World Health Organization

WHE Situation Report

July, 2018

Situation Report No. 7

WHO staff conducting field supervisory visit during the mOPV2 campaign

5.4 M In Need of Health Services

2.6 M Displaced

4.3 M People Targeted

341 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**
VACCINATIONS	
1.2M	**ORAL CHOLERA VACCINE**
2,181,310**	**POLIO**
4.4M***	**MEASLES**
FUNDING US$	
US$2.6M (15)%	**FUNDED**
US$17.4M	**REQUESTED**
85%	**FUNDING GAP**

*According to SARA, 2016

HIGHLIGHTS

- **July saw a significant reduction in the number of cholera cases with 486 reported over the month compared to 1,243 cases reported in June 2018. As of the end of July, 6,018 cases including 41 deaths (CFR 0.7%) had been reported in 23 districts since December 2017.**
- **Suspected measles cases continue to decline following the mass measles campaign conducted between January and March, 2018. In July 238 cases of measles were reported making a cumulative total of 6,820 cases since the beginning of 2018**
- **Health cluster partners reached 398,000 beneficiaries with life-saving health services during the reporting period. Cumulatively, 1,861,168 people were reached with life-saving health services since January 2018.**
- **WHO distributed over 150 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

The humanitarian situation in Somalia remains fragile. Overall, humanitarian partners estimate that 5.4 million people are in need of humanitarian assistance, including an estimated including 2.6 million internally displaced persons (IDPs) and refugees (OCHA, 2018). Even though there were no floods and cyclones in July, the effects of these events in the first quarter of the 2018 continue to be felt in affected regions. Natural disasters in 2018 have so far affected 830, 000 people, including over 270, 000 people who were displaced (OCHA, 2018). Internal displacement of civilians was also exacerbated by the ongoing conflict between Somaliland and Puntland, clan clashes along the Hiran and Galgadud borders, and frequent attacks by militant groups throughout the month of July.

1.1 Public Health Concerns

The health impact of the drought in 2017, the floods and cyclones that occurred in the first quarter of 2018, as well as armed conflict, are the main underlying factors responsible for the increasing health needs across the country.

Flooding in the late spring created enabling conditions for the spread of diseases such as cholera, pertussis, measles and malaria in areas where water sources were contaminated or large numbers of IDPs moved into cramped settlements with limited infrastructure such as shelter, potable water and healthcare services as well as limited supply of food and proper water and sanitation facilities. IDPs are especially vulnerable to malnutrition as well. Additionally, the outbreak of Rift Valley Fever and circulation vaccine derived polio virus (cVDPV) continue to pose major public health threats.

In the period under review, there has been an increase in the number of malaria and pertussis cases, and the cholera outbreak remains ongoing. Urgent public health action is required to contain these outbreaks and prevent others.

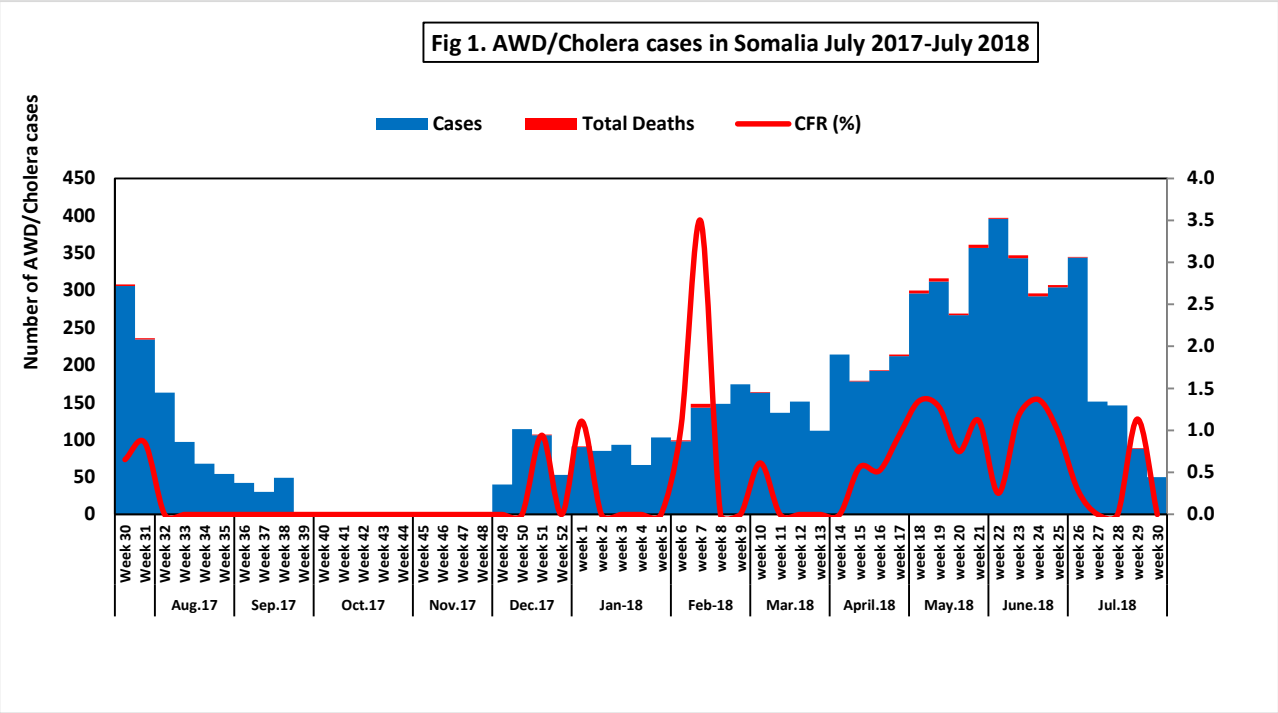
1.2 Epidemiological Update

Cholera cases continued to be reported during the period under review, especially in flood-affected areas. Meanwhile, the reported number of cases of malaria of and suspected cases of pertussis reached the alert threshold. Although measles cases have declined significantly over the past four months, overcrowding in IDP settlements increases the risk of the disease spreading among unimmunized persons.

1.2. 1 Acute Watery Diarrhea (AWD)/Cholera

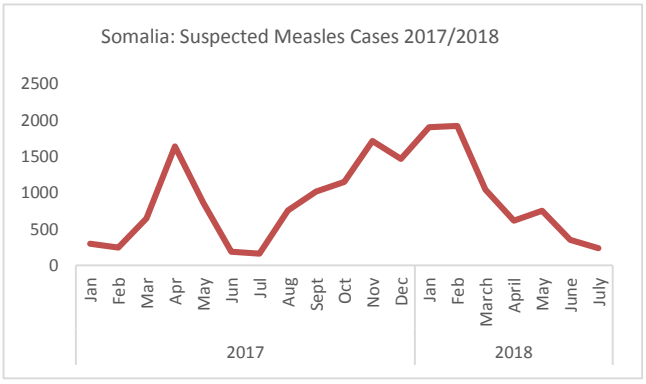
There were 486 AWD/cholera cases in July, down from 1,243 reported in June. As of the end of July, a total of 6,018 cases of AWD/cholera, including 41 deaths (a case fatality ratio of 0.7%), had been reported for the calendar year.

The cholera outbreak started in December 2017 in Beletweyne district in Hiran region and has since spread to 23 districts in four regions along the Shabelle and Juba rivers in the southern part of the country. The number of cases is far below the number recorded during the same period last year, thanks 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.



1.2. 2. Measles

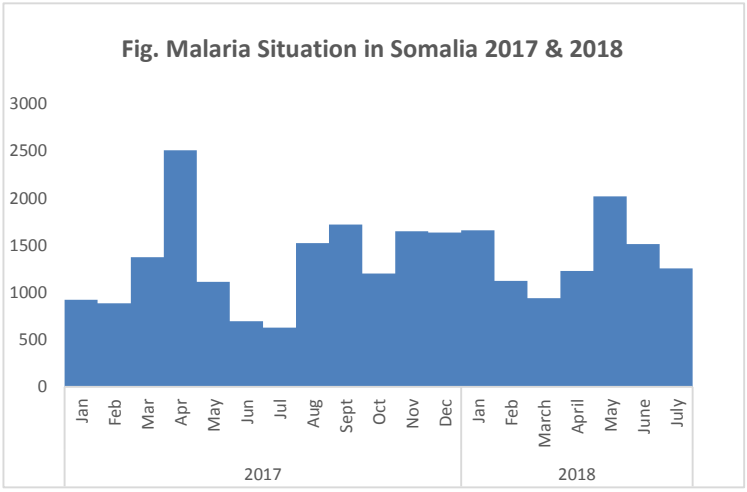
The measles outbreak started in April 2017 and run through to March 2018. However, following the measles outbreak campaign between January and March 2018, there has been a significant reduction in the number of reported cases. Suspected measles cases declined from a peak of 1,921 in February to just 238 in July. Since the start of the year, 6,820 suspected measles cases have been reported.



The reduction in the number of cases could be attributed to the mass measles vaccination campaign conducted between January and March, when 4.4 million children under 10 years of age were vaccinated. However, as previously mentioned, increased displacement has elevated the risk of a larger outbreak.

1.2.3 Malaria

Malaria is one of the endemic diseases in Somalia and epidemics can occur when climate and other conditions are conducive for transmission. It is also common in areas where people have little or no immunity to malaria or when people with low immunity to the disease move into areas with intense malaria transmission.

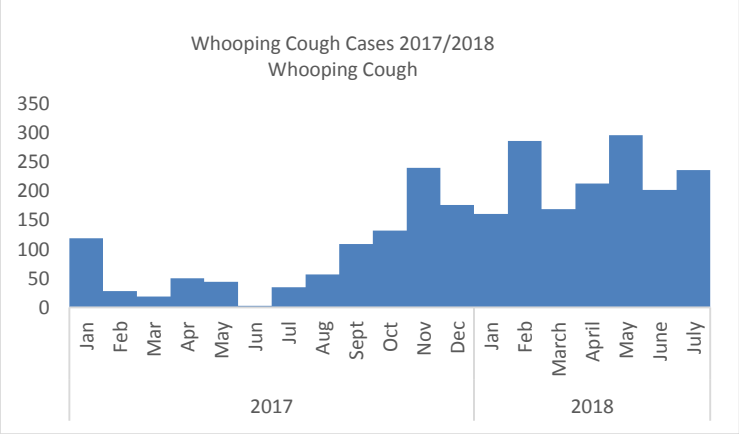


July saw a slight reduction of confirmed malaria cases from 1,512 cases in June to 1,256 cases in July. Cumulative 8,260 cases of Malaria have been reported across Somalia in 2018. Of the 8,260 malaria cases, 3574 (43%) are under five years while 4,686 (57%) are above five years.

The number of cases exceeded the cases reported during the same period last year. This could be attributed to the flooding in some parts of the country creating suitable breeding ground for mosquitos, the vector responsible for malaria transmission. The most affected districts include; Baidoa district of Bay (1,589 cases), Wadajir district in Banadir (743 cases), Marka district of Lower Shabelle (602 cases), Wajid district of Bakol (447 cases), Berdale district of Bay (540 cases).

1.2.4. Pertussis

The number of pertussis cases has also been floatingly going up and down for the last four weeks, the cases in week 24 were 45 compared to 34 cases in week 25.



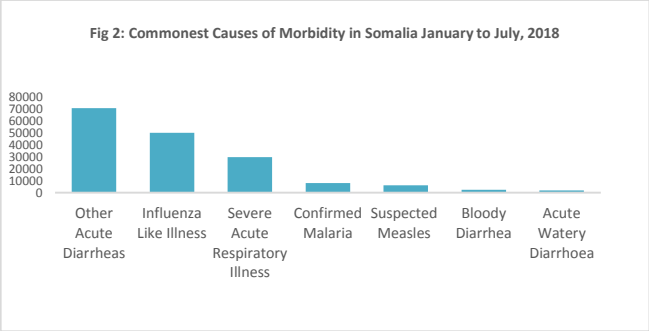
Cumulatively, 1,181 cases of pertussis have been reported across Somalia since the beginning of 2018. Of the 1,181 pertussis cases, 902 (76%) are under 5 years while 279 (24%) are above 5 years. The most affected districts include Galkacyo (253 cases), Jilib (144 cases), Berbera (91 cases), Erigavo (72 cases), Buale (61 cases) and Adaado (55 cases).

1.2.5. Polio

The polio eradication program continued its efforts to eradicate polio in Somalia by strengthening acute flaccid paralysis (AFP) surveillance activities as well as vaccinating children against the polio virus. Since the beginning of 2018, 157 AFP cases have been reported with no wild polio virus (WPV) isolated. However, three cases of cVDPV were detected in south central Somalia since the beginning in 2018. These cases were also isolated from environmental samples collected the Banadir region in January. These latest isolates are genetically linked to cVDPV2 strains collected from environmental samples in the same province on October and November 2017.

1.2.6. Other Causes of Morbidity

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 July, the highest numbers of diseases were other acute diarrheas (8,920 cases), influenza-like illness (5,394 cases), severe acute respiratory illness (4,333 cases), confirmed malaria (1,256 cases), bloody diarrhea (383 cases).

1.3 Nutrition

Over the month of July, 2,568 cases of severe acute malnutrition (SAM) were admitted in different feeding Somalia.

2.0 Health Needs and 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.
- Aligning WHO operations to the new political administrative structure (new states).
- 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 health needs of the population.
- Due to violence and insecurity in some parts of the country, access remains a huge challenge humanitarian actors. Most areas in the country are only accessible only by air, 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.
- Poor health seeking behavior among the populace as well as inadequate community awareness on prevention of common child illness another major constrain to utilization of the existing services.

3.0 WHO Response Actions

3.1 Leadership and Coordination

WHO continues to provide technical support to the Federal MOH and health cluster partners to plan and implement public health interventions that will enhance the health of the Somali population.

Through leadership of the health cluster, WHO coordinates the activities of 70 partners to deliver health services to those in need across the country. Through its national public health officers, WHO supported the state ministries of health to implement planned activities.

The newly appointed state-level Minister of Health for Jubaland state took office and WHO had already a successful meeting with him and discussed close cooperation with different WHO programs in Jubaland state of Somalia.

IASC Peer-2-Peer self-assessment for SWS humanitarian stakeholders

WHO also organized the first state-level health cluster meetings for Jubaland and Galmudug. WHO, through its state-based public health officers, also participated regional inter cluster coordination group (R-ICCG) meetings that were held in Garowe and Kismayo in July.

During the reporting period, WHO staff, together with MoH, visited IDPs in Baidoa to conduct an assessment of health promotion interventions and devise ways to improve disease prevention.

3.2 Capacity building

During the period under review, WHO provided on-the-job training to over 450 health workers of various categories to enhance their performance. These trainings include:

- Training of 60 logisticians on management of emergency medical supplies across Somalia.
- Training of 120 health workers in infection prevention.
- Training of 90 health staff in surveillance and outbreak investigation.
- Training of 32 staff on Sample collection, packaging and shipment
- 1 day training on Emergency Trauma Management in Galmudug,
- Training of 180 health facility staff on Early Warning Disease Surveillance and Response Network (EWARN) for health facility staff across Somalia.
- Training and of 71 Integrated Emergency Response Teams (IERT) in Jubaland (25), Puntland (30) and Hirshabelle (16).

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.

3.3.1 Early Warning Disease Surveillance and Response Network (EWARN)

- During the period under review, WHO continue to support the Federal and review and improve the early EWARN system.
- WHO provided TOT training to 56 CSR officers and over 268 health workers.
- 341 health facilities were identified and enrolled onto and about 260 (83%) of these facilities submits reports regularly into the EWARN.
- Procurement of 400 mobile phones and 20 laptops for distribution of the various regions and health facilities.
- In response to the suspected outbreak cases **WHO** with support of SWS **MoH** closely monitoring situation on daily and weekly basis.
- Development of standard operating procedures (SOPs).
- Stool sample collection and analyzed
- Contributed indoor residual spraying (IRS) in South Galkayo and Baladweyn districts of Galmudug and Hirshabelle states respectively
- Rollout of mobile reporting in Puntland, Galmudug and southern states.

3.3.2 cVDPV Outbreak Response

WHO and its partners continue to support local health authorities to conduct further field investigations and risk assessments to find out the overall risk of cVDPV2 in the country. In the period under review, the WHO Polio program, in collaboration with UNICEF and other partners, successfully completed the first round of a synchronized campaign in six regions. During July, preparation was underway for the second round, scheduled for the first week in August.

3.3.3 Malaria Control

WHO and partners have initiated several key preventive and curative interventions to reduce malaria-related morbidity and mortality. This is done through malaria case management, selective vector control measures (including biological and environmental measures), indoor residual spraying (IRS), use of insecticide-treated bed nets and intermittent preventive treatment for pregnant women.

3.3.4 Distribution of Medicines and Essential supplies

In the first half of 2018, WHO Somalia distributed over 125 tons of emergency medical supplies to areas affected by the floods and other emergencies across Somalia**.**

4.0 Funding

Funding Status Of Appeals				
	Name Of The Appeal	Required Funds	Funded	% Funded
WHO	Emergency Health Response Plan	US$17m	US$2.6m	15%
Health Cluster	Humanitarian Response Plan	US$124m	US$54m	50.4%

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