Situation Update

The general situation in September and October were without any significant acute natural events. Partners continue to address the aftermath of the 2018 floods and cyclone Sagar. 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. Malnutrition remains a pervasive humanitarian concern, with overall median levels of Global Acute Malnutrition (GAM) at 14 percent, while many parts of Somalia remain above the emergency threshold of 15 percent. Less than 50 percent of rural populations have access to an improved drinking water source (washdata.org); and more than half of Somalis lack access to adequate sanitation.
Health priorities, needs and gaps

Health needs are especially high amongst IDPs, in areas controlled by non-state armed actors, and amongst underserved rural areas. Supplemental vaccination, promotion campaigns and active case finding are key to stop the ongoing outbreaks of vaccine-derived poliovirus (cVDPV) in Mogadishu and the neighbouring districts. The ongoing, but limited number of AWD/Cholera cases in Banadir and Lower Juba regions remain a high priority, demanding continual preventative efforts. In all these efforts, partners are encouraged to leverage on the existing working relationship the health cluster has established with other clusters including WASH, Protection and Nutrition. Nationally there are 0.76 health care facilities (HCF) per 10,000 population, in some areas dropping to less than 0.50 per 10,000, and has only 19% of its target number skilled healthcare providers (WHO, SARA 2016).

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 outbreaks that have left twelve (12) Somali children paralyzed are of the highest priority for humanitarian partners’ action. As part of mass public awareness campaigns to explain benefits of vaccination and motivate parents to have their children vaccinated, as well as to commemorate World Polio Day on 24 October, the television shows “Shai with polio experts” were aired in Mogadishu and Hargeisa.

Enhanced surveillance for polio symptoms continues across the country to quickly identify new possible cases and direct response. Teams are working to improve vaccination coverage of children in accessible areas through repeated rounds of vaccination, especially in high-risk groups including IDPs, nomads and refugees. In the last round alone, more than 15,000 vaccinators went from door-to-door to deliver polio vaccines to more than three million under-five children; the highest number reached so far this year. However, while children remain inaccessible, interrupting transmission remains challenging.

AWD/Cholera

In September and October, 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 within all population categories including IDPs, refugees, returnees and hosts. Deaths are often attributed to poor health seeking behaviour leading to individuals turning to health facilities after their condition has already become more severe and more difficult to manage with limited resources.

Measles

The Expanded Programme for Immunization (EPI) surveillance system continues to record a decreasing number of suspected measles. A total of 393 in September and 237 in October suspected cases reported; down from 562 in August. This is attributed to regular vaccinations undertaken by partners but specifically, the February - March 2018 vaccination campaign that reached 94% of a targeted 4.7M children under-ten years of age (UNICEF / WHO).
Malaria

A total of 12,912 confirmed cases of malaria have been reported in 2018. This includes 2,341 cases confirmed in September and 1,365 in October. The cases stagnated at an average of 300 per week since peaking in May, after the rainy season and September following the onset of Dyer rains. The rains provide breeding grounds for mosquitoes; the vector that spreads malaria. Health partners continue to provide indoor residual spray and mosquito nets to at risk populations including households with pregnant women and children.

This effort has narrowed the total monthly cases, yet the overall incidence remains on the high-side. More resources are needed, not only to treat patients, but also prevent the population from contracting this disease if a reduction in the total cases is to be seen.

Health Cluster Response

Up to the end of October health partners reached 3,766,924 individuals. Of these, 2,430,297 were reached through funding in support of the Humanitarian Response Plan (HRP); 67.8% of target consultations (Jan – Oct). The highest prevalence of diseases continues to be acute diarrheal diseases, influenza like illness, severe acute respiratory illness, and measles. Response activities included primary health care and sexual and reproductive 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.

Funding status

Overall operations and reach remains curtailed by access constraints, but also due to limited funding. In the first half of the year, health partners have received a total of 29.3M USD of the targeted 124M USD. This is just 24% of the total required in the 2018 Humanitarian Response Plan.

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