

Highlights

- Cholera cases continue to be reported in Somalia since December 2017. Active transmission is currently reported in Banadir region only. A total of 1 693 cases with no deaths were reported in 2019.
- A total of 384 712 medical consultations were reported across health facilities covered by Early Warning Alert and Response Network (EWARN) system. Acute Respiratory Tract Infections and diarrhoeal diseases were the leading causes of morbidity.
- The number of cases of measles have increased since epidemiological week 23 due to depleted vaccination coverage. Health cluster partners reported limited supplies of vaccines in all states.
- Trauma cases resulting from terrorist attacks were the major public health event reported in July. A total of 735 cases of trauma were reported in Banadir and Kismayo during the month of July including 43 deaths. WHO provided medical kits to manage 20,000 cases of trauma to the state level health authorities



WHO/MoH staff providing vaccination to under five returnee children from Kenya in Baidoa, Southwest State in July 2019.

Key figures

HEALTH SECTOR

105 Health cluster partners

3 million People in need of health care

2.4 million people targeted for health care

HEALTH FACILITIES

1,421 Health facilities

485 EWARN reporting sites

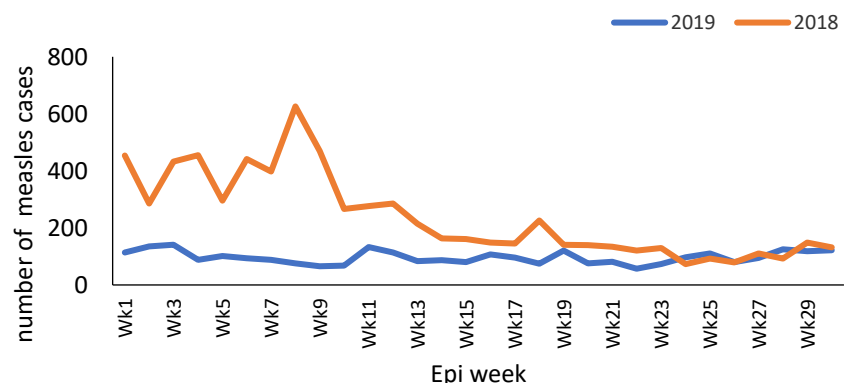
FUNDING US \$

8.3 m Required for WHO's health emergency programme in 2019

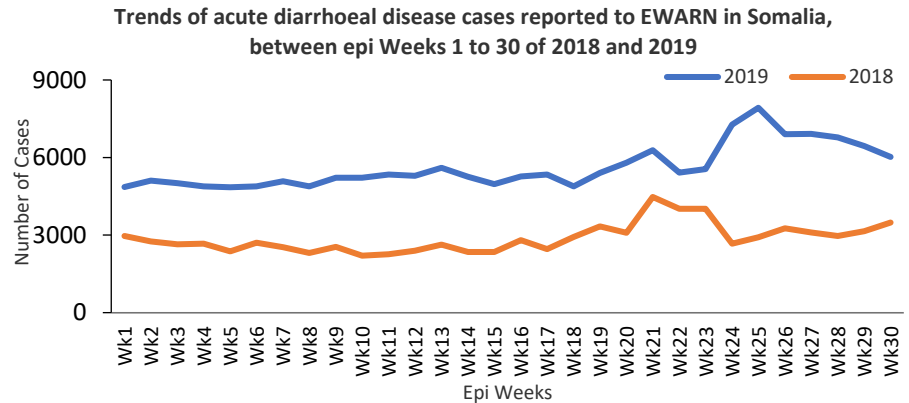
Epidemiological surveillance update

Overall Situation

- Somalia is experiencing prolonged negative impacts of low *Gu* rains (April – June 2019) that followed below average *Deyr* rains (October – December) in 2018. This has also compounded poor recovery from the drought that was experienced in 2016/17. The poor rains have led to the displacement of 1.7 million people and 2.2 million in need of urgent humanitarian assistance.
- In some parts of the country, heavy rains over a short period of time led to flash floods that further aggravated the negative consequences of prolonged dry season. These conditions have led to increased number of new cases of measles, diarrheal diseases and malaria from the drought affected areas.
- There has been an overall reduction in the number of suspected measles cases in all states of Somalia following a measles vaccination campaign that was conducted in early 2018. Since the start of the year, a total of 2 946 cases of suspected measles were reported, of which, 460 suspected cases of measles were reported during the month of July 2019. The number of suspected measles cases however started to increase during epidemiological week 23 possibility due to depleted measles vaccination coverage.

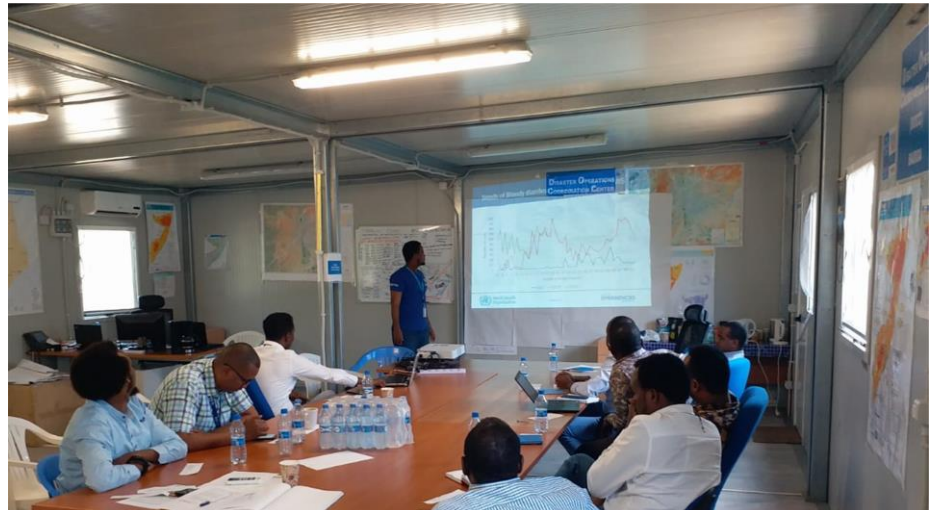


- Number of acute diarrhoea disease cases reported across Somalia have increased in all states compared to the cases reported during the drought season of 2016/17. This may be linked to the prolonged negative impact of drought conditions with shortage of safe water and thereby negatively affecting hygiene and sanitation measures. The drought situation has led to displacement of persons living in camps with limited access to safe water, proper hygiene and sanitation services. Since January 2019, a total of 169 725 cases of acute diarrhoea were reported from the sentinel sites reporting to EWARN.



- A total of 420 of 485 health facilities across the country submitted weekly surveillance data to the Early Warning Alert and Response Network (EWARN) during the month. Reporting completeness varied across the country with an average completeness rate of 86%. Poor communication network and use of paper-based surveillance in South West State and Jubbaland state are main challenges affecting the reporting timeliness.
- A total of 384 712 consultations were reported from all health facilities reporting surveillance data in EWARN during July 2019. Acute Respiratory Tract Infections (ILI and SARI), with 29 470 cases and diarrhoea with 26 165 cases, were the leading causes of morbidity.
- The Rapid Response Team in Hirshabelle states investigated an alert of suspected food poisoning event. Of the 17 people suspected to be suffering from acute food poisoning, 65% were female and 35% were male from Cumow village in Jowhar districts. No death was reported. Investigations into the possible cause of this health event are ongoing.
- In collaboration with UNHCR, WHO vaccinated 23 children below 5 years against Polio and Measles in Baidoa districts of Southwest state. These children were part of the 90 returnees that were repatriated by UNHCR from Kenya.
- Linked to the low reporting rate in the Early Warning Alert and Response Network in Hirshabelle state, WHO conducted a joint supervision with state health authorities. A total of two (2) health facilities were assessed by the team and the major challenges identified were- lack of training of newly recruited health workers on EWARN reporting and lack of airtime for reporting
- WHO also supported the Federal Ministry of Health to organize consultative meetings with key stakeholders of Galmudug and Hirshabelle state and Banadir region as part of the development of the cholera strategy for Somalia. The development of cholera strategy is in line with the vision of the Global Task Force for Cholera Control (GTFCC) aimed at reducing cholera related deaths by 90% by 2030.

Emergency Response activities

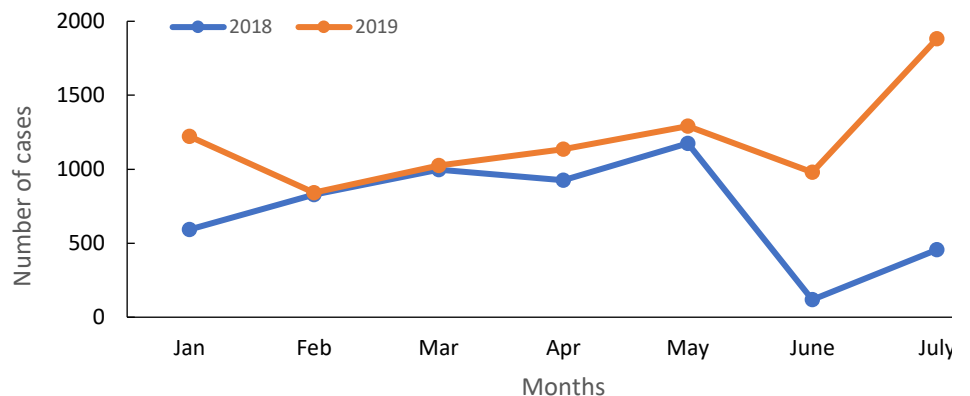


WHO public health officer providing training on use of case definition for EWARN in Southwest state in July 2019

- There has been an increase in the number of Severe Acute Malnutrition (SAM) with medical complications among children below 5 years in Somalia during the month of July 2019 compared to July 2018. A total of 1,882 cases of SAM with medical complications were reported from 6 states including Banadir in July 2019 compared to 456 cases during the same period in 2018, showing an increase of 75.8% cases.
- In view of the increased number of severe acute malnutrition with medical complication, WHO provided 14 nutrition kits to 12 stabilization centers in Southwest state, Jubbaland state, and Hirshabelle state, which are enough to treat 700 cases of SAM with medical complications for three months.

Nutrition updates

Trends of SAM cases with medical complication in Somalia reported in 2018 and 2019



Health Cluster and coordination

The monthly national health cluster meeting and three subnational meetings were held in July 2019. The Health cluster meeting at national level was aimed at introducing gender based planning in the implementation of health activities in Somalia.

The cluster members were also requested to submit reports using the online reporting tool- The online reporting tool is aimed at improving the timely submission of reports from all partners.

During the health cluster meeting in Galmudug state, partners expressed concern at the shortage of different antigens that has led to reduced number of children receiving vaccines against all antigens.

In Puntland, health cluster partners developed plans to improve the implementation of WASH activities so as to control the increasing cases of diarrhoeal disease in drought affected districts.



WHO has presented, at the national Health cluster meeting held in July, the importance of gender based planning for implementation of health activities in Somalia.

Monitoring of trauma cases

- Trauma is one of the major public health events reported from different states of Somalia. The trauma cases are mainly due to armed conflict and terrorist attacks in different states. In July, a total of 735 cases of trauma, resulting from weapon injuries were reported in 5 states and Banadir region.
- Of the 735 trauma cases, 67 including 26 deaths were reported after a terrorist attack conducted at a hotel in Kismayo, Jubbaland state, while 28 trauma cases including 17 deaths were reported in Banadir following a terrorist attack on Mayor's office
- In order to provide standard treatment to these trauma cases, WHO provided of medical supplies including 1 Diarrhoea Kits, 10 Trauma (A & B), Kits, 4 Laboratory Kits enough to treat 20,000 people. WHO continues to support the state level authorities to monitor trends of cases of trauma so as to develop a plan for the training of emergency trauma management in all states.



WHO is providing medical supplies to the states in response to high number of trauma cases reported across the country in July.

The emergency programme of WHO Somalia is supported by the Central Emergency Response Fund of UN-OCHA



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