Update: Health in the Horn of Africa Crisis

13 September 2011
Agenda

- Humanitarian situation
- WHO's strategic health objectives
- WHO's operational capacity
- Emerging health threats
- Financing the health sector response
Humanitarian Situation
Health Defines Emergencies

Basic definition of emergency:

- malnutrition (or wasting) > 15% and
- crude death rate >1/10 000 people per day

Famine:

- > 30% malnutrition
- crude death rate > 2 deaths/10 000 per day
- > 20% households experiencing severe food shortages
February: UN warning - food crisis affects 30% in Somalia

June: refugee population surge

July: death rates increases - famine declared in 2 regions in Somalia

August: expands to 2 more regions

Sept: 5th region is added
Famine is Health Catastrophe

• Malnutrition impairs immune system

• Malnutrition rates >30% have higher proportion of medical problems

• Displacement promotes communicable disease outbreaks/epidemics (acute watery diarrhoea-cholera / measles / malaria)

• Death rates will rise exponentially – esp. as basic health services are inadequate in affected areas
WHO's Strategic Objectives
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• Coordination of health sector

• Disease surveillance & early warning systems

• Support to basic health services

• Support to management of severe acute malnutrition with medical complications
Coordination

- HoA support team established (Nairobi)
- Dedicated Health Cluster Coordinators in Ethiopia, Kenya & Somalia
- HQ & Regional Offices supporting both the
  - WHO Country Offices
  - Health Cluster/Sectors
Disease Surveillance & Early Warning

• Epidemiological and health cluster/sector bulletins

• Disease surveillance systems & analysis for epidemic-prone diseases

• Training for cholera case management in Kenya and Somalia (with partners)

• Malaria preparedness plans
Support to Basic Health Services

- Immunization campaigns in Kenya (215 000), Somalia (>1m in process), Ethiopia (40 000 in camps)
- Training documents on community-based integrated management of childhood illnesses revised
- Surgery training in Somalia
- 6 mobile clinics in Somalia and 2 in Djibouti
- Kits for >600 000 people for 3 months provided in Somalia, Kenya and Ethiopia (incl. diarrheal diseases kits for Ethiopia's Dolo Ado camps and Kenya's Dadaab camps)
Population Distribution by Districts, Health Facilities & Health Partners
Management of Severe Acute Malnutrition

- Stabilization centres in referral hospitals
- Medical supplies
- WHO guidelines for severe acute malnutrition
- 33 health professionals trained in Ethiopia’s Oromia Region
WHO's Operational Capacity
WHO Horn of Africa Response

• Humanitarian space very limited
• Limited access to South Central Somalia & Mogadishu
• WHO national staff (polio) in all districts in South Central Somalia
• Medical supplies currently delivered using local resources – systems can be put in place to validate delivery using SMS or paper waybills
WHO Horn of Africa Response

• Country-focused response management
• Inter-regional coordination hub Nairobi
• High level task force HQ, Regional, Countries (ADG/ARDs/WRs)
• Operation support team
• HQ Horn of Africa Task Force
WHO Horn of Africa Response

Medical supplies delivered to the region

1. Basic medication and supplies for 670,000 patients

2. Diarrhoeal disease kits for 2,500 patients

3. Trauma kits for Somalia to treat 1,000 wounded
Projected Distribution of Health Kits in Somalia
Emerging Health Threats
Measles

- Measles cases on the rise in Somalia (>1900 cases and 65 deaths in South and Central in August)

- Most suspected cases in Kenya reported in drought-affected areas (499 cases since 1 January in Dadaab camps)

- Cases reported among refugees in Ethiopia but numbers are declining (338 cases and 21 deaths in Dolo Ado camps and transit camps since 1 January)
Suspected Measles Cases Reported in South Central Somalia

115 health facilities

Cases

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

2009  2010  2011
Malaria

- So far the trend for malaria and vector-borne diseases (e.g. Rift Valley fever) is stable
- An increase in cases can be expected between December and January after the rainy season
- A slight increase already reported in Somalia
Acute Watery Diarrhoea/Cholera
since January 2011

• 16,375 cases and 165 deaths (case fatality rate 1%) in Somalia’s Lower Shabelle and Lower and Middle Juba Regions

• 5,798 cases in Mogadishu’s Banadir Hospital, including 4,124 among children under five (71%) with 241 related deaths
Suspected AWD/Cholera Cases Reported in Banadir Region
1 January to 4 September 2011
Financing the Health Sector Response
## Horn of Africa Financial Requirements

<table>
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<tr>
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<th>Djibouti</th>
<th>Ethiopia</th>
<th>Kenya</th>
<th>Somalia</th>
<th>Uganda *</th>
<th>Total US$</th>
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<tbody>
<tr>
<td>Health cluster (1)</td>
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<td>65.3</td>
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(1) Based on the appeal "Humanitarian Requirements for the Horn of Africa Drought", July 2011  
*Uganda was not included in the appeal "Humanitarian Requirements for the Horn of Africa Drought"

(2) Based on WHO Horn of Africa Drought Health Response Plan, July 2011
Horn of Africa Donor Contributions

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<th>Donors</th>
<th>Saudi Arabia</th>
<th>Spain</th>
<th>CERF</th>
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<td>Horn of Africa (supplies and technical support)</td>
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<td>Total US$</td>
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*Includes > than US$ 3 million for non-flash appeal costs
## Horn of Africa Donor Contributions

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<td><strong>Total US$</strong></td>
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Under discussion:
BMGF (HoA hub), DFID (Somalia), ECHO (Ethiopia), Germany (Kenya) and USA (Somalia)
Financial Contributions to Horn of Africa

Flexible funding is required: to date, large components of the funding are for procurement

Immediate requirements:

• Strengthen WCOs response capacity (medium and long-term) and the HoA health hub
• Establish community-based treatment for under-fives (pneumonia, diarrhoea and malaria)
• Improve WHO Health Cluster lead capacity
• Foster synergy and joint action with partner agencies