The ongoing drought and its consequences such as water shortages, food insecurity and malnutrition are fueling the rapid spread of the AWD/Cholera outbreak.

22,296 suspected AWD/Cholera cases and 492 deaths were recorded from 48 districts across 13 regions since January 2017. Cases recorded in the last 13 weeks are significantly higher when compared to 15,619 cases reported in the whole of last year.

WHO, UNICEF and Ministry of Health (MoH) deployed 15 emergency technical teams to support the AWD/Cholera response in Bay and Bakool regions. Additional emergency medical supplies were pre-positioned in six districts in both regions.

As of 25th March, 52 AWD/Cholera treatment facilities (20 CTCs and 32 CTUs) had been operationalized in South West, Hirshabelle, Jubbaland, Galmudug states and Banadir.

194,268 people (114,434 female and 79,834 male) from all over the country received primary and secondary health care services from health partners in March.
Background to the Somalia Crisis

The health sector in Somalia is still in a critical condition with one of the worst health indicators in the world. With a population of 12.3 million, 1.1 million people are internally displaced. The under-five mortality rate is 137 per 1,000 live births while approximately 732 women per 100,000 live births die from pregnancy or childbirth-related complications. 4.3 million people are in urgent need to access emergency health services. The humanitarian needs in Somalia have long been driven by an extremely complex mix of factors including (1) the ongoing violence and instability; (2) deterioration of living conditions largely as a result of years of conflict, floods and droughts, limited access to nearby safe havens for the displaced and limited access for health care providers, and (3) the continued lack of funding for the health sector. The rapid movement of IDPs has overwhelmed health facilities, while the national supply chain has ruptured and is unable to rapidly redirect support. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages and rupture of the cold chain. The situation remains fragile and the dire humanitarian needs in Somalia remain high. The Health Cluster coordinates the humanitarian health response of over 90 health partners and strengthens system-wide capacities to ensure an effective and predictable health response to disease outbreaks. Regular meetings, continuous updates on health status, coordinated needs assessments and response to service provision gaps are some of the activities of the cluster. Inter-cluster coordination is active and promotes collaboration with other clusters, particularly WASH and Nutrition.

AWD/Cholera Updates

- During the week ending 3 April, there was a slight decrease in the number of AWD/Cholera cases and deaths, from 3,390 cases and 70 deaths in week 12 to 3,292 cases and 67 deaths in week 13.

- 22,296 suspected AWD/Cholera cases and 492 deaths (CFR=2.2%) were recorded from 48 districts across 13 regions since January 2017. AWD/Cholera cases recorded in the last 13 weeks are significantly higher when compared to cases reported in the same period last year.

- New districts in Bay, Bakool, Gedo, Lower Shabelle, Togdheer and Middle Juba reported new AWD/Cholera cases during the week-ending 3rd April. Federal Ministry of Health (FMoH) and WHO Surveillance Officers are conducting field investigations and collecting specimens in these districts.

- AWD/Cholera alerts received from Middle Juba could not be conclusively verified due to inaccessibility.

- WHO, UNICEF, and MoH deployed 15 emergency technical teams to support the AWD/Cholera response in Bay and Bakool regions. Additional emergency medical supplies (mainly Diarrhoea Disease Kits) were pre-positioned in six districts in both regions.

For latest AWD/Cholera Sitrep, please follow the link below; https://www.humanitarianresponse.info/en/operations/somalia/document/somalia-cholera-sitrep-week-132017
Emergency Health Supplies

- During the reporting period, WHO handed over emergency medical kits to the Ministries of Health in Somaliland (50 basic kits) and South West state (177 cartons of emergency medical supplies). The supplies will be distributed in AWD/Cholera hotspots and areas severely affected by drought.
- The health cluster convened an essential health supplies coordination meeting with WHO, UNICEF and Save the Children to update supplies information and map supply hubs across the country.
- The Federal Government of Somalia, through UN support, airlifted 2 tons of medical supplies including 81 cartons of ringer lactate solution and food supplements to Baidoa region. The supplies were donated by Turkish Red Crescent and will be distributed to health facilities to treat AWD/Cholera patients in the South West state. Save the Children also airlifted 1 tone of medical supplies to Hudur and Dinsoor districts in Bakool region.
- With support from UNICEF, Human Development Concern provided 20 Cholera beds in Bardera Cholera Treatment Centre (CTC) in Gedo region. The CTC also received 72 cartons of medical supplies from UNICEF.

Health Partners’ Response

- In response to the spreading AWD/Cholera outbreak, health partners, in collaboration with Federal and State Ministries of Health (MoH), have operationalized 21 CTCs and 32 Cholera Treatment Units (CTUs) in hot-spot states of Hirshabelle, Galmudug, South West, Jubbaland and Banadir.
- Standby Rapid Response teams supported by WHO, IOM, Save the Children, UNICEF and World Vision have been established and are ready to be deployed to AWD/Cholera hotspots in Bay, Bakool, Gedo, Lower Shebelle and Middle Juba.
- WHO, UNICEF and MOH conducted a training for joint monitoring of CTCs. 16 MoH joint monitoring teams will review 42 CTCs and CTUs in 9 regions with the aim of improving case management, infection prevention control and WASH in these facilities.
- 34 health centers and 9 mobile outreach teams supported by UNICEF provided emergency lifesaving health services to 33,757 people, including 14,649 children under 5 years in Central and Southern regions.

Bay and Bakool

- 20 Community Health Workers were recruited and deployed to support overcrowded Cholera Treatment Centres in hard-to-reach areas of Bay region. Active case search and rumour verification by the WHO-supported surveillance team in affected locations of South Central and Puntland is ongoing.
- In Bay and Bakool regions, the Federal and State MoH, in collaboration with UN agencies and health partners, deployed 15 rapid response teams in Baidoa and Hudur districts respectively. The teams are supporting efforts to contain the AWD/Cholera outbreak.
- An International health partner supported the South West State MoH to deploy two rapid response teams to support the CTC in Wajid, Bakool region.
- World Vision supported the South West state MoH to deploy two rapid response teams to support the CTC in Wajid district... to page 5.
Gaps and Challenges

- The health cluster funding shortfall continues to hamper delivery of life-saving health services to most vulnerable people including IDPs in Somalia.
- Inaccessibility of some areas as a result of insecurity is affecting delivery of basic health services to affected communities.
- Additional support with life-saving medical supplies to health facilities, especially in drought and AWD/Cholera-affected areas of Somalia is urgently required.
- Gaps in access to basic health services will increase due to the ending of the Joint Health and Nutrition Programme which is the largest health sector development programme in Somalia.
- Additional Cholera Treatment Centres are required in Bayi, Bakool and Lower Jubba to treat people infected with AWD/Cholera.

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The Health Cluster is co-led by Save the Children