HEALTH CLUSTER BULLETIN # 05
Aug - 2018

Somalia
Drought Response
Reporting period (Week 31 to Week 34)

- Health cluster partners provided consultation services to 522,545 individuals in 377 health facilities (including 10 mobile health units). Of this, 227,045 were reached through funds received from the humanitarian appeal process.

- Seven cases of circulating Vaccine Derived Polio Virus (cVDPV) has been confirmed amongst children in Mogadishu.

- During 2018, 7,372\(^4\) suspected cases of measles were reported, of this 393 was reported in August. A decrease from the 592 cases reported in July.

- A total of 226\(^3\) cases of AWD / Cholera (CFR 0.4%) in August 2018. The new infections trend of AWD/Cholera remained flat since the July 2018 Health Cluster Bulletin.

- Health cluster is tooling up in the preparation of the 2019 HRP. Consultations at state levels and preparation of a Public Health Situation Analysis is ongoing.

- Health cluster partners have so far received a total of US$ 22,753,850\(^6\) equivalent to 18% of the requirement of US$ 124M in the 2018 HRP.

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1. 2016 Service Availability and Readiness Assessment (SARA)
2. Week 34 EWARN bulletin as of 29 August 2018.
5. Health Cluster Partners’ reports 9 September 2018

YTD Year to date
Situation Update

Health cluster partners continue to respond to population needs despite a challenging security situation. Even though the general situation this month was without any significant negative natural events, partners continued addressing the aftermaths of the recent floods and cyclone Sagar.

Up to the end of August health partners reached approximately 2,769,287 individuals. Of these, 1,966,955 were reached through funding in support of the Humanitarian Response Plan (HRP). Response activities included medical consultations in primary health care, vaccination, sexual and reproductive health, and included health care provider training and hygiene promotion campaigns. Medical supplies and medicines are distributed to support services and rehabilitation efforts continue of damaged health facilities.

While providing medical consultations, health cluster partners found that the highest prevalence of diseases was due to acute diarrheal diseases, influenza like illness, severe acute respiratory illness, and measles. Since April, the number of malaria cases increased mainly in the flood affected areas.

Health priorities needs and gaps

The ongoing, but limited number of AWD/Cholera cases in Banadir and Lower Juba regions remain a high priority, demanding continual preventative efforts. Supplemental vaccination, promotion campaigns and active case finding are key to stop the ongoing outbreak of vaccine-derived Polio (cVDPV) in Mogadishu and the neighbouring districts.

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.

Public health risks

Communicable diseases

Seasonal drivers are at a low period but communicable disease remains the leading cause of death; including both environmental driven and vaccine-preventable. Detection, control and response to communicable disease remains a major challenge in Somalia due to the weak public health surveillance and health care system.

AFP Surveillance/Polio:

A total of seven confirmed human cases of circulating vaccine-derived poliovirus (cVDPV) – of types 2 and 3 were detected since January, primarily from nomadic or internally displaced families.

As part of a swift and effective response, as soon as a case is confirmed, detailed investigations are conducted to care for the affected child, and to identify and evaluate and vaccinate their contacts as needed. Active surveillance for acute flaccid paralysis (a symptom of polio used to monitor and identify potential cases for further testing) is ongoing in 933 of the total 1,074 health facilities in Somalia.
In Daynile district of Banadir region, where the last cVDPV2 case was confirmed, and in neighbouring IDP camps in Kadha and Afgoye districts, plans are underway to conduct a small-scale vaccination campaign. This campaign will run from 19-22 September 2018; targeting approximately 50,000 children. A larger supplemental vaccination, aiming to reach 2.5 million under-five children in Somalia, is planned for 1 - 4 October 2018.

**Correction to the last bulletin:** In the last issue, it was mistakenly stated that polio resources are channelled towards expanding the programme to monitor other diseases. The corrected version is, polio resources are currently geared towards containing the current cVDPV cases. The transition of polio assets will take place in the near future, when further transmission of the virus ends.

**AWD/Cholera:**

In August, the number of AWD/Cholera cases reported remained flat save for week 34 (19 – 25 August). In this week, 66 cases were admitted in Banadir Hospital, one of whom died, thus a case fertility rate of 1.3%. Banadir continues to see the highest number of cases, due to its high population of all population categories including IDPs, refugees, returnees and hosts.

The death is attributed to poor health seeking behaviour leading to individuals turning to health facilities in worst state of health.

**Measles:**

The Expanded Programme for Immunization (EPI) surveillance system continues to record a decreasing trend of suspected measles. A total of 393 suspected cases down from 562 of measles reported in August. This is attributed to the regular vaccinations undertaken by health cluster partners but specifically, the February - March 2018 vaccination campaign that reached 94% of the targeted 4.7M children under-10 years of age. (UNICEF / WHO).
Malaria:

A total of 9,206 confirmed cases of malaria have been reported in 2018. This includes 946 cases confirmed in August – 2018. The cases stagnated at an average of 200 per week since peaking in May, 2018 after the rainy season. The Gu rains and the floods which followed saw a rise in breading grounds for mosquitoes; the vector that spreads malaria. Health partners continue to provide indoor residual spray and mosquito nets to high risk populations; including households with pregnant women and children.

This effort has flattened 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

Partners have so far provided health care consultations to a total of 2.7 Million patients against a 2018 HRP target of 4.3 Million. Of this, 2.0 M was based on projects funded through the HRP.

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 22M USD of the targeted 124M USD. This is just 18% of the total required in the 2018 Humanitarian Response Plan.

Contacts:
Cluster Coordinator: Craig Hampton
hamptonc@who.int

Cluster Co-coordinator: Dayib Ahmed
Dayib.ahmed@savethechildren.org

Information Management Officer: Bernard Lukwya
b.lukwya@savethechildren.org.uk

email so.health@humanitarianresponse.info
subscribe to mailing list on https://humanitarianresponse.us16.list-manage.com/subscribe?u=1957a7869fa6b6f594732c535&id=487e1ba1de