In September 2019, the Federal Government of Somalia, with the technical assistance from WHO, launched the universal health coverage (UHC) road map 2019–2023.

WHO, with the support from the Central Emergency Response Fund (CERF) and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), has been responding to health consequences in 10 drought-affected districts. The response includes deployment of mobile health teams, expansion of diseases surveillance, deployment of rapid response teams, training and support to management of complicated cases of severe acute malnutrition.

The surveillance data from the Early Warning Alert and Response Network (EWARN) for September 2019 recorded 298 862 consultations in 327 (out of 485) health facilities.

The diseases causing the highest morbidity were acute respiratory infections (22 994 cases) and acute diarrhoea (16 135 cases).

Active cholera transmission is currently reported in Banadir region only. In 2019, 2 017 cholera cases were reported across Somalia with no deaths.

In September 2019, 1 626 new trauma cases (including 11.5% children under 5 years and 32% female) were reported from six states.
On 19 September 2019, 35 people returned to Baidoa from Dadaab refugee camp in Kenya. Of these people, 17 were women and seven (7) were children under 5 years of age. The South West Ministry of Health, with support from WHO, provided health education and medical check-up for adults, and essential health services, including polio vaccine, measles vaccine and vitamin A supplements, for children under 5 years of age.

On 10 September 2019, a flash flood, following unexpected heavy rainfall, affected Bader and Dalxiiska camps in Kismayo. The rain lasted for 48 hours and destroyed 20 pit latrines and 36 houses. As an immediate response, WHO, South West Ministry of Health and WASH cluster provided 10 000 (75% female) people with water purification tablets.

In September 2019, 21 suspected cholera cases (52.4% women and 85.6% children under 5 years of age) were reported from Badadhe, Diidaay and Jedeecalay districts of Jubbaland State. Cholera cases decreased in September 2019 compared with August 2019 where 70 cases were reported and 1 death. The Jubbaland Ministry of Health, with WHO’s technical assistance, collected eight stool samples from affected patients – one stool sample was confirmed positive while seven samples were negative. The stool culture method is the gold standard or most recommended test for diagnosis of cholera. WHO is supporting the Ministry of Health of Jubbaland by providing technical support, response coordination and medical supplies to the affected districts.

On 18 September 2019, the WHO health emergencies team, polio team and the Hirshabelle state health authority conducted a joint supervision mission to the...
Beled-weyne regional hospital. The joint mission looked at EWARN surveillance, the activities of the nutrition stabilization centre, drought-response activities and the activities of the integrated emergency response teams, among others.


- A total of 823 cases of severe acute malnutrition with medical complications were reported from four states in September 2019 compared with 838 cases in September 2018.

- In September 2019, the nutrition performance indicators from 37 stabilization centres showed 2.4% deaths, 91.2% children cured from medical complications, 2.4% defaulters and 3.6% children were referred for specialized treatment.

- As a part of the EWARN expansion, WHO staff identified and supervised new health facilities providing primary health services in Galmudug state to be added into the EWARN system.

- On the 20 September 2019, WHO supplied two kits for management of severe acute malnutrition to Hiran regional hospital stabilization centre. The kits are enough to manage 100 complicated cases of severe acute malnutrition.

WHO provided two trauma kits (type A and type B) and surgical equipment to Baidoa hospital. These kits will be used to treat the leading causes of preventable death in traumatic injuries for up to 200 patients.

**Health cluster and coordination**

- WHO public health emergency officers are also the health cluster leads in four Government states and Puntland. These public health emergency officers attended one-day workshops on the development of the Humanitarian Needs Overview and Humanitarian Response Plan in Somalia, which were organized by UN OCHA in September 2019.

- In Somaliland, 11 health sector partners and the Ministry of Health took part in the health cluster coordination meeting on 30 September. They reviewed the activities of the emergency programme for the second half of 2019. This meeting aimed to identify duplication of activities and to improve the use of resources for priority humanitarian issues.

- In Galmudug, the health cluster and coordination meeting was joined by eight health partners and the state Ministry of Health on 18 September. The main agenda item was implementation of the second phase of the health and demographic survey.

- In Hirshabelle, 12 partners attended the health cluster and coordination meeting on 5 October 2019. Strengthening the state health cluster coordination as well as updating the operational presence matrix for health partners in Hirshabelle were their main discussion points.

- In Banadir region, the health cluster and coordination meeting was held on 12 September to discuss surveillance and data quality issues.

- WHO and OCHA conducted an interagency assessment mission in Buhoodle district in Puntland from 29 September to 2 October 2019. This was aimed at assessing the health situation among internally displaced people and drought-affected communities. The mission confirmed that 16 functional health facilities

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**Monitoring trauma cases**

- Trauma continues to be one of the main public health challenges in Somalia. In September 2019, 1,626 new trauma cases (including 11.5% children under 5 years of age, 32% female) were reported from six Federal member states.

- The Federal Ministry of Health, with the technical assistance from WHO, has developed a paper-based monitoring system for trauma cases including weapon injuries, road traffic incidents, burns and injuries from terrorism and inter-clan conflicts. The data is collected from main referral hospitals in Somalia.
(eight health centres, seven health posts and one hospital, namely Kalkaal maternity hospital) had started functioning in the Buhoodle since 1 September 2019.

- The WHO field mission estimated that there were 1,500 households in the newly established Balidocle camp for internally displaced people (5 km away from Buhoodle town in Puntland). This camp was established in June 2019 and still does not have enough health and nutrition services, or water and sanitation services.

Missions: visits of the Regional Director and Regional Emergency Director to Somalia

- On 15 September 2019, the Federal Ministry of Health launched the universal health coverage (UHC) road map 2019–2023 for Somalia. The aim is to improve the health status of the population through health system strengthening interventions and by providing good-quality, accessible, acceptable and affordable health services that help move towards UHC and accelerate progress towards achieving the health-related SDGs.

- The WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari, embarked on a four-day mission in Somalia on 14–17 September. During his first official visit, Dr Al-Mandhari attended several events including the launch ceremony of the UHC road map 2019–2023 for Somalia, and the launch of the National Immunization Campaign 2019 in Magor and Mayow settlements for internally displaced people in Baidoa. He also visited the malaria referral laboratory in Baidoa which is supported by WHO.

- On a separate mission, Dr Richard Brennan the Regional Director of Emergencies in the WHO East Mediterranean Regional Office, visited Somalia during 24–26 September 2019. During this field mission, he visited Baidoa and Kismayo to assess the effect of drought on the populations in South West and Jubbaland states which are the worst affected throughout Somalia. He also visited the Banadir hospital and the national public health laboratory in Mogadishu, and met with the humanitarian partners and Somali government officials.
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