HEALTH CLUSTER SOMALIA

HEALTH CLUSTER BULLETIN #6
November - 2018

HIGHLIGHTS

- Health cluster partners provided consultation services to 537,726 individuals in 334 health facilities (including 10 mobile health units). Of this, 261,748 were reached through funds received from the humanitarian appeal process.

- No new case of circulating vaccine-derived poliovirus (cVDPV) were discovered in November; with twelve (12) cases since January 2018.

- 8,752 suspected cases of measles were reported during 2018 up until 2 December. Overall, surveillance is showing a decrease in the cases of measles.

- A total of 6,539 cases of acute watery diarrhea (AWD) / Cholera (CFR 0.7%) in 2018 up to 2 December. Like measles, there is a decreasing trend of cases. Currently, most cases are centred around the Banadir region.

- The Health Cluster has been allocated a specific envelope of USD 1 Million in the Second Somalia Humanitarian Fund (SHF). The fund target health activities in Gedo and Galgaduud regions.

- Health cluster partners have so far received a total of USD 33,052,244 equivalent to 26.7% of the requirement of USD 124.4 M for 2018.

Situation Update

The general situation during November was without any new acute natural events. The challenging security situation, characterized by multi-faceted armed conflict and inter-communal violence, continues to impede access to healthcare, provision of emergency health services and the development of the health sector. According to FEWSNET, the ongoing Deyr season is not performing as expected with dispersed below-average rains. This will affect the availability of cereals already hampered by limited Gu harvest due to floods. "Carry-over Gu stocks, and the Deyr harvest, are expected to sustain Minimal (IPC phase 1) and Stressed (IPC Phase 2) outcomes across most of the South, but Bay Bakool is likely to deteriorate to Crisis (IPC Phase 3) by February (2019)" The limited availability of this staple food will likely affect the nutritional levels impacting the general health status of the population in 2019.

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1 Health Cluster Partners' as of reports 2 December 2018
2 2016 Service Availability and Readiness Assessment (SARA)
3 WHO/UNICEF EPI/POL update report #47; 2018 data as of 2 December 2018
4 Week 48 EWARN bulletin as of 2 December 2018.
5 Week 48 WHO/FMoH Situation Report for AWD/Cholera; 2 December 2018.
Health priorities, needs and gaps

Health needs are especially high amongst IDPs due to living conditions and barriers to health care, especially in areas controlled by non-state armed actors, and amongst underserved rural areas. IDPs face limited access to health services, as well curtailed due to a limited number of health partners operating in these areas. Congestion, poor shelter standards, limited quantity and quality of food increases their risk of contracting communicable diseases. Supplemental vaccination, promotion campaigns and active case finding are key to stopping the ongoing outbreaks of vaccine-derived poliovirus (cVDPV). Control and elimination of AWD/Cholera in Banadir and Lower Juba regions, where limited cases are ongoing, demands continual preventative and case-management efforts. Suspected cases of whooping cough have affected approximately 50 persons per week since January 2018. Partners are encouraged to work with all stakeholders and to leverage the existing working relationship the health cluster has established with other clusters including Protection, Nutrition and WASH.

Public health risks

Communicable diseases

Seasonal drivers are at a low but communicable disease remains the leading cause of death; including both environmentally driven and vaccine-preventable. Detection and control remain a major challenge due to weak surveillance systems and low accessibility to health care.

Vaccine-derived poliovirus: Somalia continues to deliver robust response

The current polio outbreak that has left twelve (12) Somali children paralyzed are of the highest priority for humanitarian partners’ action. No new cases of circulating vaccine derived polio virus (cVDPV) were discovered in November. Since the first discovery in January 2018, health partners have conducted ten (10) targeted vaccination campaigns, the latest was conducted in nine (9) districts in South and Central Somalia from 25 – 28 November 2018; seeking to cover approximately 1.5M children.

Enhanced surveillance for polio symptoms continues across the country to quickly identify new possible cases to direct response. Enhanced surveillance continues with community engagement and collection and analysis of environmental samples in public and health facility sewer systems in Mogadishu.

AWD/Cholera

In November, the number of AWD/Cholera cases reported remained flat since a brief uptick in cases the last week of August. Banadir continues to see the highest number of cases, due to its high population density and poor environmental conditions. Deaths, especially in under-5 children remain a significant concern. While specific clinical data is often unavailable to analyse the cause, contributing factors are considered to be poor diagnosis and clinical care, delayed health seeking and co-morbidities such as malnutrition.

![Graph of AWD/Cholera cases](source: WHO)
Measles

A total of 8,752 suspected cases of measles were recorded in 2018 up until 02 December, most of these were reported from Banadir and Bay regions. After consistent decreases starting in March, the number of suspected cases of measles more than doubled from 316 in October to 672 in November. Investigation to determine the cause, whether it was due to improved surveillance or lag in reporting, or as a true upsurge in cases is underway. There was reportedly a lapse in measles vaccination which was last conducted in March – April 2018; but it is difficult to assess any direct impact this may have had.

Other diseases

A total of 2,195 suspected cases of whooping cough, averaging 50 a day, is being reported across Somalia. Most cases, as with the other diseases, are being reported in and around Banadir region. To prevent further spread, the recommendation is to treat clinically suspected cases when encountered; while awaiting laboratory confirmation.

Cases of malaria are being reported around the country; remaining flat at an average of 300 per week.

Other diseases commonly identified by health partners and the early warning system are; influenza like infections (ILI) and Severe respiratory illness (SARI).

Health Cluster Response

Up to the end of November health partners reached 4,304,650 individuals. Of these, 2,692,045 were reached through funding in support of the Humanitarian Response Plan (HRP). Response activities included primary health care and sexual and reproductive health consultations, vaccination, and health care provider training and hygiene promotion campaigns. Medical supplies and medicines were distributed to support services and rehabilitation efforts continue of damaged health facilities.

Health Cluster Funding Status

Overall operations and reach remains curtailed by access constraints, but also due to limited funding. Health partners have received a total of 33.1M USD of the targeted 124M USD. This is just 27% of the total required in the 2018 HRP.

The second Standard Allocation of the Somalia Humanitarian Fund (SHF) is under review this month; including a health specific envelope of 1M USD targeting select districts in Gedo and Galgaduud regions. Another Integrated emergency response (IERT) envelope of 3.2M encompassing Health, WASH and Nutrition cluster will target select districts in Lower Shabelle, Bay, Lower Juba, Gedo and Hiraan regions, implementation is anticipated to start by late-December 2018.

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Contacts:
Cluster Coordinator: Craig Hampton hamptone@who.int
Cluster Co-coordinator: Dayib Ahmed Dayib.ahmed@savethechildren.org
Information Management Officer: Bernard Lukwiya b.lukwiya@savethechildren.org.uk
subscribe to mailing list on https://humanitarianresponse.us16.listmanage.com/subscribe?u=1957a7669f46b6e594732c535&iid=487e1ba1de

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