World Health Organization

# WHE Situation Report

## August, 2018

## Situation Report No. 8

IERTs Providing Outreach services to beneficiaries

**5.4 M** In Need of Health Services

**2.6 M** Displaced

**4.3 M** People Targeted by health cluster

**401** EWARN Sentinel Sites

## KEY FIGURES

| | |
|---|---|
| 49 | WHO STAFF IN THE COUNTRY |
| **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 |
| 401 | EWARN REPORTING SITES |
| **VACCINATIONS** | |
| 1.2M | ORAL CHOLERA VACCINE |
| 600,000 | POLIO |
| 4.4M | MEASLES |
| **FUNDING US$** | |
| 24 | FUNDED |
| US$17M | REQUESTED |
| 85% | FUNDING GAP |

*According to SARA, 2016

## HIGHLIGHTS

**Cholera cases reduced from 295 cases in July to 244 cases in August 2018. The cumulative number of cases reported were 6294 including 42 deaths (CFR 0.7%) from 23 districts since December 2017.**

**Suspected measles cases continue to decline following the mass measles campaign conducted between January and March, 2018. In August 38 cases of measles were reported making a cumulative total of 6,294 cases since the beginning of the outbreak in December, 2017**

**Health cluster partners reached 314,791 beneficiaries with life-saving health services during the reporting period. Cumulatively, over 1,8 million people were reached with life-saving health services since January 2018.**

**WHO distributed over 125 metric tons of life- saving drugs and essential medical supplies to all the areas affected by the recent floods and other health emergencies**

## 1.0 Overall Situation

Despite the mild improvements recorded in the humanitarian situation in the past months, the humanitarian situation in still fragile. According to FSNAU, the post-Gu seasonal assessment result shows mild improvement in the food security situation in Somalia due to above average rainfall between April and June. Humanitarian partners are required to respond to the needs of 5.4 million people; including an estimated 2.6 million internally displaced persons (IDPs) and refugees (OCHA, 2018).

## 1.1 Public Health Concerns

Access to basic health services across entire different parts of the country is still a major concern in the country. This is due to many factors including but not limited to limited funding, in security in some parts of the country mainly south and also availability of qualified and competent health work force mainly in hard to reach and rural areas. WHO and Health cluster partner continue to respond to the needs of those affected by the floods and cyclones that occurred in May 2018 as well as the residual effect of the 2017 drought. As of the end of August 2018, an estimated 1.5 million children under-5 are believed to be acutely malnourished including 55,200 who are projected to be suffering from severe acute malnutrition (SAM).

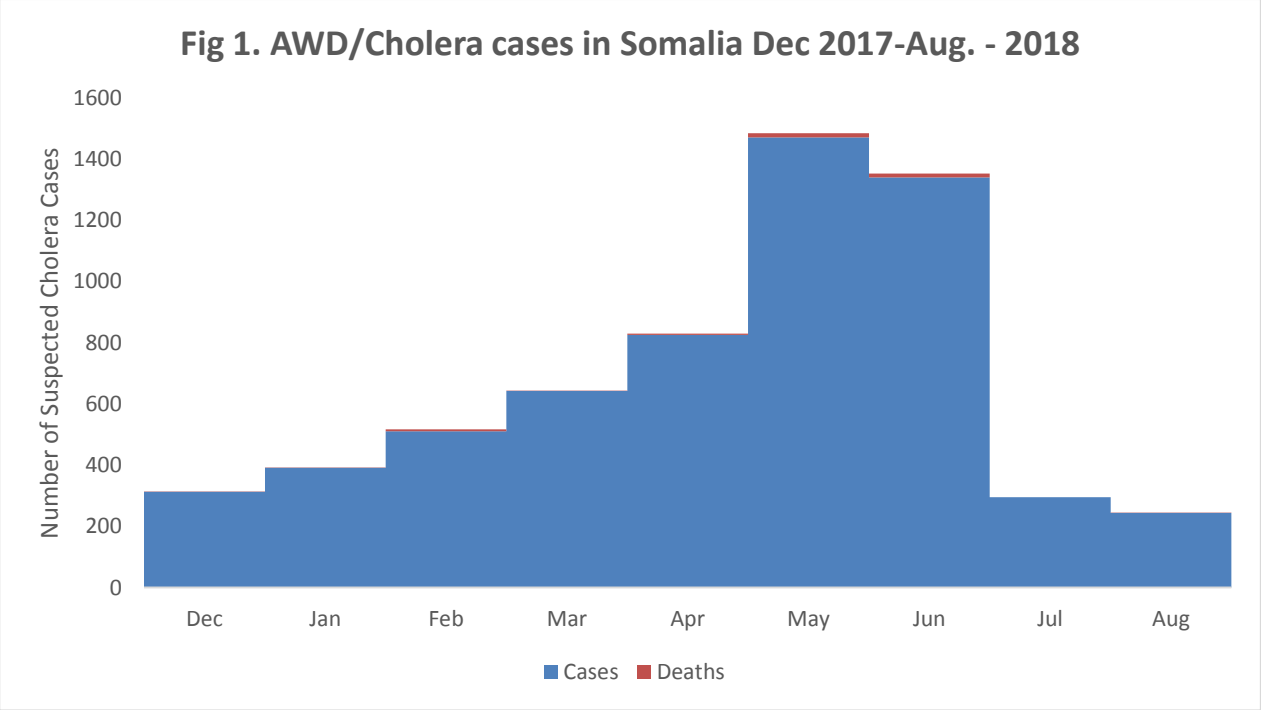
Malaria cases on the other hand or still rising due to the earlier rains, there has been an increase in the number of malaria (1,256 in July to 1,400 in August) and pertussis (236 in July to 266 in August), although the cholera outbreak has been contained.

## 1.2 Epidemiological Update

There has been significant reduction in AWD Cholera cases reported in August (217) compared to the July (486) with cases only in 2 regions (Banadir and Jubbaland) with no cholera related deaths reported during the month of August. Measles cases have also reduced significantly following the mass measles vaccination campaign although measles, overcrowding in IDP settlements increases the risk of the disease spreading among unimmunized persons.

### 1.2. 1 Acute Watery Diarrhea (AWD)/Cholera

A total of 271 AWD/cholera cases were reported in across Somalia in August compared to 486 reported in July with the cases concentrated in Banadir and Lower Jubba regions. The cumulative AWD/cholera cases since the beginning of the outbreak in December are 6,294 cases including 42 deaths, (a case fatality ratio of 0.7%). So far 23 district from four region have reported cases with majority of the along the Shabelle and Juba rivers in the southern part of the country. The number of cases reported in August 2018 (271) is far below the number recorded during the same period last year attributable to the intervention measures WHO put in place last year and early this year, such as the oral cholera vaccination campaign, WASH improvements, and a hygiene education campaign.




### Other communicable Diseases

As shown in figure 2; other acute diarrheas (OAD), influenza like illness (ILI), severe acute respiratory illness (SARI), and suspected measles and malaria infections are the most common causes of morbidity across Somalia in 2018.

In August 2108, the highest numbers of diseases were other acute diarrheas (13,440 cases), influenza-like illness (12,132 cases), severe acute respiratory illness (6,168 cases), confirmed malaria (1,256 cases), bloody diarrhea (383 cases).

**Table 1. Summary of Alerts for epidemic prone diseases**

| Disease | May | June | July | Aug | Cumulative cases (Jan – August, 2018) |
|---|---|---|---|---|---|
| Total consultations | 281,207 | 219,646 | 234198 | 314791 | 2,019,504 |
| Other Acute Diarrheas | 14,586 | 10,968 | 8920 | 13440 | 83869 |
| Influenza Like Illness | 8261 | 5,979 | 5394 | 12132 | 62,012 |
| Severe Acute Respiratory Illness | 4870 | 5,014 | 4333 | 6168 | 36,015 |
| Suspected Measles | 675 | 352 | 238 | 383 | 6709 |
| Confirmed Malaria | 1666 | 1506 | 1256 | 1400 | 9660 |
| Bloody Diarrhea | 593 | 602 | 383 | 604 | 3223 |
| Whooping Cough | 284 | 202 | 236 | 266 | 1741 |
| Acute Jaundice | 16 | 33 | 35 | 65 | 212 |
| Suspected Meningitis | 25 | 4 | 12 | 765 | 853 |
| Diphtheria | 17 | 2 | 18 | 85 | 148 |
| Neonatal Tetanus | 3 | 3 | 0 | 39 | 62 |
| Acute Flaccid Paralysis | 0 | 9 | 2 | 2 | 15 |
| Viral Hemorrhagic Fever | 0 | 1 | 1 | 0 | 3 |

### 1.3 Nutrition

Malnutrition continue to pose a great challenge in Somalia despite the efforts by humanitarian actors to avert famine in 2017. The GAM rate remains above the global target (17%). As of August 2018, a total of 3514ncases of severe acute malnutrition (SAM) with comorbidities were admitted in different hospitals and stabilization centers across Somalia.

## 2.0 Key Response Challenges

- To provide lifesaving services to approximately 5.4 million people in need of health services.
- To ensure safety of water remains a major challenge due to the recent flooding. As a result, there has been an upsurge of cholera cases in the communities along the Shabelle River.
- Control and prevent outbreak of communicable diseases especially in the flood affected areas.
- Challenge in provision of primary health care services to the internally displaced population persons living in IDP camps and inaccessible areas.
- Lack of adequate funding to respond to the growing public health emergency needs of the population.
- Due to violence and insecurity in some parts of the country, access remains a huge challenge for humanitarian actors to reach and provide services., making it resulting in high cost of financial operation and making it difficult for humanitarian partners to provide the necessary health services to those in need.

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- Poor health seeking behavior among the population as well as inadequate community awareness on prevention of common maternal and child illness.

## 3.0 WHO Response Actions

### 3.1 Leadership and Coordination

WHO continues to provide technical support to the Federal Ministry of Health (F MOH) and State level Health authorities to plan and implement health interventions that will enhance the health of the Somali population. WHO as cluster lead agency also ensures effective Health Cluster coordination both at the national and state levels with the Ministry of Health and Health partners to discuss progress, achievement and challenges in health service delivery and plan way forward. Through its national public health Emergency officers stationed across all state headquarters, WHO supports state ministries of health to implement planned activities. In the month of August, 2018, cluster partners have delivered various kinds of health services to over 314,791 in the health facilities.

**Integrated emergency response team**

WHO trained and deployed Integrated Emergency Response Teams (IERTs) to deliver critical health services to hard – to – reach populations in different parts of the country through mobile clinics. The IERTs concept is an initiative to bridge the gap of inaccessibility to essential health services. In August 2018, IERTs rendered services to 1802 beneficiariesin Hirshebelle and Jubaland states of Somalia. The IERTs were involved in treatment of minor ailments, investigation of alerts, data collection, and health education, and other public health services.

### 3.2 Capacity building

WHO continued with its core mandate of increasing the capacity of health staff for efficient health services delivery.

During the period under review, WHO provided on-the-job training to over 211 health workers of various categories to enhance their performance. These trainings include; case management (40),

infection prevention and control (32), Sample collection, packaging and shipment (32), Management of cases of Severe acute Malnutrition (47)
Rapid Response teams (RRT) (60).

### 3.3 Outbreak Response Activities

WHO continue to support the federal and state ministries of health to monitor and respond to the suspected outbreak daily and weekly basis. The Early Warning Disease Surveillance and Response Network (EWARN) has been enhanced with mobile up and alert systems for prompt detection and response to outbreaks. The EWARN facilitated prompt detection and response to cholera outbreak in different states.

#### 3.3.1 cVDPV Outbreak Response

WHO and its partners continue to support local health authorities to the circulating vaccine-derived poliovirus (cVDPV) outbreak in Somalia through vaccination of 660,000 children in August, in a mass vaccination campaign conducted in 37 of Somalia's 112 districts. This campaign was conducted concurrently along border districts in Kenya to prevent transmission of the poliovirus to neighboring countries as part of six (6) mass vaccination campaigns have been conducted in 2018, using oral polio vaccine (OPV) in response to the cVDPV reported, with more campaigns planned in September and October.

Four (4) cases of cVDPV have been reported since the beginning on 2018. Vaccine derived poliovirus (or VDPV) is the result of mutation of the vaccine virus, and occurs only very rarely, typically in populations with some exposure to vaccine but very low population immunity. Owing to the security situation of Somalia, many 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.

### 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 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. All Hazards Risk assessments and National Action Plan on Health Security

WHO organized a planning workshop in Mogadishu on all hazard risk assessment and development of all hazards response plan. A draft national n action plan for public health security (NHPS) was also developed based on Joint external evaluation report conducted in 2016/17. During the workshop, the participants used the WHO Strategic Tool for Assessing Risks (STAR) to identify and prioritize potential public health threats and risks, and developed an action plans for enhancing national capacity to mitigate prepare and respond to such threats.

## 4.0 Funding

Below is the summary of funds planned and received.

| Funding Status Of Appeals | | | | |
|---|---|---|---|---|
| | **Name of the appeal** | Required Funds | Funded | % Funded |
| WHO | Emergency Health Response Plan | US$17m | | 24% |
| Health Cluster | Humanitarian Response Plan | US$124m | | 50.4% |

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