Key Highlights

- Deteriorating health situation in the refugee camps of Dolo Ado
- HOA health emergency group established in Nairobi

1. General Context

The health situation in the drought affected areas continues to deteriorate. During the week, there was an upsurge in the weekly incidence of cholera/AWD in Somalia while measles cases are still being reported from the refugee camps of Kenya and Ethiopia despite the repeated measles campaigns. According to data provided by UNHCR, the health situation in the Dolo Ado camps of Ethiopia is critical with Crude Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR) of as high as 4.5/10,000/day and 14.9/10,000/day respectively. Some drought affected areas of HOA witnessed heavy rains during the week thereby increasing the risk of outbreaks of diarrhea diseases and malaria.

2. Country Specific Situation Report

2.1 Ethiopia

Epidemiological Update

The nutrition situation in the drought affected areas of the country remains critical. According to information provided by WHO Country Office (WCO) Kenya, an estimated 159,000 children under 5 will require SAM treatment in the next 6 months and more than 708,000 children and pregnant and lactating women in 240 woredas (including 168 already covered by TSF programmes) are also estimated to need targeted supplementary feeding (TSF) to respond to moderate acute malnutrition. In addition to ongoing localized outbreaks of measles in SNNP and Amhara Regions the risk of other disease outbreaks, particularly Malaria and Meningitis remains high. Between 5 and 9 million people are at risk of these diseases respectively, according to the revised Humanitarian Requirement
Document, while 2 million children under 5 are at risk of measles.

**Response Activities**

In addition to the existing 36 EPI/Polio staff who are already support the Regional Health Bureaus (RHB) in all the regions of the country, the WCO deployed 4 emergency field officers to provide technical support to 4 regions of the country namely Oromia, SNNPR, Amhara and Gambella using funds obtained from CERF. Furthermore, 3 officers were recruited and deployed to Dolo Ado to provide technical support to UNHCR and its partners. There are plans to deploy additional 3 field officers to SNPR and Oromia Regions as soon as more funds are available. However, there is still a shortfall of 4-6 officers who are need to support to Somali, Afar and Amhara Regions in light of the ongoing malnutrition and anticipated outbreak of AWD, Malaria and Meningitis which are expected in the last months of 2011. Discussions on how to strengthen the line listing of all suspected measles cases in the refugee camps in Dolo Ado using standard national formats to get a clearer picture of the affected age groups which will guide the response activities are being held with UNHCR/ARAA. Further discussions are also ongoing to conduct a mass measles (below 15 years) and polio (below 5 years) campaign in the entire Somali region (host community) as well as measles vaccination in drought hot spot priority areas across the country.

**2.2 Kenya**

**Epidemiological Update**

Measles remains the greatest health threat in the drought affected areas of the country. According to data provided by WCO and MOH Kenya, about 37.2% of the 790 confirmed measles cases in 2011 are from the North Eastern Province (NEP) of the country (see figure 1) while Nairobi Province, which has a sizeable Somali population and is linked to NEP accounts for 44.7% of all the cases. According to data provided by UNHCR, the weekly number of suspected measles cases in the refugee camps of Dadaab has increased progressively from epidemiologic week 25 to 33 with about 71 cases reported in week 33 alone.

With the onset of rains in northern Kenya, some of the districts have began to report upsurges in the weekly number of malaria cases (see figure 2).
Response Activities
WHO continued to provide technical support to MOH at national and sub-national level to improve coordination of the emergency health response efforts. Seven epidemiologists were deployed to the affected areas to support health coordination, strengthen disease surveillance and assist the provinces and districts to scale up the emergency response efforts. The key gaps in the health response to the drought situation in Kenya include coverage and capacity gaps in the management of severe acute malnutrition in district and provincial hospitals.

2.3 Somalia

Epidemiological Update
South Central Somalia continues to face threats of measles outbreaks. According to information provided by WCO Somalia, 1019 suspected measles cases and 31 related deaths were reported in July 2011 alone in SC Somalia; this represents almost 20% of all reported cases for this year. Compared to the same period in 2010, the number of suspected measles cases has increased by 666% (figure 3). Between January and July 2011, a total of 5176 suspected measles cases were reported from South and Central Somalia. Cholera also remains a major problem in the country; since week 15, there has been a progressive increase in the weekly number of cholera cases reported from the Merka Hospital cholera treatment centre which is located in Lower Shabelle region (figure 4). With the onset of rains, there is likelihood of an increase in the reported cases of AWD and cholera in the country.

Response Activities
A Diarrheal Disease Kit (DDK) which can treat about 500 cases of AWD/cholera cases was sent to Kismayo General Hospital to complement the initial response supplies that were sent earlier last week. Additional medical supplies, including 2 diarrheal disease kits, are prepositioned in Bu’aale and will be moved to Kismayo once clearance is obtained from the local authorities. A joint WHO/local authority team is currently monitoring the AWD situation in the area. Stool samples have been collected and are being referred to Nairobi for confirmatory diagnosis. In response to the suspected measles outbreak, WHO, UNICEF, health partners and health authorities have started an emergency measles vaccination campaign in all accessible areas of South and Central Somalia. About 2.3 million children aged between 6 and 15 years in 10 regions of South and Central Somalia, including 745,000 children in Mogadishu, are targeted during this campaign.
2.4 Uganda

Epidemiological Update
There was no significant change in the epidemiologic situation in Karamoja, which is the drought affected region of the country. According to reports provided by the WCO sub-office in Moroto district of Karamoja, if the current rains in the area continue till end of August 2011, there is likelihood of increased food production and improvement in food security in the area.

Response Activities
WHO continue to provide technical assistance to all districts of Karamoja region through its Moroto district field office, however scaling up of clinical management of severe acute malnutrition, disease surveillance and pre-positioning of essential drugs especially diarrhea kits is being constrained by lack of funds. Other key challenges in the management of malnutrition include inadequate supply of plumpy nuts at OTCs and ITCs, high rate of loss to follow up and poor adherence to treatment.

3. Sub Regional Situation Report
An HOA health emergency group has now been established and meets on a weekly basis (2 meetings have been held so far). This group provides a forum for health experts from key humanitarian organizations to discuss and exchange ideas on the key public health problems in HOA. The group will also disseminate useful evidence-based health strategies, guidelines and health information to members and country teams to improve health sector interventions in the ongoing crisis and provide technical assistance on health issues to country teams as requested. Furthermore, the group will collaborate with other sectors such as nutrition, WASH and the Global Health Cluster (GHC)

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