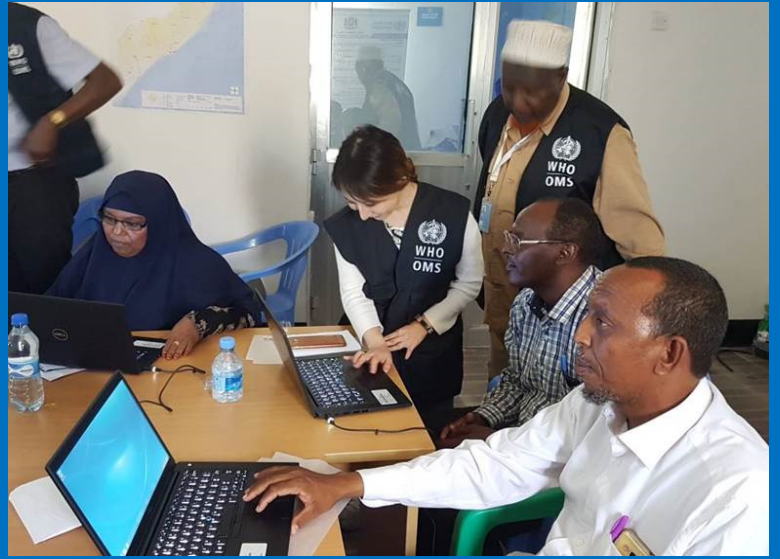




WHE Situation Report June, 2018 Situation Report No. 6



WHO staff conducting on the job training on EWARNs



5.4 M
In Need of Health Services



2.6 M
Displaced



4.3 M
People Targeted



341 EWARN
Sentinel Sites



5,582
Cholera Cases

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 FACILITIES

1074* NUMBER OF HEALTH FACILITIES

800 FUNCTIONING HEALTH FACILITIES

VACCINATIONS

1.2M ORAL CHOLERA VACCINE

763,471** POLIO

4.4M*** MEASLES

FUNDING US\$

US\$2.6M (15)% FUNDED

US\$17.4M REQUESTED

85% FUNDING GAP

HIGHLIGHTS

- There has been significant decrease in the number of measles cases following the mass measles campaign conducted between January and March, 2018.
- Acute Watery Diarrhoea/Cholera cases are on the rise due the floods affecting 4 states. In June 2018, 1,243 cases of AWD/Cholera including 13 deaths were reported. 5,582 cumulative AWD/Cholera cases including 40 deaths (CFR 0.7%) were reported from 23 districts since December 2017
- Health cluster partners reached 398,000 beneficiaries with life-saving health services during the reporting period.

*According to SARA, 2016

**2018, vacVDPV outbreak response in May

*** Mass measles vaccination: data as of March 2018 March 2018.

1.0 Situation update

Somalia is suffering from a complex humanitarian emergency for over two decades of internal conflicts, recurrent cycles of prolonged drought and floods.

Somalia also suffered from prolonged drought due to suboptimal rainfall in 2016 and 2017 leading to loss of livelihood to over 6.4 million people large-scale humanitarian assistance and improvements in seasonal performance.

In 2018, flash floods in the south and central states, cyclone Sagar in the north, as well as ongoing conflict between Somaliland and Puntland as well as continuous attack by Ashabab militants, have worsened the humanitarian situation in 2018.

Over 5.4 million people are in need of urgent humanitarian assistance, including an estimated 2.6 million internally displaced persons (IDP) and refugees.

1.1 Public Health Concerns

The protracted crises and political instability in Somalia has disrupted the health systems leading to gross underperformance. Persons displaced by the floods, drought and conflict are living in temporary IDP camps across the country with limited infrastructure such as shelter, potable water and healthcare services as well as limited supply of food leading to widespread malnutrition.

These conditions created suitable conditions for the spread of communicable diseases such as cholera, measles whooping cough and malaria

These floods, drought and conflict are the main underlying factors responsible for the increasing health needs across the country.

1.2 Epidemiological update

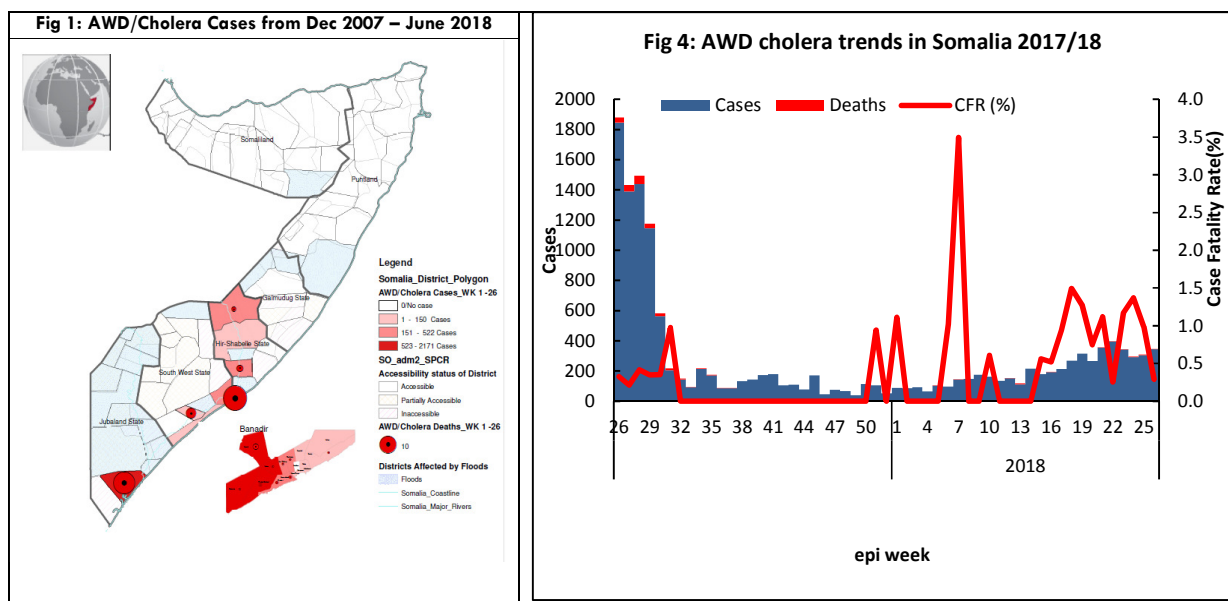
The recent floods has resulted in the in contamination of water sources thereby increasing the risk of outbreaks. Currently, there is an ongoing of cholera, in the regions affected by the floods which could be attributed to the contamination of water sources.

There is also an observed increase in the malaria and whooping cough due to overcrowding in the IDP camps.

Urgent action are needed to avert further spread and escalation into bigger outbreaks.

1.2. 1 AWD/Cholera Situation

The cholera outbreak which started in December 2017 in Beletweyne District in Hiran region continue to spread to other regions of the country. As of the end of June 2018, 5582 cases including 40



deaths were reported from 23 districts in 4 regions (Banadir, Lower Jubba, Middle Shabelle and Hiiran). Fig 1. Shows the affected regions and districts. All the affected areas are located in the South and Central parts of Somalia mainly along the Shabelle river.

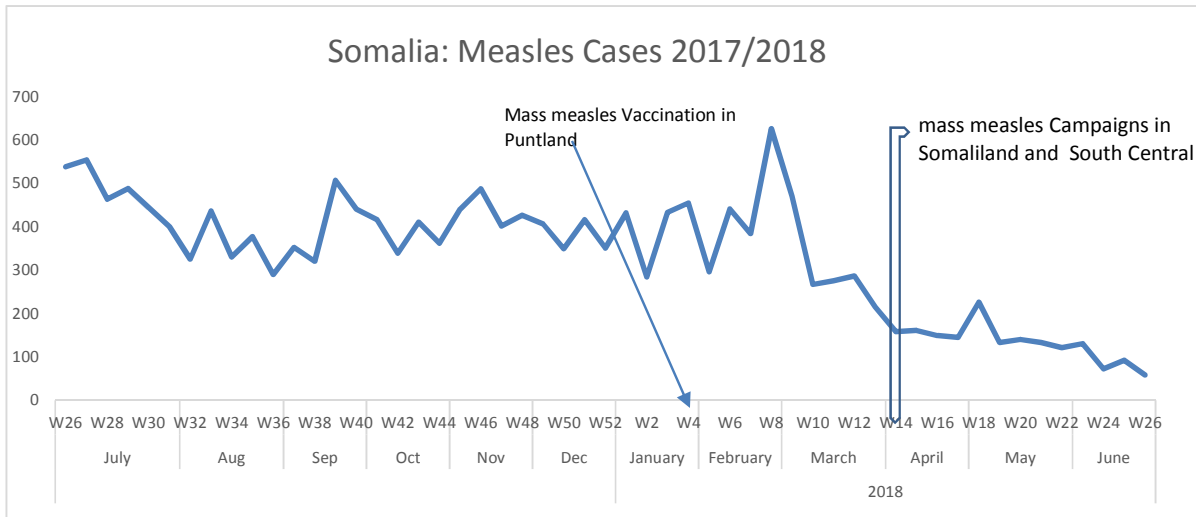
1243 AWD/cholera cases including 6 deaths (CFR-1%) were reported in June 2018.

The cumulative cases of AWD/cholera are 5582 including 40 deaths with a case fatality rate of 0.7% in 23 districts of all the 4 regions.

Nonetheless, the number of cases is far below the number recorded during the same period last years which could be attributed to the number of interventions measures put in place last year.

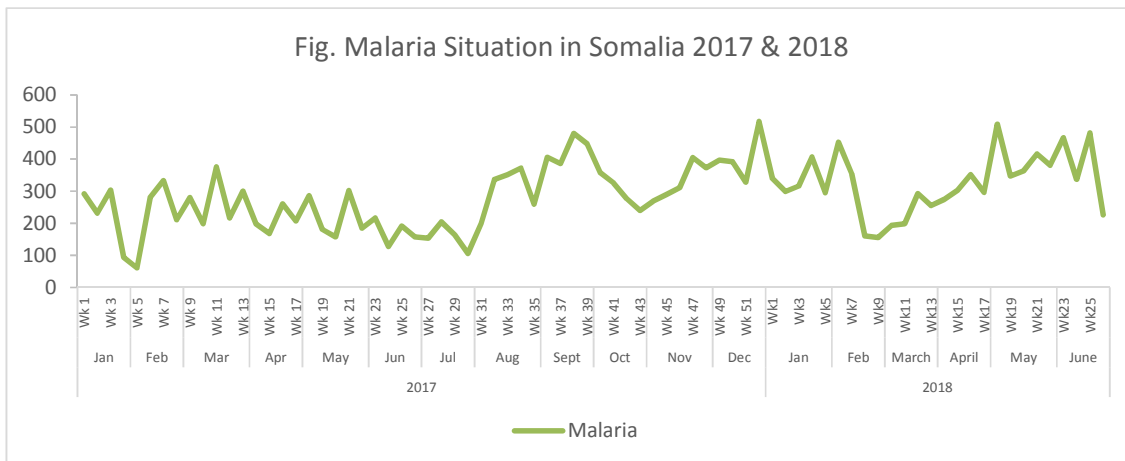
1.2.2. Measles Situation

There has been a significant decrease in the number of suspected cases since February 2018. The measles outbreak started in April 2017 and run through to March 2018. Since January 2018, over 6000 cases of suspected measles cases have been reported. Meanwhile, there has been a significant reduction in the number of reported cases since March 2018. This is the result of the mass measles campaign that were conducted between January and March 2018 in which over 4.4 million children under 10 years were vaccinated against measles.



1.2.3 Malaria

Malaria is one of the endemic diseases in Somalia and epidemics can occur when climate and other conditions suddenly favour transmission in areas where people have little or no immunity to malaria or when people with low immunity move into areas with intense malaria transmission.

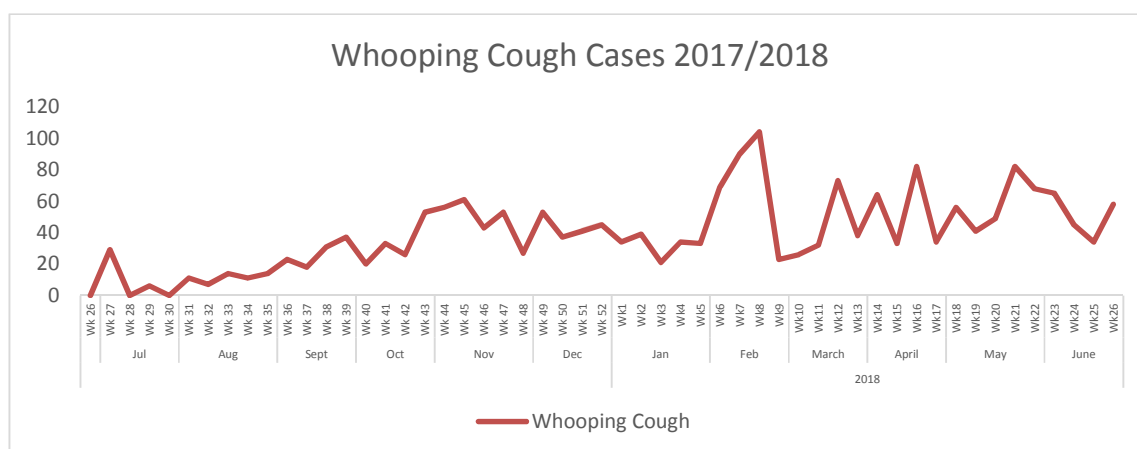


Since the beginning of 2018, 6,778 cumulative cases of Malaria cases have been reported across Somalia 2018. Of the 6,778 malaria cases, 2,956 (44%) are under 5 years while 3,822 (56%) are above 5 years.

The most affected districts include; Baidoa district of Bay (1,290 cases), Wadajir district in Banadir (678 cases), Marka district of Lower Shabelle (490 cases), Berdale district of Bay (399 cases) Wajid district of Bakol (385) cases.

1.2.4. Whooping Cough

The number of WC 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 WC cases have been reported across Somalia since the beginning of 2018. Of the 1,181 WC 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 Eradication

The polio eradication programme continue its efforts to eradicate polio in Somalia by strengthening 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, 2 VDPV type 2 and type 3 were detected from 2 AFPs, 3 Contacts and 3 Community samples collected from Central and South Somalia: (cVDPV2) were isolated from environmental samples collected in January 2018, in Banadir region. These latest isolates are genetically linked to cVDPV2 strains collected from environmental samples in the same province on October and November 2017. No associated cases of acute flaccid paralysis (AFP) have been detected.

2.0 Health needs, priorities and gaps

- To provide lifesaving services to about 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 in 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 current Political administrative structure.
- 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.

3.0 WHO Response Actions

3.1 Leadership and Coordination

- WHO provided technical advice to the Federal and state Ministries of Health (FMOH).
- WHO coordinates the activities of over 70 health cluster partners to support the Federal and state MOHs to deliver health services to those in need.
- WHO also leads health cluster coordination meetings and participates in inter-cluster working group meetings.

3.2 Outbreak Response Activities

3.2.1 Early Warning Disease Surveillance and Response Network (EWARN)

- 341 health facilities were identified and enrolled onto and about 260 (83%) of these facilities submits reports regularly into the EWARN.
- Training and deployment of 25 IERTs
- WHO provided TOT training to 56 CSR officers and over 100 health workers?
- Procurement of 400 mobile phones and 20 laptops for distribution of the various regions and health facilities.
- Development of SOPs
- Stool sample collection and analysed

3.2. VDPV 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. Furthermore, the surveillance system strengthened as well as a synchronized response campaign with mOPV2 rounds synchronized with Kenya and Ethiopia in July and August 2018.

3.3 Malaria control

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

4.0 Funding

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

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