

### Highlights

- On 16 March 2020, Ministry of health first confirmed case of COVID-19.
- Screening of 35 085 people at 19 points of entry was conducted for prevention of any imported case of COVID-19.
- In the month of March, a total of 15 people were investigated for COVID-19 and 24 (including repeat) samples were shipped to a reference laboratory in Kenya for testing COVID-19.
- More than 250 health care workers were trained on surveillance, case management and infection prevention and control of COVID-19.
- Cholera cases continued to be reported in Banadir, Bari, Hiran and middle Shabelle regions. A total of 2 390 cases of *Vibrio cholerae* including 10 related deaths were reported from week 1 of, 2020.
- Surveillance data from the Early Warning Alert and Response Network (EWARN) reported 352 740 consultations in 408 (76%) out of 537 health facilities expected to report during the month of March 2020.
- Diseases causing the highest morbidity were acute respiratory infections (31 713 cases) and acute diarrhoea (19 046 cases).



WHO supported the ministries of health of all Federal Member States to collect and ship COVID-19 samples to the designated laboratories for testing during the month of March

### COVID-19 situation

- The first confirmed case of COVID-19 was 26-year-old male Somali student who left Guizhou China on 9 March 2020 and travelling through Dubai and Addis Ababa, arrived in Mogadishu Aden Abdulle Airport on 11 March 2020. The case, along with three other Somali students, were quarantined in an isolation center within the airport compound upon return from China. The patient was asymptomatic. Three contacts, identified for the first confirmed case completed 14 day follow up period.
- The second confirmed case of COVID-19 was a 25-year-old, resident of Italy. The person travelled from Italy and arrived in Mogadishu on 19 March, 2020 and was quarantined upon arrival. The person remained asymptomatic.
- Following the confirmation of COVID-19 in Somalia, the government established an Incident Management System Team (IMST) to coordinate response activities at Federal and state levels. A multi-sectoral response plan was also developed and shared with all partners.

### HEALTH SECTOR

#### Key figures

<b>105</b>	Health cluster partners
<b>3.1 million</b>	People in need of health care
<b>2.4 million</b>	People targeted for health care

### HEALTH FACILITIES

<b>1 074</b>	Total health facilities
<b>537</b>	EWARN reporting sites

### HEALTH EMERGENCY INDICATORS

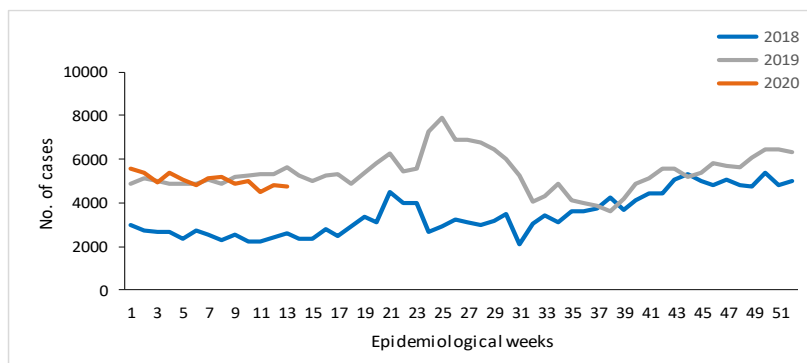
<b>1.5</b>	Consultation per person per year
<b>88.3%</b>	SAM cure rate
<b>85%</b>	Measles-1 vaccine coverage rate
<b>69%</b>	Reporting timeliness

### FUNDING (US\$)

<b>8.3 million</b>	Required for WHO's health emergency programme
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### Epidemiological/Surveillance Update

- Out of the total 537 health facilities participating in the Early Warning Alert and Response Network (EWARN), 408 (76%) submitted its weekly surveillance data in March 2020. The incidence of acute diarrhoea cases shows no significant change in March 2020 (19 046 cases) compared to the same month in 2019 (21 149 cases) (Fig.1).
- The number of acute respiratory infections also increased in March 2020 (31 713 cases) compared to March 2019 (26 960 cases). This may be as a result of the prolonged negative effect of drought conditions with large displacement of people, overcrowding and shortage of safe water, which are risk factors for infectious disease outbreaks.



### Emergency response activities

- During the reporting period, 161 alerts were reported from EWARN system of which 101 (63%) were verified by the WHO rapid response teams. During the alert investigation, a total of 20 stool samples were shipped to National Public Health Reference Laboratory in Mogadishu of which 11 tested positives for *Vibrio cholerae*. The WHO trained rapid response teams and IERT continues to support field investigation and response activities in the CERF supported districts of Beletweyne and Jowhar.

## Emergency response activities

- As of March 2020, a total of 23 (16 males and 7 female; 7 under 5 years of age and 16 above 5 years of age) suspected diphtheria cases were reported in Gardo district. Response activities supported by WHO included surveillance and case investigation, case management using penicillin-based antibiotics and vaccination of children in camps and surrounding areas of Qardo district.
- Sporadic cases of cholera were reported in Bossaso at the end of January peaking in February 2020. A total of 165 cases (including 6 deaths) were reported between January and March 2020 of which 71 (43%) were women and 109 (66%) were children below 10 years of age. About half (83) of the cases were reported from Shabelle B Camp. The outbreak was attributed to limited access to safe water among the IDPs in the area. Response activities by WHO and MOH to contain the transmission included outbreak investigation, stool sample collection and shipment to national public health laboratory in Mogadishu for analysis, and provision of medical supplies for case management.
- In response to the flood and drought affected communities in Jowhar, Beletweyne, Baidoa and Berdale districts, six integrated emergency response teams comprising of 24 healthcare workers were trained (11 female and 13 male).

- On 20 March 2020, the MoH and WHO conducted a two-day training for 40 health care workers on COVID-19 detection and response. The team were involved in screening of arriving passengers in the airport and other points of entry in Baidoa and Hudur districts.
- More than 800 health care workers across the country were trained on COVID -19 screening and triaging, laboratory sample management, infection prevention and control and surveillance. A total of 25 trainings were conducted in Mogadishu, Galmudug, Jubaland and Hirshabelle. The trainings were conducted by experts from WHO and the ministry of health. Regular supervision and on the job trainings will be conducted to ensure adherence to established COVID-19 guidelines.
- WHO has handed over three Polymerase chain reaction (PCR) machines to Somaliland, Puntland and Banadir to enable and strengthen the laboratory capacity for detection of COVID-19
- WHO developed a response plan for COVID-19 which is line with the ministry of health plan. Out of the 10 pillars identified in the ministry of health response plan, WHO will support Coordination, Surveillance, Laboratories and Case management.

## Preparedness for COVID-19



*ToT training on surveillance and response for COVID-19 was held in Garowe, Puntland during March 2020*



*PPE and other emergency supplies for COVID-19 were delivered to the ministry of health of southwest state March 2020*

- Due to the nature of the ongoing crisis such as droughts, floods and COVID-19 outbreak which has resulted in immediate interruption of health care services, and supply chain, WHO is supporting the ministries of health in Galmudug, Jubaland, Hirshabelle, Banadir and Puntland and airlifting emergency supplies and other essential drugs.
- As a result, of the flood, AWD/cholera cases were reported from many areas in the country including Bossaso, Beletweyne, Jalalaqsi and Jowhar. WHO is supporting the ministry of health to airlift emergency supplies. So far, WHO has airlifted and distributed 296 Cholera, IEHK, and Trauma kits, that are enough to manage 10 110 people over three-month period.

## Emergency supplies

## Health cluster and coordination (HCC)

The national health cluster coordination meeting was held on 26 March 2020 where over 60 partners participated. The partners discussed COVID-19 related issues including the contingency planning, risk communication, isolation, training, management of IDP camps, referral pathways and logistics.

During the meeting, it was highlighted that space to establish 14 isolation facilities had been identified by health authorities at national and sub-national levels. Most of these sites lacked equipment and staff.

The Ministry of Health has developed SOPs and guidelines for COVID-19 case management. The health partners would be trained on these guidelines after endorsement by the FMOH.

At state level, WHO is also supporting the state MOH in the areas of leadership and coordination of COVID-19 response activities including state level incident management system. activities including surveillance, case management, Rapid response team establishment and deployment as well as medical supplies.

The total number of new admissions in March 2020 was 759 from 20 stabilization centres. A total of 3 SC from Banadir region, 10 SC from Jubaland, 5 SC from Galmudug and 2 SC from Hirshabelle submitted monthly reports compared to 35 SCs in February 2020.

A total of 29 death (3.8%) 670 recoveries (88.3%), 49 defaulters (6.5%), 12 medical referrals (1.6%), and 744 total discharges (98 %) were reported in March 2020.

## Nutrition updates

As the result of ongoing conflicts, 362 injuries and more than 30 deaths were reported from Kismayo, Wanlaweyn and Dinsoor Districts of Southwest and Jubaland states in March 2020. Of these, 151 were female and 35 were children under five years of age. As part of the response, WHO provided Trauma kits and emergency medical supplies to the state ministries of health which is enough to manage the injured. and the critically ill patients.

## Monitoring of trauma cases

The Health Emergencies Programme of WHO Somalia is supported by the UN OCHA Central Emergency Response Fund (CERF)



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