



Emergency Preparedness and Humanitarian Action (EHA) programme Achievements in 2010

The Emergency Preparedness and Humanitarian Action (EHA) programme of WHO has two major goals:

- to provide immediate **health response and access to quality health care services** for people affected by humanitarian crises and their host communities, and
- to prepare for, response to and control **outbreaks** of communicable diseases.

Under the **overall objective** to reduce morbidity and mortality in emergency situations, EHA also acts as support to (e.g. advocacy, proposal development, presentation of concept papers) and link between different programmes within WHO and with various partners. The coordination of health interventions and strengthening of partnerships is embedded in the tasks of **health cluster lead agency** which EHA carries out for WHO. Other **tasks** of EHA include:

- outbreak investigation, response and case management
- training and capacity building, combined with direct service delivery
- gap filling (including provision of emergency supplies as last resort),
- assessments and situation analysis,
- support to health cluster and field coordination, and
- increasing and maintaining WHO operational presence in Somalia.

Outbreak investigation, response and case management

- In 2010, EHA has conducted a total of **89 outbreak investigation missions and rumor verifications** across Somalia.
- Suspected outbreaks were reported for **acute watery diarrhoea/ cholera, whooping cough, measles, pandemic H1N1** and **rabies**. During such outbreak verifications:
 - a total of **146** stool samples were collected from patients with acute watery diarrhoea (AWD) and **15** were confirmed **positive for *Vibrio cholerae*, serotype 'Inaba'** while 1 tested **positive for serotype 'Ogawa'**,
 - of **32** samples collected for rapid diagnostic testing or laboratory confirmation of **whooping cough**, **2** tested **positive for *bordetella pertussis***,
 - among the same patients, **3** tested **positive for pandemic Influenza strain (pH1N1)**, while **4** other samples collected from cases of severe acute respiratory infection tested **negative for pandemic pH1N1**,
 - all **48** samples collected from suspected **measles** cases tested **negative**,
 - **1** canine brain sample tested **positive for rabies**.
- WHO alerted partners of the **high risks of AWD in Lower Shabelle and Banadir regions**. Both regions had experienced cholera outbreaks from March to August 2010. A second outbreak occurred in Banadir during December 2010.



Capacity building

WHO is making substantial efforts to build and strengthen the capacity of the health workforce, facilities and providers of health services in Somalia. Focus areas of training and capacity building activities in 2010 were related to health needs due to conflict situations and mass displacement, reproductive health and communicable diseases.

- Between January and November 2010, over **170** health workers, medical students and graduates in Banadir and Mudug regions were trained in **trauma management**, **emergency surgical procedures** and **emergency obstetric care (CEmOC)**.
- Another **25** graduate doctors were trained in Mogadishu in November on **burn management** and **emergency obstetric care**.
- In May, WHO together with COSV provided technical training for **70** traditional birth attendants (TBA) in Lower Shabelle on **safe delivery**.
- Since September, EHA trains **every month 4** medical students and graduates from Banadir University in Kulmiye Hospital (Afgooye Corridor) on **emergency obstetric care (CEmOC)** and **gynaecology**. This continuous on-the-job training is part of WHO's efforts to "making pregnancy safer".
- After a **fistula campaign** in October in Baidoa Hospital during which 15 patients received fistula repair operations, WHO continues to support the health facility and partners to deliver fistula repair activities.
- WHO and partners trained more than **600** health workers in Banadir, Bay, Lower and Middle Shabelle, Galgaduud and Mudug regions on **Integrated Disease Surveillance and Reporting (IDSR)**, outbreak investigation and response, case detection and management.



Gap filling

EHA is filling gaps in the provision of **medical supplies** to partners as a last resort (in support of essential medicines programme).

In 2010, the distribution of emergency medical supplies to partners and health facilities across Somalia included

- 8 **Interagency Emergency Health Kits (IEHK)**,
- 7 **Diarrhoeal Disease Kits (DDK)**,
- 6 **Trauma Kits (TK)**,
- 50 **Health Post Kits (HPK)**,
- 2 **Operation Theatre Kits (OT)**,
- 1 Kit F (**hospital supplies**),
- 50 **water filters**,
- over 740,000 **chlorine tablets**,
- 500 vials of **Anti Human Globulin**,
- 300 vials (30ml) of **Sodium Stibo Gluconate (SSG)**,
- 100 **Obtyleish diagnostic tests (RK39)** for Kala Azar diagnosis,
- almost 4,000 litres of **Ringer Lactate**,
- **Oral Rehydration Salts (ORS)**, **antibiotics**, **transport media** and **rapid diagnostic test kits**, and other **supplementary medical supplies**.

Over 80% of the supplies were distributed in Greater Mogadishu and South Central Somalia.

Assessments and situation analysis

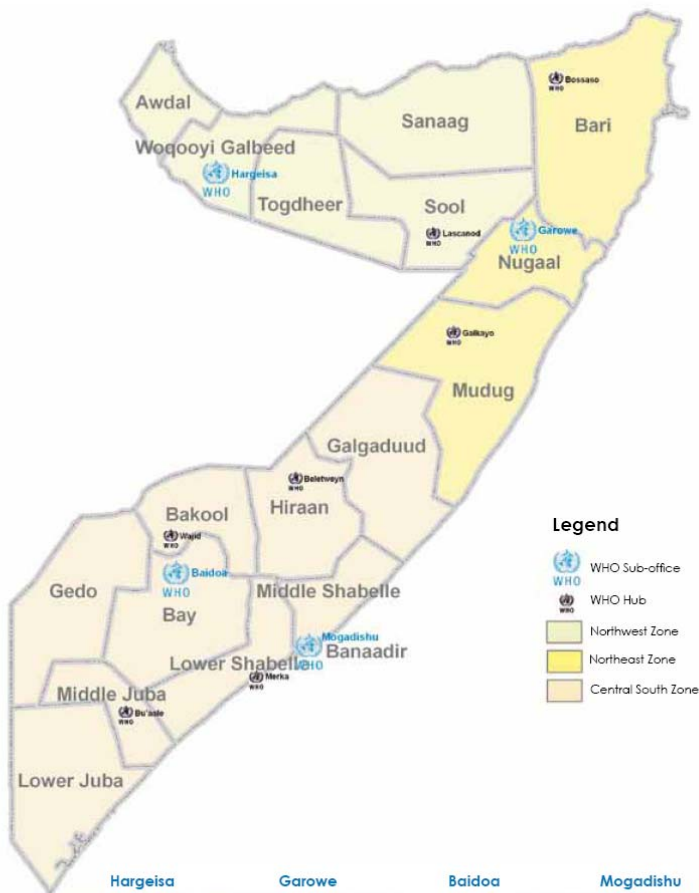
EHA has **permanent staff** members in strategic locations across South Central Somalia (see map below). This presence is crucial to promptly respond to outbreak rumours or suddenly arising changes in the health situation of the people in Somalia.

This **rapid response** can be related to natural disasters such as drought or floods, mass displacement due to conflict or natural emergencies, or outbreaks of communicable diseases.

In 2010, WHO conducted **health assessment missions** to

- Bay (Burhakaba, Baidoa),
- Bakool (Hudur, Tieglow),
- Banadir (Greater Mogadishu), and
- Middle Jubba (Bu'aale, Sakow, Jilib) regions.

EHA also participated in the WHO health assessment mission in November to Banadir Hospital in Mogadishu as part of the initiative of **"making hospitals safe in emergencies"**.



Health cluster and field coordination

In 2010, EHA has successfully upheld the role of WHO as lead agency in health cluster coordination. The regular and main tasks throughout the year included:

- preparation and distribution of **monthly health cluster bulletin**
- continuous update of information on **health cluster website**
- convening and chairing **monthly health cluster meetings**
- convening and chairing additional **meetings** with health cluster focal agencies, cluster review committee (CRC), and other bodies supporting the coordination of health-related activities in Somalia
- with CRC review of HRF, CERF, and other **proposals** from health cluster partners
- preparation of **CAP 2010** including health cluster response plan and prioritization of projects, 2010 mid-year review including the inclusion of new projects into the CAP 2010 and revision of all other projects especially budgets
- preparation of **CAP 2011** including cluster response plan, CRC meetings and review of project sheets, compilation of health CAP contributions, and liaison with OCHA and partners
- strong support for the preparations (EHA colleagues were in the advisory board and other committees) and introduction of the **Common Humanitarian Fund (CHF)** for Somalia.
- In 2010, WHO has been **health cluster focal agency** for Banadir, Hiraan and Gedo regions. Together with partner organization WARDI, health cluster field coordination meetings were successfully re-established in Mogadishu in December 2010. WHO as focal agency for Hiraan addressed discrepancies that appeared in the preparation of the CAP 2011 and initiated joint meetings and missions on the ground together with OCHA in order to clarify and solve disagreements in the provision of health services in the area.



Information sharing

EHA has put emphasis on the importance of information sharing to facilitate efficient humanitarian response. Information flows at all levels within WHO, with the coordination body OCHA, health cluster partners and other stakeholders.

Several information sharing tools have been established and are maintained by EHA:

- Production and distribution of EHA weekly highlights
- Contributions to, production and distribution of monthly health cluster bulletin
- EHA and health cluster websites (www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm and www.emro.who.int/somalia/healthcluster.htm)
- WHO inputs to OCHA monthly humanitarian overview and quarterly cluster report

