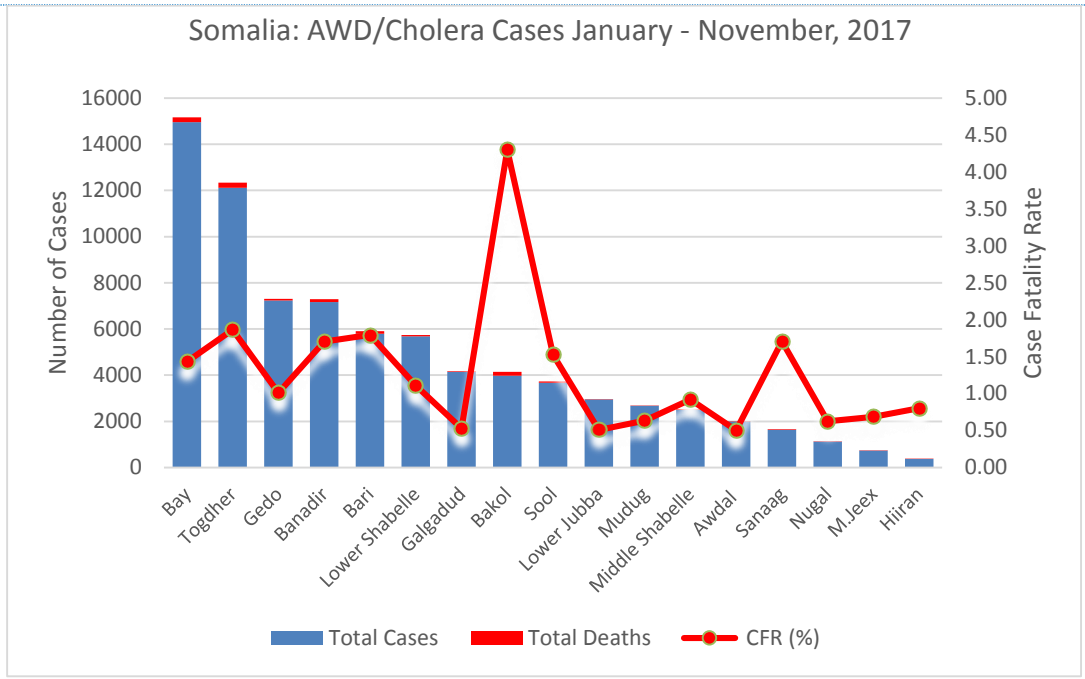


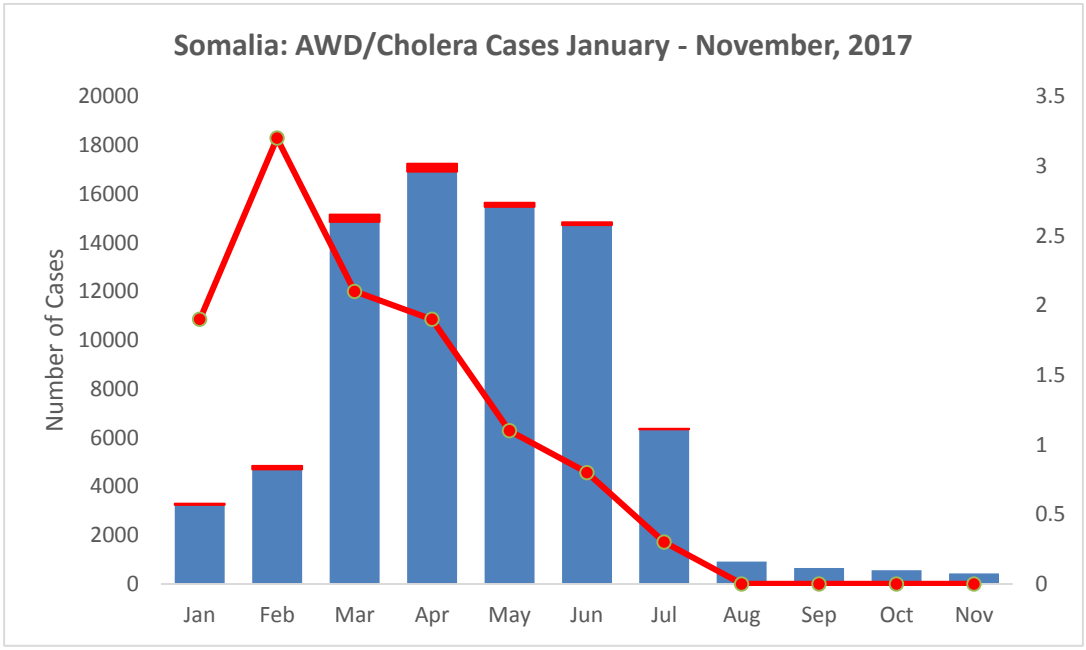
AWD/Cholera cases and deaths has declined significantly in the month of November, 2017 with only few districts reporting AWD cases with no confirmed case of cholera as compared to the previous months. There has been no AWD/Cholera deaths for the past 4 months. In the month of November, 2017, only 435 AWD cases reported with no deaths. This is a significant reduction compared 567 cases reported in October, 2017.

The cumulative suspected cases of suspected cholera the 2017, is **78,784** including 1,159 deaths with a case fatality rate of 1.47% in 52 districts of in all the 19 regions.

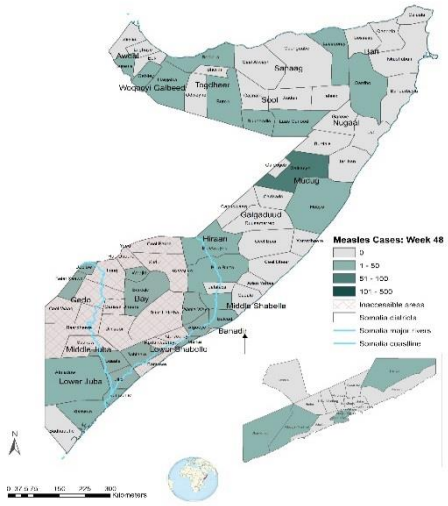
Overall, children below 5 years constitute more than 58% of the total number of AWD/cholera cases reported since the beginning of year.




Somalia: AWD/Cholera Cases January - November, 2017
Number of Cases
Case Fatality Rate
16000
14000
12000
10000
8000
6000
4000
2000
0
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Bay
Togdher
Gedo
Banadir
Bari
Lower Shabelle
Galgadud
Bakol
Sool
Lower Jubba
Mudug
Middle Shabelle
Awdal
Sanaag
Nugal
M.Jeex
Hiiran
Total Cases
Total Deaths
CFR (%)


Somalia: AWD/Cholera Cases January - November, 2017
Number of Cases
20000
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
3.5
3
2.5
2
1.5
1
0.5
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov

Measles Outbreak

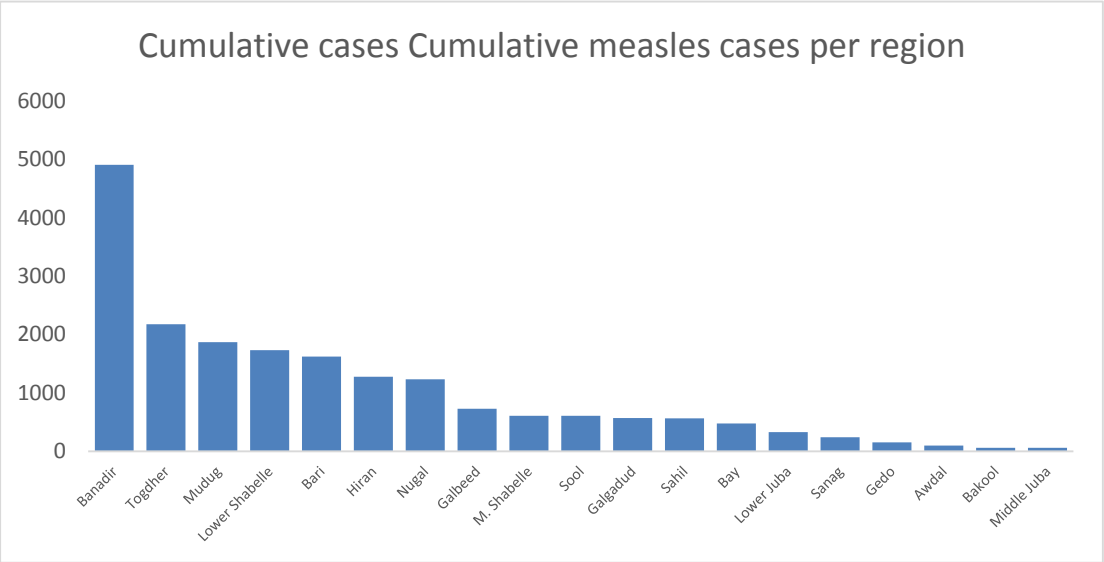


The number of measles cases decreased from 291 in week 47 to 295 cases reported in week 48.

A total of 21,210 cumulative cases of suspected measles have been reported from all the nineteen regions since the beginning of the year. 83% of the cases are children under 10 years.

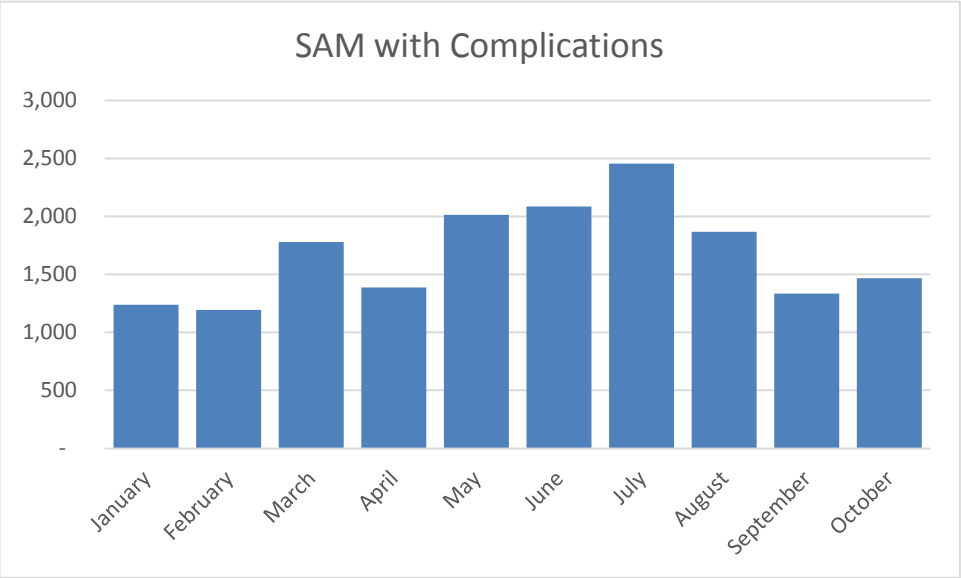
The top five affected regions are Banadir (5,188), Mudug(2,245), Toghdeer(2,196), Lower Shabelle (1,888) and Nugal (See Table 3).

Measles cases by region



Malnutrition

WHO action



Acute Flaccid Paralysis

In the month of November, a Vaccine Derived Polio Virus (VDPV) type 2 was isolated in the reference laboratory (KEMRI) from an environmental sample collected from a sewage site in 22 October 2017, from Waberi district in Banadir region of Somalia. The Sequencing result shows it is a VDPV type2 with 38 nucleotide differences from Sabin 2 VP1. The VP1 sequence for the isolate was not genetically linked to any known VDPVs. A second sample collected 10 days later from the same sewage site on 2nd November also turn out to be VDPV2 with two different viruses one with 36 nucleotide difference and 37 nucleotide difference. The initial characterization indicates small level of diversity among the three viruses at the end of a very long stalk. This is consistent with recent introduction into Mogadishu and limited local spread, although the extent of the spread is unknowable at this point, since only one environmental surveillance site is positive. This is the first VPDV case from Waberi district. The most recent WPV from Waberi district was on June 25th 2013.

Response activities

In response, WHO recommended 2 round of mass polio vaccination campaign with mOPV2 targeting 726, 699 children less than five years. Plus one round IPV 290,691 children under 2 year. The campaign will cover the targeted children living in all accessible and partially accessible districts of Banadir, Lower Shabelle and Middle Shabelle regions.

Leadership and coordination

WHO participates actively in the activities and meeting of the Humniterian country Team (HCT) as well as the praying an advisory function to the Ministry of Health on pertinent Health Issues. In addition, as the Lead of the Health Cluster, WHO coordinates the activities of over 66 Health cluster members to support the FMOH to deliver health services to those in need. WHO also lead in the Health cluster coordination meetings and participates in the inter-cluster working group meetings. And also play active role in the activities of the DCC In addition, The Information Management Team of WHO also participates in the activites of the inter-cluster information management working group (IMWG)

Health Cluster Coordination:

- The Humanitarian Response Plan (HRP) for 2017 has been finalized. The Health Cluster response will target 3.8 million people in high-risk areas. As a first priority, the Health Cluster will focus on "white areas" affected by drought, conflict, including refugees and returnees.
- Initial call for applications for SHF Standard Allocation two has been made by OCHA and shared with Health Cluster partners
- The State level Health Cluster coordination meetings have been held in Adaado, Baidoa, and Kismayo on 15th ,16th and 31st of October 2017 respectively. The minutes of these meetings had been shared with health partners for follow up and action.
- The Cluster Review Committee of the National Health Cluster met on October 16th to discuss and plan for the ongoing 2018 HRP and SHF SA2 processes.

Meetings

Stakeholders meeting on mass measles campaign

On 10 October stakeholders meeting was held by all stakeholder to plan for the campaign management comprising of 75 participants from WHO, UNICEF, MOH and other stakeholders.

Measles outbreak response

WHO, UNICEF and Health Cluster partners in conjunction with the Federal Ministry of Health 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. So far funds for the campaign have been secured and preparation are underway to rollout the campaign in November. Stakeholders meeting have been held in Mogadishu. WHO have also recruited a consultant to provide technical assistance to the ministry of health for planning and implementation of the campaign.

AWD/Cholera outbreak Response Activities

Coordination and Response

Since the beginning of the outbreak WHO has coordinated the activity of the health cluster partners to response to the outbreak. These includes, series of coordination meetings with MOH and partners, joint needs assessment between Health and WASH cluster partners, as well as joint response planning.

Surveillance and laboratory activities

WHO has supported various activities aimed at improving the sensitivity of the surveillance system, this includes, training of 30 health workers in stool samples collection, shipment and testing stool samples using Rapid Diagnostic Test (RDT), training of 13 health workers from different regions as trainers to train community health workers cascaded training in all regions, 250 community health workers have been trained in community based management of AWD using homemade ORS, community education and referral of cases. In addition, WHO supported the FMOH to activate EWARNs in 265 health facilities with plans to expand reporting sites to all districts as well collection of 266 stool samples for laboratory testing of which 111 of those samples tested positive for V. Cholera, Ogawa.

Water, Sanitation and Hygiene

- Distribution of hygienic kits to IDP communities in Lower and Middle Jubba,Banadir region and Baidoa
- Community education and mobilisation was done in all regions affected by AWD.

C4D conducted social mobilisation in hard to reach areas in all the districts affected by AWD/Cholera

Supplies and logistics

Over 167 tonnes of AWD/Cholera supplies and emergency kits were distributed to affected regions since January 2017

Capacity building

Training for the Mass measles Campaign

WHO in collaboration of with the Federal Ministry of Health have started preparatory activities for the upcoming mass measles campaigns in November 2017. Training of Trainers have been organised at the national level for 130 participates. Cascaded training has been completed in Puntland in which over 80 people were trained, whilst the cascade training in South Central are still ongoing. The trainings in Somaliland have been postponed due to the elections. Meanwhile, vaccines and implementation funds have already been secured.

Additionally WHO in collaboration with the FMOH has trained health workers on measles case-based surveillance in in Somalia including over 142 staff of the Ministry of Health at all levels.

Training in Civil Registration and Vital Statistic

In November, trained 19 participants drawn from the Federal and State Government line Ministries including Ministry of planning, Ministry of Health and Directorate of planning, training and registration, Ministry of Interior main CRVS stakeholders.

The CRVS progress workshop for Somalia was organized by WHO Somalia as a follow up on the conclusions and recommendations of the CRVS comprehensive assessment conducted since 2012 and the subsequent action plan that was developed from that assessment. Participants were taken through, the UN principles of Vital statistics as well legal and registration aspects as per UN recommendations and principles as well as taking participants through the electronic deaths notification platform/DHIS2 SMoL, Updating the

CRVS improvement plan for Somalia as well as putting in place a civil registration act for Somalia, The importance of putting in place a high level steering committee as well as a technical steering committee. The participants also came out with an action plan for rolling out the CRVS in Somalia.

Training in management of SAM cases with complications

WHO in close coordination with the Nutrition Cluster of Somalia, has organized a training course for 48 physicians and nurses working in hospitals that admits severe malnourished children with complication. The participants were selected from 23 Stabilization Centers for the various states who are involved in the treatment of severe malnutrition cases with complications. This course focused on the case management of Severe Acute Malnutrition with complication according WHO training guideline.

Training in Emergency Medical Supplies Management

During the period under review, WHO provided training for sixteen (16) staff of the Ministry of Health as national trainers on Managing & Storage of Emergency Medical Supplies (EMS) and Health Commodities. The trainers are expected to provide cascade training workshops on Managing & Storage of EMS & Health Commodities in different hotspot areas to manage emergency supplies in the Drought and Acute Watery Diarrhea (AWD)/Cholera prone areas this year in the country."

Logistics and supply distribution

WHO has been supporting the FMOH with essential medicines and medical supplies to provide health care services to the people in need? Since the beginning of the drought in 2016, WHO has distributed over 170 tonnes of assorted medical, surgical and non – surgical supplies to all the regions in the country?

In the month of October, WHO supported the Ministry of Health with over 9 tonnes of medical and surgical supplies to respond to the needs of the victims of the Mogadishu blast.

Funding.

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	Humaniterian Response Plan	US$106.8	US$47.9	45%

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

Annuh Seth
Information Management Officer
WHO, Somalia
annuhs@who.int

For enquiries, please contact