1. General Context

The situation in Somalia continues to deteriorate; according to a FEWSNET press release of 3rd August 2011, famine has been declared in three more areas (Balca and Cadale districts of Middle Shabelle, IDP communities of Afgoye and Mogadisho) of Somalia. This brings the total number of famine affected areas in the country to five.

In Kenya, livestock including camels continue to die while food prices have more than tripled resulting in increasing malnutrition at the community level. The situation in Ethiopia is also critical; according to a Government of Ethiopia (GoE) document, there is a 47% increase in number of people requiring food assistance to 4.5 million with an additional US$ 398.4 million in humanitarian funding required for the period July to December 2011. The Health and Nutrition requirement stands at $31.4 million with $17.6 million going for nutrition response and $13.8 million for emergency health response.

2. Country Specific Situation Report

2.1 Ethiopia

Epidemiological Update

The health sector is currently responding to outbreaks of measles in 4 regions (SNNPR, Oromia, Tigray and Amhara regions). Since January 2011 to epidemic week 27 (ending 10th July 2011), a cumulative total of 8989 measles cases with 3 deaths were reported from 50 woredas in 6 Regions (SNNP, Amhara, Oromia, Tigray, B. Gumuz and Somali) and Addis Ababa city administration (See epidemic curve). In July 2011, 240 cases with 0 death of measles were reported from 10 Woredas in 4 Regions (SNNPR, Oromia, Tigray and Amhara) while a total of 69 cases of Acute Watery Diarrhea with 2 deaths (CFR=2.8%) from 2 woredas/districts of Somali

Key Highlights

- 162, 579 children aged 6-59 months vaccinated against measles in NE Kenya
- Measles outbreak among refugees in Dolo Ado, Ethiopia

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Horn of Africa Drought
Weekly Health Update

No 1; 8th August 2011

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and Afar. An outbreak of measles was also reported in Kobe refugee camp of Dolo Addo; so far over 75 suspected cases and 3 deaths have been reported.

As a result of food insecurity, there has been an increase in TFP admissions in the country. Overall, an estimated 153,000 children <5 required treatments for severe acute malnutrition in the first half of the year (43% more than the projected caseload), with an additional 159,000 expected to require treatment from July to December. Major gaps in nutrition responses include inadequate Targeted Supplementary Feeding (TSF, Therapeutic Feeding Units (TFU) and Out-patient Therapeutic Programs (OTP) in some the drought-affected woredas.

Response Activities
WHO and the other health partners continue support to support the MOH to respond to the drought. Emergency needs and epidemic preparedness assessments have been conducted in several of the drought affected woredas and are still ongoing. One hundred and thirteen thousand USD ($113,000) was provided to train Health Extension Workers (HEWs) on management of SAM and OTP in Amhara, SNNPR, Oromia and Tigray regions, while 3 Inter Agency Emergency Health Kit (IAEHK) and 8 Diarrhea Diseases Kit (DDK) are pre-positioned in woredas with high risk of disease outbreaks. In addition, 322 health workers were trained on Emergency Preparedness and Response EPR and AWD outbreak management. Coordination of the emergency health response activities is also being strengthened.

2.2 Kenya

Epidemiological Update
According to nutritional surveys conducted in April-May 2011, the Global Acute Malnutrition rate (GAM) are 27.1% in Marsabit, 22.1% in Garbatulla, 15.7% in Isiolo and 13% in Moyale districts. A drought assessment mission conducted in the same area last week indicated an outbreak of measles in Isiolo North district with 21 line-listed cases. Increased cases of diarrhoeal diseases were also observed in the districts visited during the assessment mission which include Isiolo North, Laisamis, Marsabit and Chalbi.

Response Activities
Combined poliomyelitis, measles, deworming and Vitamin A supplementation campaigns were held among the refugee populations of Lagdera, Fafi, Ijara, Wajir
South and Garissa of Northeastern Province from 23rd to 29th July 2011. In general, all the districts achieved good coverage for all the antigens as could be seen in table 1 below. Similar campaigns held in the refugee camps of Dadaab from 1st to 5th August 2011 with 58,782 (98%) children 6-59 months covered with measles vaccines.

Furthermore, WHO and other health partners have deployed several technical officers to the affected provinces and districts to provide technical support to the health officials in these areas. A National Health and Nutrition coordination meeting chaired by the Ministry of Public Health and Sanitation (MOPHS) was held on 28th July 2011. Key outcome of the meeting include establishment of a health sector disaster operations centre for coordination, data analysis and mapping and a decision to re-assign 3 senior officers from MOPHS to strengthen health sector coordination.

The key gaps in the health response to the drought situation in Kenya include limited capacity of newly established districts to effectively coordinate the health services, weak surveillance system and poor reporting and low routine immunization coverage rates.

2.3 Somalia

Epidemiological Update
Cholera outbreaks have been confirmed in Mogadishu (Banadi region), the Afgooye corridor, Baidoa (Bay region), the districts of Xharardeere, Bursalah, Godldogob and Hobyo (Mudug region), Awdhegle and Wanlaweyne district (Lower Shabelle region). Between epidemiological weeks 1 and 29 of 2011, an estimated 3839 AWD/cholera cases were reported from the country of which 159 were reported from Banadir Hospital in Mogadishu (see graph below). Banadir Hospital in Mogadishu reported 227 cases of AWD including 148 (78%) children under five years, with 17 related deaths (15 under the age of five) in epidemiological week 30 which is a 21% increase compared to the previous week. An increasing trend of AWD cases was also been observed in Lower Shabelle region which is one the famine affected regions.
Response Activities
WHO and the other health partners continue to support emergency response in South Central Somalia; 6 mobile clinics were supported in districts of Tiyejow and Hudur (Bakool region), North Galkaayo, IDP camp in Mudug region, an IDP camp in Hargeisa (W.Galbeed region), the districts of Awdhegle and Wanalaweyne in Lower Shabelle region and the Afgooye Corridor with the highest concentration of IDPs. WHO, UNICEF and health partners are planning an emergency measles vaccination in Mogadishu (Banadir region) targeting children aged under 15 (fifteen) years of age among the IDPs and host communities. Similar vaccinations campaigns will be conducted in Lower Shabelle as soon as there is access.

2.4 Uganda

Epidemiological Update
Delayed and erratic rains during the 2011 rain season have negatively impacted on food security in the region. According to a nutrition survey conducted by MoH in collaboration with ACF and UNICEF in May 2011, the average GAM and SAM in the region are 12.8% and 2.8% respectively. The survey showed that 4 out of the 6 districts in the region namely Nakapiripirit (20.4%), Kotido (14.1%), Amudat (11.9%) and Moroto/Napak (13.3%) have already surpassed the emergency threshold of GAM. According to the quarterly (January to April 2011) HMIS report of the MOH, measles immunization coverage in these districts are below 40%. The region is also prone to frequent outbreak of diarrhea diseases partly as a result of low latrine coverage (<3% in Kotido district) and poor access to safe water (67% of the population use spring or unprotected well as source of drinking water). Over the last three years the region has had recurrent epidemics of Hepatitis E, Cholera and Yellow fever.

Response Activities
The key gaps in the emergency health and nutrition response effort include weak capacity of health workers for nutrition case management, weak coordination of the emergency health and nutrition response efforts at the national and district levels, lack of nutrition surveillance system at the community level and lack of funds and nutrition supplies.

3. Sub Regional Situation Report
A strategic plan for scaling up the emergency health and nutrition response in the 5 affected countries is now finalized. This document identifies four main areas namely disease prevention, control and early warning, provision of basic health services, enhanced management of complicated severe acute malnutrition and effective coordination as the strategic thrust for reducing morbidity and mortality in the drought affected areas. Additional capacity to strengthen sub-regional coordination of health partners and WHO country offices and their partners have also been deployed to Nairobi.

4. Acknowledgments
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