



Ethiopia, Kenya, Somalia

# Humanitarian Situation Report

## Horn of Africa Measles Outbreak Response



### SITUATION IN NUMBERS

## Highlights

- Due to the ongoing drought in the Horn Africa almost 3.4 million children under five are now at a high risk of contracting measles in the drought-affected areas of Ethiopia, Kenya and Somalia.
- Almost 7,400 cases have been reported among children in the drought affected areas of the three countries. Somalia reports the highest figure, over 7,000 cases since beginning of 2017, compared to 5,657 for the entire 2016.
- In Somalia, a phased integrated measles and Vitamin A hotspots response campaign was launched in April 2017. The first phase is now completed with 252,827 children vaccinated in 12 hot spot districts in Somaliland.
- The funding requirement for the health response in emergencies for Ethiopia, Kenya and Somalia is US\$ 40.2 million with a funding gap of 28 per cent.

**17 May 2017**

**7,400**

Children with measles in drought affected areas of Ethiopia, Kenya and Somalia  
(Source: WHO and UNICEF Ethiopia, Kenya and Somalia)

**3.4 million**

Children (under five years) at high risk of measles in drought affected areas of Ethiopia, Kenya and Somalia  
(Source: UNICEF Ethiopia, Kenya, Somalia)

**UNICEF funding requirements for health in emergencies\***

**US\$ 40.2 million**

\*The above total reflects the health sector requirements against the Humanitarian Action for Children appeals for Ethiopia, Kenya and Somalia.

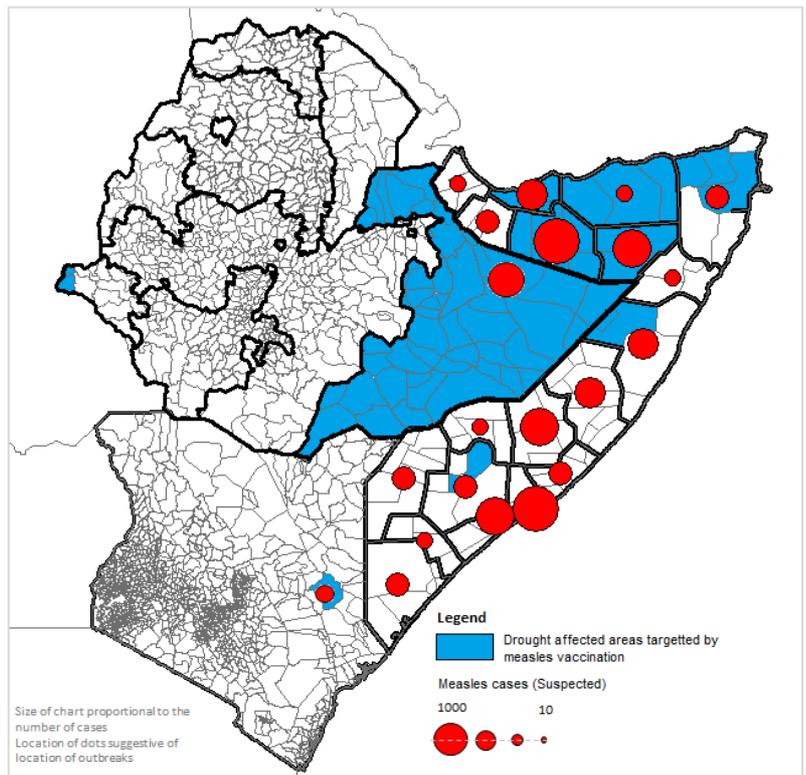
## Situation Overview and Humanitarian Needs

Measles outbreaks have now being reported in three drought-affected countries in the Horn of Africa, including Ethiopia (348<sup>1</sup> cases), Kenya (11 cases) and Somalia (7,031 cases).

**In Ethiopia**, 348 cases had been confirmed and 40 outbreaks reported in Addis Ababa, Afar, Amhara, Oromia, Southern Nations Nationalities and Peoples, Somali and Tigray regions, as of 31 March 2017. The majority of the cases (39 per cent) have occurred among children under five years. Although not yet officially confirmed by the Federal Ministry of Health (FMOH), over 100 cases of measles were additionally reported during the month of April 2017 in Gashamo Woreda, Jarar zone, in Somali region, which would bring total number of cases in 2017 to approximately 450 cases. The Somali region is particularly prone to disasters, and is disproportionately affected by the current drought with high levels of food insecurity, severe acute malnutrition, and acute water shortages as well as significant internal displacement. The high rates of acute malnutrition have increased the vulnerability of local communities to communicable disease outbreaks, including measles and acute watery diarrhoea. A risk analysis conducted in Somali region by UNICEF, the Somali Regional Health Bureau and partners in late April identified five priority zones affected by the complex emergency, including Jarar, Karahey, Nogob, Erer and Dolo.

<sup>1</sup> For Ethiopia, information is up to 30 of March. For Somalia and Kenya, information is up to 30 of April.

**In Kenya**, an outbreak of measles was declared in Dadaab refugee camp, which currently accommodates as estimated 250,000 refugees from Somalia. The first suspected cases were reported on 1 April in Dagahaley camp among two siblings who arrived in the camp with their parents a few weeks before from Saakow district in Jubbaland State, Somalia, bordering Garissa County. A further three confirmed cases were recorded among children newly arrived in IFO camp. Thirteen cases of measles have now been reported up until 2 May, of which five are confirmed cases. No deaths have yet been reported. All affected children are new arrivals from Somalia aged under five. Sixty-nine per cent of overall reported cases have unknown vaccination status. Risk analysis undertaken by the Minister of Health (MOH) in late April in Dadaab camp shows high routine vaccination coverage at 95 per cent, while the coverage in host community is less than 60 per cent. The sub-county that hosts the refugee camp has a weak surveillance network and high staff turnover, hence there is a strong likelihood of measles may spread to areas adjacent to camps.



**Measles outbreak and areas targeted for measles outbreak response in countries Ethiopia, Kenya and Somalia**

The continued movement of populations from Somalia, where there is an ongoing cholera and measles outbreak, to Kenya also further increases the risk of spread of measles within the camp and its surrounding communities.

**In Somalia**, there have been 7,031 suspected cases of measles reported since the beginning of 2017. This figure exceeds the total number of cases for the whole of 2016 (5,657). More than half of the reported cases are from the central and southern regions, with children (under-5) accounting for 65 per cent of the cases. The top five affected regions are: Banadir, Toghdeer, Lower Shabelle, Sool and Sahil. Measles surveillance is constrained because of its dependence on the polio workforce. Additionally, limited technical logistic laboratory capacities limit the timely availability of laboratory confirmation of measles outbreaks.

All outbreak countries report low first dose coverage of measles at national level, with large disparities between regions and with pockets of low immunity. While a measles campaign is being organized in Somalia, there are delays in rolling out similar campaigns in Kenya and in Ethiopia, particularly in Ethiopia's Somali region due to the rapid spread of acute watery diarrhoea. To prevent further expansion of the disease outbreak in Somalia, UNICEF and partners are exploring ways to vaccinate children arriving into both Ethiopia and Kenya from Somalia. However, challenges remain as some families are not being registered for fear of being sent home.

## Regional coordination and support

The regional approach to measles in emergencies is rooted in UNICEF's Health in Emergencies response, which aims to reducing morbidity and mortality from vaccine preventable diseases in emergency contexts. Measles has been one of the major causes of child deaths in humanitarian emergencies and further contributes to mortality by exacerbating malnutrition and vitamin A deficiency.

UNICEF's Eastern and Southern Africa Regional Office (ESARO) provides support to those countries in the Horn of Africa currently affected by drought, to both prepare and respond to measles outbreak in humanitarian emergencies. This support includes, field and remote technical assistance on risk assessment, response planning and implementation review, and deployment to affected regions as required. ESARO also supports countries to secure the supply of measles vaccine; enable cross sector collaboration to integrate measles response with other child survival activities, such as Vitamin A supplementation and deworming as well as supporting resource mobilisation. ESARO also supports country offices to advocate with Governments for long

term approaches to strengthen overall immunization services and the measles immunity profile in high risk areas. In order to strengthen interagency coordination for measles response in the Horn of Africa, ESARO is further actively engaged with other health partners including WHO, IOM and UNHCR, through several regional platforms to enable cross border collaboration, information management and exchange, advocacy as well as joint resources mobilization.

## Summary Analysis of Programme response

### 2017 Country Targets and Results for Measles Response

Country	HAC 2017 Targets	Revised Targets*	Total Reached
Ethiopia**	36,000	2,487,000	41,079
Somalia***	340,000	748,447	318,658
Kenya***	46,013	146,013	0****
<b>Total</b>	<b>422,013</b>	<b>3,381,460</b>	<b>323,134</b>

\*Targets revised as per measles outbreak risk assessment.

\*\*Ethiopia HAC target initially set for the South Sudanese refugees only. The revised target corresponds to the measles campaign for the Somali region, led and funded by Ethiopia Government with UNICEF technical support.

\*\*\*New targets will be included in the revised HAC.

\*\*\*\* Information to be available in the next UNICEF sitrep.

## Ethiopia

### Preparedness & Response

Number of children targeted: 2.4 million in Somali region, 36,000 South Sudanese refugee children in Gambella region.

UNICEF and partners combined advocacy efforts over the last two months have led to an agreement with FMOH to expand the measles vaccination campaign from under five to include all children under 15 years old. The vaccination will take place in two phases. The first phase will prioritize the four most affected zones, and is expected to cover 818,714 children under 15.

The campaign is led and funded by the Government, with UNICEF providing technical support. The Health Partners Forum for Ethiopia is co-chaired by UNICEF which has supported FMOH to re-programme the Sustainable Development Goals (SDG) Pooled Fund to respond to the impacts of the current drought emergency, including supporting the measles campaign for the expanded age group target for measles vaccination among 6 months-15 years in the Somali region. Financing to cover the (under 5) measles vaccination has already been secured through GAVI for the nationwide campaign initiated in March 2017. This new modality of coordinated funding from UN and development partners has enabled FMOH to plan and begin the implementation of a 90-day Somali Humanitarian Response Plan with a measles vaccination component.

The campaign is expected to begin immediately in the four priority zones and internal displaced population (IDP) sites (Jarar, Karahey, Nogob, and Dolo), where the potential measles outbreak is compounded by the impact of the drought, high prevalence of malnutrition and an ongoing AWD outbreak. In addition, under-five children will be vaccinated against measles in the remaining part of Somali Region. UNICEF is procuring services for vaccines and dry supplies following a request from FMOH. To avoid delays, UNICEF and FMOH are considering mobilizing available vaccines in-country so that the campaign can start immediately. This is because international procurement of measles vaccines would likely take until July. Additional analysis will be undertaken by FMOH to identify other high risks geographic locations in other regions.

UNICEF continues to provide vaccination at the two main entry points of Pagak and Akobo in Gambella region for refugees from South Sudan. Since January 2017, in coordination with the Gambella Regional Health Bureau, UNICEF-supported teams vaccinated 23,242 refugee children (under 14 years) upon arrival against polio and 26,178 refugee children (6 months to 15 years) against measles.

### Funding Requirements

UNICEF Ethiopia requires US\$ 13.2 million to support health in emergencies response, of which approximately US\$ 205,000 will be used to support measles preparedness and response. For the measles and other health response in emergencies, UNICEF has received US\$ 11.67 million, and still requires US\$ 1.5 million.

## Kenya

### Preparedness & Response

Number of children targeted: 146,013.

The vaccination campaign in Dadaab Refugee settlement/camps is scheduled for 15 May 2017. An outbreak investigation was conducted by WHO, national and host county government. Plans are underway for an immediate response in the refugee camp targeting about 100,000 children aged below 5 years, and strengthening vaccination of new arrivals for children below 15 years. The national EPI programme has already secured 140,000 doses of measles containing vaccine (MVC) for the vaccination campaign, which will also be integrated with vitamin A supplementation.

UNICEF Kenya Team met with IOM recently to strengthen immunization of children coming from Somalia into Kenya. UNICEF is also coordinating with UNHCR, WHO and other partners to immunize newly arrived refugee children in camps and receiving centres. MOH has established coordination mechanism that brings together key partners to support response to the measles outbreak.

In the medium term, UNICEF will mobilize funds to procure vaccine to ensure all the children under 5 in the camps and host community in three highest risk sub-counties of Fafi, Dadaab and Wajir South are vaccinated. The affected communities will also benefit from Gavi HSS and Cold Chain Funding Platform (CCEOP) that aims at strengthening routine immunization in 17 high risk Counties. Vaccination aimed at addressing immunity gap in drought regions is currently integrated into ongoing support to five counties.

### Funding Requirements

UNICEF Kenya requires US\$ 5 million to support health in emergencies response, of which approximately US\$ 200,000 will be used to support measles preparedness and response interventions, in the immediate high risk sub-counties as well as in the drought affected regions. For the measles and other health response in emergencies, UNICEF has received US\$ 1.69 million, and still requires US\$ 3.3 million.

## Somalia

### Preparedness & Response

Number of children targeted: 748,447.

In Somalia, across affected regions, a phased measles immunization response in measles hotspots, targeting children 6-59 months has been initiated. The campaigns will be integrated with Vitamin A. A first phase targeting 251,624 children in 12 identified hot spot districts of Somaliland was completed; 252,827 (100 per cent) children were vaccinated against Measles and 253,295 (101 per cent) received Vitamin A supplementation.

The Baidoa measles campaign started on 24 April 2017 and reached 29,228 children aged 6 months to 10 years with measles vaccination against the planned 28,832, achieving 101 per cent of the target. The campaign integrated Vitamin A supplementation for children aged 6 to 59 months and deworming for children aged 1 to 5 years old. The campaign was inaugurated in one of the IDP camps in the presence of the State Minister of Health, Minister of Youth, Minister of Information and Director General of Health. There were also representatives from different women groups, camp leaders, and religious and community leaders. UNICEF's media team documented the inauguration ceremony and the news was published in different international media including BBC world service. A total of 58 teams with 116 technical vaccinators and 116 non-technical members were trained and deployed for the campaign. Additionally 20 social mobilizers also deployed for community mobilisation interventions in support of the campaign and 12 supervisors were deployed along with monitors from MoH and UNICEF. No adverse events following immunization case reported so far.

In **South Galkacyo** (Galkayu, Galgodob and Hobyo) 30,668 children are targeted for vaccination. 188 technical and non-technical team members have been identified and training of team members was completed in April.

In **Puntland** UNICEF reviewed, identified and revised priority areas for the emergency measles response plan in collaboration with MoH and WHO. Discussion with MOH and WHO focused on priority areas for measles emergency response. Routine immunization is continuing in all 105 immunization centres (fixed sites) and by five mobile teams dedicated to routine immunization. Following a request of the FMoH, UNICEF has airlifted the first batch of measles vaccine (90,000 doses) to Garowe to conduct emergency vaccination in hotspots areas. Additional measles doses will be airlifted in the coming weeks. Request for additional doses of measles vaccines to cover priority districts have come from Galkayo, Galdogob, Iskushuban, Qandala and Ufayn.

**Somaliland** successfully completed a measles emergency response campaign from 20-24 April, which targeted 251,834 children under five years in 12 hotspot districts of four hotspots regions (Sahil, Togdheer, Sool, Sanag). A total of 741 teams were involved to vaccinate children through fixed and mobile strategies. While waiting for the final campaign outcome, rapid assessments suggest that a high proportion of the target population was reached. A zonal joint UNICEF-WHO EPI technical meeting was conducted on 25 April 2017 which focused on streamlining the WHO-UNICEF partnership in the areas of polio surveillance, measles emergency response, routine immunization, supplementary immunization activities, cholera outbreak response. The stock balance of measles vaccine and Vitamin A from the Emergency measles response campaign was assessed. A total of 68,800 doses of measles vaccine and 91,500 capsules are required for routine activities. Additionally UNICEF will procure one million doses of measles vaccine, scheduled to arrive in Nairobi by end of May 2017. Cold chain capacity was assessed and expanded for outbreak response.

### Funding Requirements

UNICEF Somalia requires US\$ 40.2 million to support health in emergencies response, of which approximately US\$3.5 million will be used to support measles preparedness and response interventions. For the measles and other health response in emergencies, UNICEF has received US\$ 15.4 million, and has a funding gap of US\$ 6.6 million.

## Summary of Funding Needs as per Humanitarian Action for Children (HAC) Appeal

Against the 2017 Humanitarian Action for Children (HAC) appeal, **UNICEF ESARO requires US\$ 299.4 million** to support the humanitarian response to women and children affected by the drought in Horn of Africa, of which US\$ 40.2 million is for the health response. **UNICEF's health response for the drought in Ethiopia, Kenya and Somalia is 28 per cent unfunded, and requires an additional US\$ 11.4 million** to prevent the spread of diseases and avert mortality among already vulnerable populations.

HAC Requirement for Health: Responding to Horn of Africa Drought 2017				
Country	2017 Humanitarian Requirements (US\$)*	Funds available* (US\$)	Funding gap	
			US\$	%
Ethiopia	13,200,000	11,679,797	1,520,203	12%
Kenya	5,000,000	1,692,978	3,307,022	66%
Somalia	22,000,000	15,407,971	6,592,029	30%
<b>Subtotal for 3 countries</b>	<b>40,200,000</b>	<b>28,780,746</b>	<b>11,419,254</b>	<b>28%</b>

\*\$40.2 million represents the requirements for the health sector response (including measles response) against the current HAC appeals for the three countries.

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