

**HEALTH CLUSTER BULLETIN # 04  
July - 2018**

**Somalia**  
Drought Response  
Reporting period (Week 26 to Week 30)

 **12.3M** POPULATION    
  **5.4M** P'LE IN NEED    
  **2.6M** IDPS    
  **3.1M** FOOD INSECURE    
  **1.5B US\$** REQUESTED

**HIGHLIGHTS**

- Health cluster partners provided consultation services to 385,574 individuals in 371 health facilities (including 15 mobile health units). Of this, 185,844 were reached through funds received from the humanitarian appeal process.
- The effects of floods has led to the increased cases of vector borne diseases including malaria. In July, a total of 1,482<sup>2</sup> confirmed cases were recorded by health cluster partners.
- During 2018, 6,979<sup>4</sup> suspected cases of measles were reported, of this 562 was reported in July.
- A total of 741<sup>3</sup> cases of AWD / Cholera (CFR 0.01%) in July 2018, the lowest since a resurgence of AWD in December 2017. The last three weeks has seen a gradual decline in the number of AWD cases.
- Health cluster is tooling up in the preparation of the 2019 HRP. Consultations at state levels and preparation of a Public Health Situation Analysis is ongoing.
- Health cluster partners have so far received a total of US\$ 22,753,850<sup>6</sup> equivalent to 16% of the requirement of US\$ 124M in the 2018 HRP.


**HEALTH CLUSTER**

**70** ACTIVE HEALTH CLUSTER PARTNERS  
 4 UN; 23 INGOs; 40 NNGOS AND 3 OBSERVERS  
**4.3M** TARGETED POPULATION


**HEALTH FACILITIES**

 **1,074<sup>1</sup>** TOTAL  
**371** REPORTING


**MOBILE HEALTH FACILITIES**

 **15** TOTAL


**HEALTH ACTION**

 **385,574** CONSULTATIONS  
 YTD: 2,246,742<sup>5</sup> OF THIS 1,739,910 WERE HRP FUNDED PROJECTS


**VACCINATION AGAINST**

 **351,721** POLIO USING BOPV  
**2.6 M** MEASLES

**EARLY WARNING AND RESPONSE NETWORK – EWARN**

 **182** POLIO SENTINEL SITES

**FUNDING (US \$) – FTS (FINANCIAL TRACKING SYSTEM)**

 **22.8M** 16% FUNDED  
**124M** REQUESTED

1 2016 Service Availability and Readiness Assessment (SARA)  
 2 Week 30 EWARN bulletin as of 9 August 2018.  
 3 Week 30 WHO/FMoH Situation Report for AWD/Cholera; data from 7 August 2018.  
 4 Week 30 WHO/UNICEF EPI/POL update report; 2018 data as of 29 July 2018.  
 5 Health cluster partner reports 7 August 2018  
 6 FTS (<https://fts.unocha.org/appeals/644/summary>) accessed on 28 August 2018.  
 YTD Year to date

## **Situation Update**

The last month Somalia did not experience any major shocks, but the effects of the floods and cyclone Sagar still exists. In addition, insecurity continues to hamper partners access to the rural parts of the country.

In 2018, the partners through several sources of funding reached 2,246,742 people. Of these, 1,739,910 individuals were reached by humanitarian response plan funded projects. While providing medical consultations to these individuals, health cluster partners noted prevalence of common diseases including other acute diarrheal diseases, influenza like illness, severe acute respiratory illness, measles etc. Since April, however partners continue to report increases in cases of malaria in mainly the flood affected areas.

## **Health priorities needs and gaps**

Health priorities are divided in two ways; programming as the next humanitarian programme cycle is starting and a focus on activities to address current challenges.

The health clusters' priority to date is to gather evidence to support the preparation of the humanitarian needs overview leading to the humanitarian response plan for 2019 as per the next humanitarian programme cycle. A Public Health Situation Analysis (PHSA) is being developed with inputs from the different states from Somalia.

In relation to addressing the ongoing challenges, the health cluster continues to work closely with other clusters including WASH, protection and nutrition. A close working relationship with WASH has impacted on a reduction of AWD cases as measured by the CFR of 0.01%.

## **Public health risks**

### **Communicable diseases**

The shocks may have ended but prevalence of common diseases remain, some of which have been mentioned above. The below details highlight the diseases with a major challenge in Somalia due to the weak health systems and their high fatality rate if left unchecked.

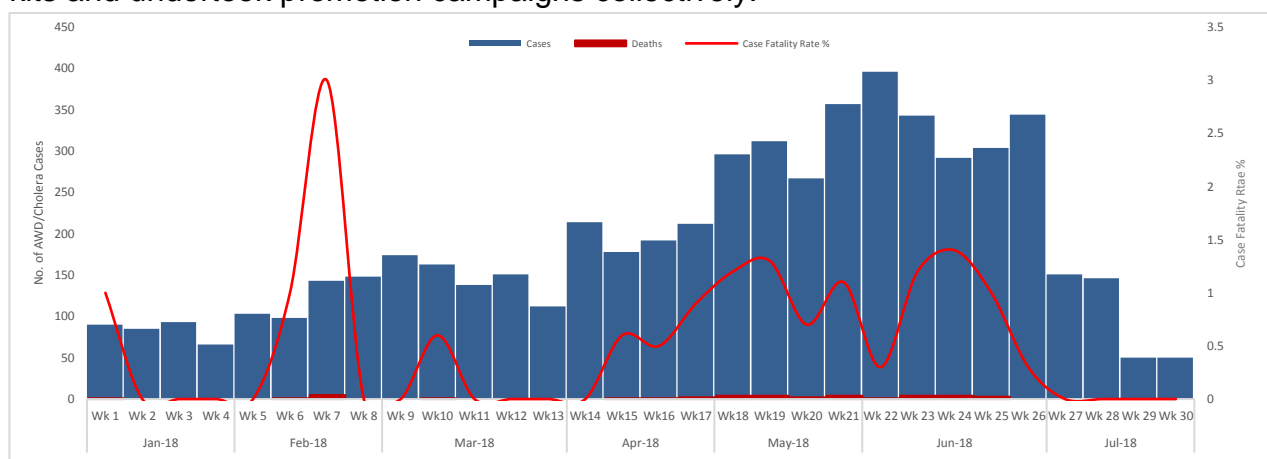
#### **AFP Surveillance/Polio:**

Surveillance for polio continues to identify cases of vaccine derived polio virus (VDPV). Over the last three years, the system has not identified any case of wild polio virus within the country. Currently, the polio surveillance is in a transition phase, expanding to track other diseases. The transition will enable the system to identify any unreported suspected AFP/Polio cases and bolster the surveillance of other diseases.

#### **AWD/Cholera:**

The decline in cases of AWD continues as it was reported in the last bulletin. This decline is once again attributed to the February and April 2018 Oral Cholera Vaccination campaigns and

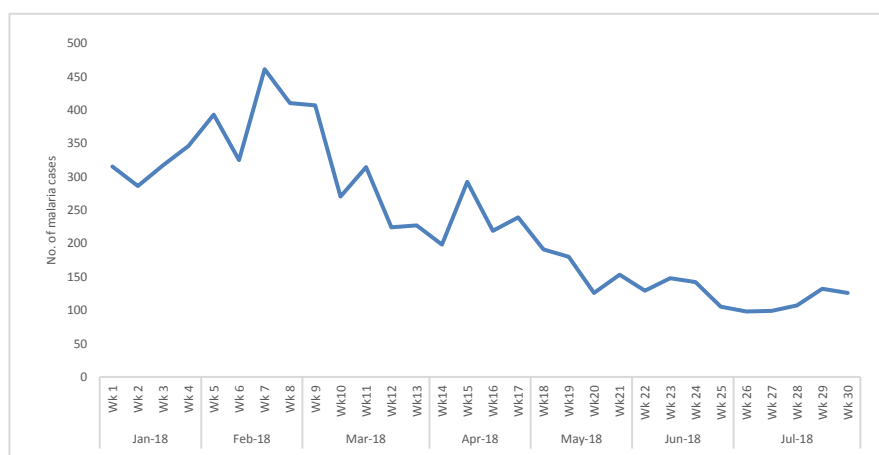
a concerted effort but the health and WASH clusters. The cluster together provided hygiene kits and undertook promotion campaigns collectively.



Weekly trends of AWD/Cholera in Somalia: source WHO

**Measles:**

Like AWD, surveillance system continues to record a decreasing trend of suspected measles. A total of 562 suspected cases of measles reported in July. This is attributed to the regular

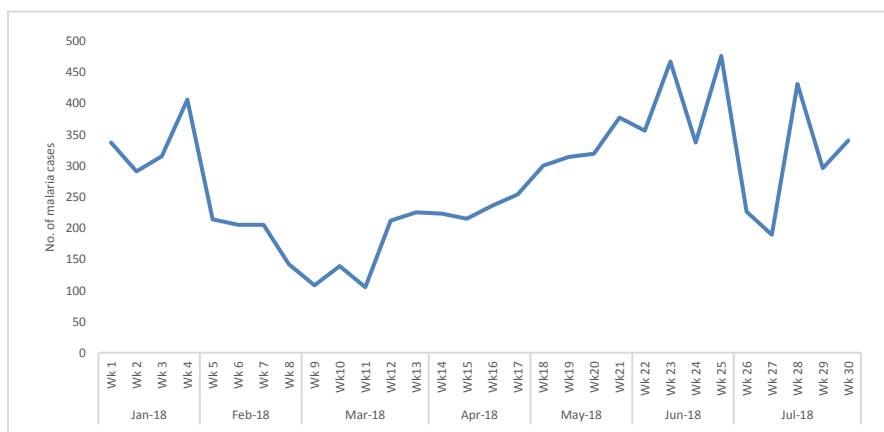


vaccinations undertaken by health cluster partners but specifically, the February - March 2018 vaccination campaign that reached 94% of the targeted 4.7M children under-10 years of age. (UNICEF / WHO).

Measles weekly incidence trends 2018; Source WHO/UNICEF EPI Bulletin

**Malaria:**

A total of 8,260 confirmed cases of malaria have been reported in 2018 (WHO EWARN, week 30). The rise in the number of cases of malaria is being seen in Somalia as normally occurs after flooding.



The *Gu* rains and the floods which followed saw the rise in breeding grounds for mosquitoes, the vector that spreads malaria. Health partners continue to respond with indoor residual

Malaria weekly incidence trends 2018; Source: WHO EWARN

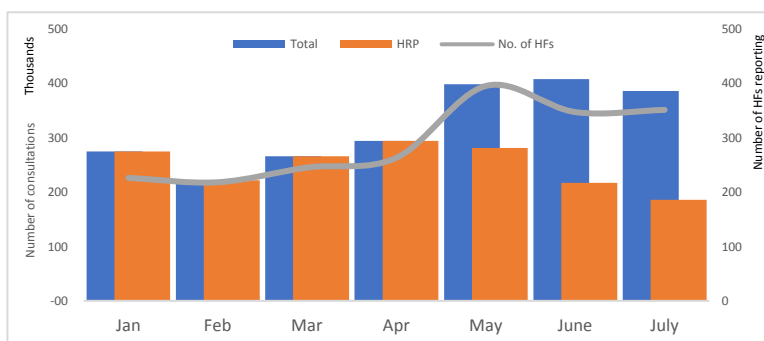
spray and provision of mosquito nets to high risk populations, including pregnant women and children.

This effort has flattened the total monthly cases, yet it is on the high-side. More resources is needed not only to treat but also prevent the population from contracting this disease if a reduction in the total cases is to be seen. On the other hand, weekly trends as depicted below oscillates haphazardly. Due to the different facilities reporting timelines.

## Health Cluster Response

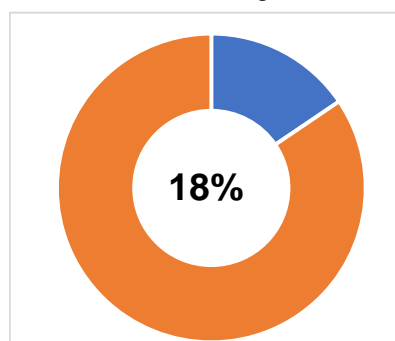
Partners have so far provided health care consultations to a total of 2.2 Million patients against a 2018 HRP target of 4.3 Million. Of this, 1.7M was based on projects funded through the HRP.

Monthly consultation provided by health cluster members



Source: Partners weekly reports

Health Cluster funding status



Source: OCHA Financial Tracking System

## Funding status

Overall operations and reach curtailed by access constraints but also due to limited funding. In the first half of the year, health partners have received a total of 22.8M USD of the targeted 124M USD. This is just 18% of the total required in the 2018 Humanitarian Response Plan.

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