Emergency health response plan for drought in Somalia: Early action to protect health and save lives

April-December 2022

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Somalia

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Contents

Never again?

Nearly 260 000 people died in parts of Somalia between October 2010 and April 2012, including 133 000 children under five during the famine and food crisis in Somalia making it the worst famine in history.

A study commissioned and funded by the Food and Agriculture Organization of the United Nation's food security and nutrition analysis unit for Somalia stated that the famine early warning systems clearly identified the risk of famine in South Central Somalia in 2010–2011 but timely action to prevent the onset of famine was not taken. The result was large scale mortality, morbidity and population displacement.

> Famines are not natural phenomena, they are catastrophic political failures. The world was too slow to respond to stark warnings of drought, exacerbated by conflict, in Somalia, and people paid with their lives.

In 2017, when Somalia was in the grip of yet another famine and food crisis, the world and the international community moved fast learning from the lessons of famine of 2010. The international community's pledge that "we would never let famine happen again" was translated into quick action, release of flexible funds and support the humanitarian actions with no regret. These collective actions and the ability of humanitarian agencies to access sufficient funds in good time so as to meet the assessed needs helped to 'beat back' famine and saved millions of lives.

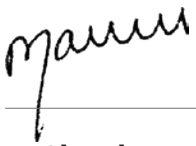
Unfortunately, we did not keep up the momentum and make the necessary long-term investments on building resilience and coping mechanisms of the people and health system to make sure the threat of famine, or famine itself, became a thing of the past.

Now in 2022, the country is in the grip of yet another looming threat of famine resulting from wide spreading drought. The United Nation's operation

has now shifted more to prevention of famine than mitigating the impacts of drought on health and livelihood of the people impacted by the drought. Like the 2011 famine in Somalia, the current risk of famine is largely predicted and can be mitigated or prevented if the humanitarian response is timely and more effective.

To improve responsiveness to early warnings, to prevent excess death and suffering, the World Health Organization (WHO) is is requesting urgent action from donors and the international community to step up funding for our immediate life-saving and emergency response operations which can prevent widespread loss of life and protect health of vulnerable people even in the dire catastrophic situation Somalia and its people are in now. We have proven it during our emergency response operations for COVID-19 that early action and delivery of high-quality interventions which are evidence-informed and impactful can lead to protecting health and well-being even if the health system remains fragile, weak and dilapidated. What mattered for WHO to be "ahead of the curve" during the COVID-19 response was large-scale deployment of its own staff and community health workers in the field for enhancing field operations, surveillance and response activities, quick, decisive and well-coordinated health actions, flexibility in adjusting the response strategy as the situation evolved, and shifting gears of the operation based on predictive analysis of the epidemic. The pandemic is not over yet but the lessons have been learned for replication in similar crises when the stakes are high and there is imminent need to avert large-scale human suffering and death.

Learning from the past, the WHO's current emergency health response plan for drought has been designed. We believe that our early actions can save lives and protect the health of the people impacted by this drought in Somalia and as the risk of famine looms large, our operations require to be scaled up now before the famine happens. WHO will urgently need US$ 35 million over the next 10 months for delivery and scaling up of its emergency life-saving operations which would reach over two and half of the most vulnerable people in the worst affected districts. Given the looming threat of famine and its consequences on human lives, it is imperative that we act now on a no-regrets basis, have access to flexible, smart and unearmarked funds immediately to protect the health and well-being of a large number of vulnerable people impacted severely by this drought. Our life-saving assistance and protection can avert a major humanitarian public health crisis, prevent epidemics and can save precious human lives. If the funds are granted, history will be on our side and we will truly be able to tell ourselves that we never let it happen again. The international community needs to hear us and fund this initiative to fuel life-saving operations to save the ailing humanity in Somalia. It is a test of our time. It is now or never again. The cost of inaction can equally be high. It is morally imperative that we act now.



Dr Sk Md Mamunur Rahman Malik
WHO Representative and Head of Mission

Introduction

Somalia is currently experiencing one of the worst droughts in its history as a result of three consecutive below-average rainy seasons and related water shortages. Decades of conflict, frequent epidemics of cholera and measles, widespread poverty and recurrent climatic shocks, including the ongoing drought emergency, continue to weaken and cause widespread fragility to the health systems in Somalia. The United Nations Office for the Coordination of Humanitarian Affairs states that the country now faces the risk of famine. The extreme drought conditions have affected about 6.1 million people in 74 out 118 districts in the country and 759 400 people are displaced from their homes in search of water, food and pasture. The emergency is decimating the lives of people whose coping capacities were already eroded by decades of conflict, food shortages, climatic shocks, desert locust infestations and the COVID-19 pandemic. Women and children continue to endure the adverse health and nutrition effects most of these perpetual crises.

With a fragile health system strained by decades of protracted conflict, climatic shocks, repeated outbreak of epidemic-prone diseases and COVID-19, Somalia is in urgent need of emergency health support to prevent excess death and avoidable morbidity.

74
districts affected

6.1
million people affected

759 400
people displaced

3.5
million people lack sufficient access to water

6
million people face severe food shortages (IPC 3 or higher)

High localized risk of famine in six areas

1.4
million under-5 children face acute malnutrition

329 500
under-5 children likely to be severely malnourished

15%
Critical acute malnutrition levels of GAM in 45 out of 74 districts

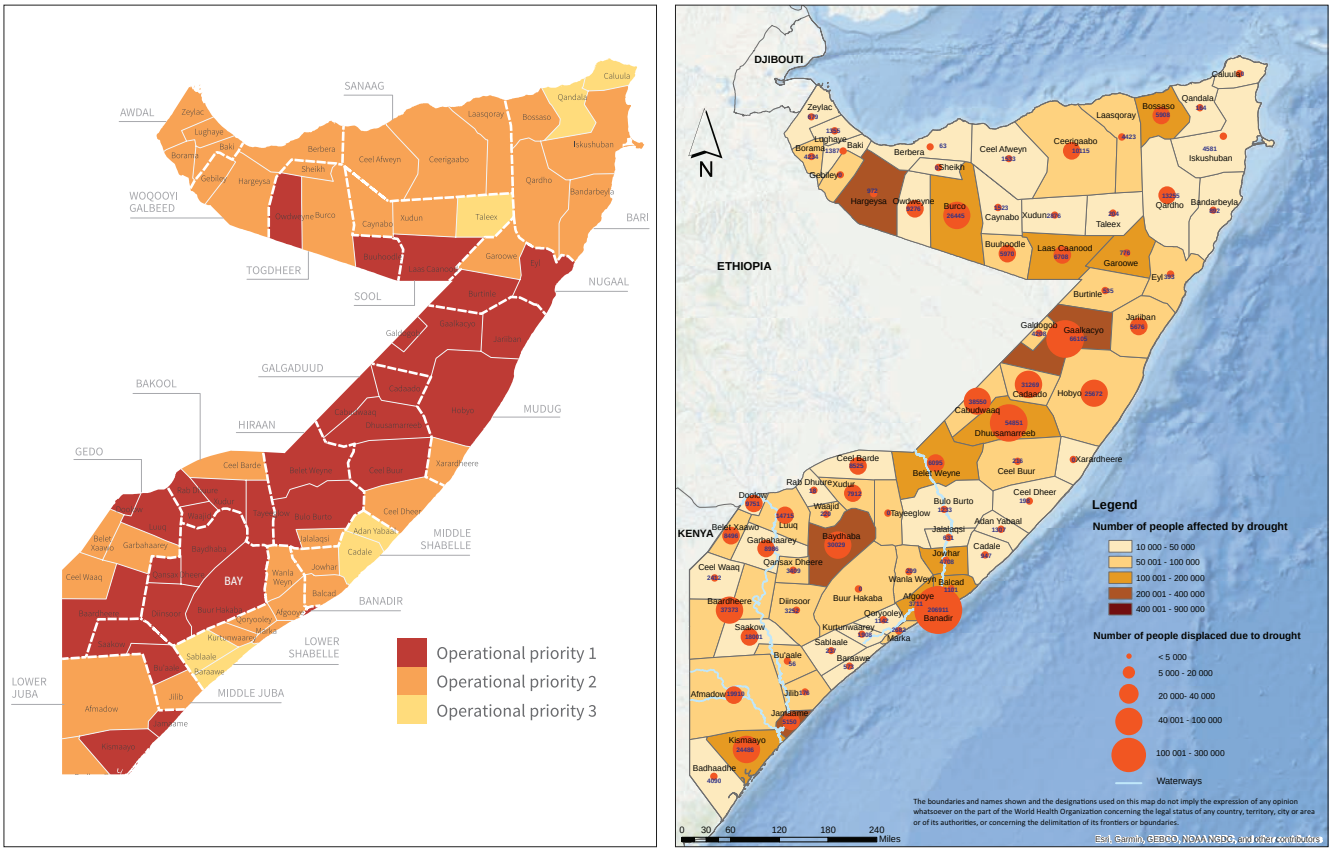
7.7
million people require humanitarian assistance and protection

The current drought will exacerbate the already fragile humanitarian situation in the country, with an estimated 7.7 million people already in need of urgent humanitarian assistance and protection with an estimated 2.9 million people internally displaced making Somalia a country with the highest number of internally displaced people in the world (Fig. 1).

According to the nutrition cluster in Somalia, the median global acute malnutrition rate has remained below 15% since 2019, which has led to over 1.4 million children under five years of age being at risk of acute malnutrition. Of these, more than 329 500 are at risk of being severely malnourished. Food insecurity that derives from the current drought is expected to directly impact the increasing number of cases of malnutrition among children under five, further lowering their immunity against measles, diarrhoea and other epidemic-prone diseases.

The current drought is expected to lead to increased incidences of waterborne diseases, especially cholera and acute diarrhoea, and of associated diseases such as measles and severe acute malnutrition with medical complications among drought-affected populations.

Fig. 1. Map showing drought-affected districts by operational priority areas and people affected and displaced by drought in Somalia, May 2022



Source: United Nations Office for the Coordination of Humanitarian Affairs

Current health situation

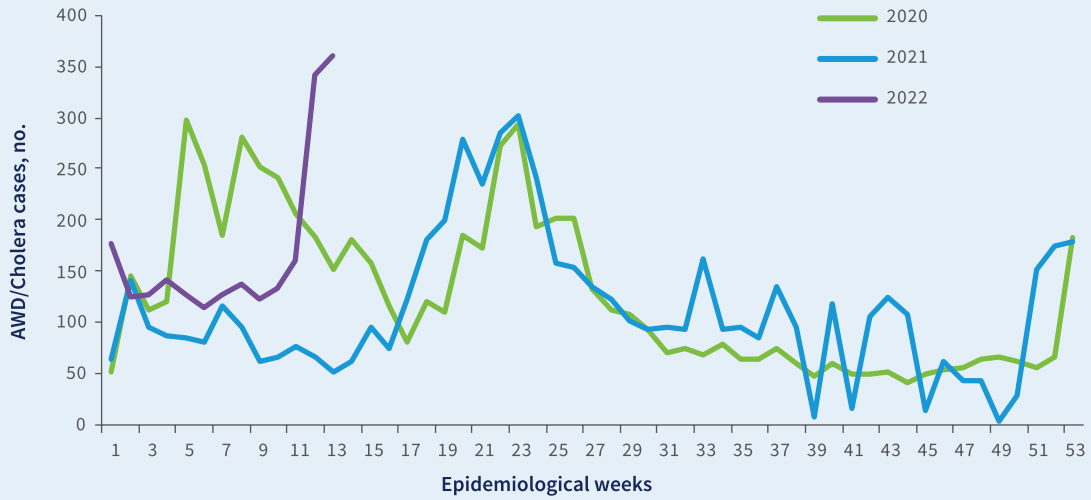
World Health Organization (WHO) continues to monitor trends of epidemic-prone diseases in the drought-affected districts on a real-time basis through its disease early warning system called the Early Warning Alert and Response Network (EWARN). The network is operational in 639 health facilities throughout Somalia and covering an estimated population of 8.5 million (60% population coverage). In addition, monthly reports of the Health Management Information System are regularly analysed.

Though no major outbreak has so far been reported from the drought-affected districts, owing to active surveillance, close vigilance, accelerated implementation of anticipatory health actions to mitigate disease risks, and rapid investigation of epidemic alerts and response, increasing trends of waterborne diseases, measles and cases of severe acute malnutrition with medical complications (Box 1) have been reported among the affected communities in recent time.

Box 1 | Epidemic-prone disease situation in the drought-affected districts

- Laboratory-confirmed cholera cases have surged by 103% since January 2022 (from 177 cases reported in epidemiological week 1 to 360 cases reported during epidemiological week no 13 in 2022 over the four months period)
- Acute diarrhoeal disease cases have increased by 40% (from 997 cases reported in epidemiological week no 1 to 1405 cases reported in epidemiological week no 14 in 2022 (Fig. 2)
- Cases of severe acute malnutrition with medical complications among children under five years have increased by two fold
- Measles cases have increased by 123% (from 342 cases reported in epidemiological week no 1 to 764 cases reported in epidemiological week 13 in 2022)
- Casualties and trauma injuries resulting from clan-based conflict over meagre pastures and water for livestock have also increased by over 50%

Fig. 2. Suspected cases of cholera/acute watery diarrhoea reported in drought-affected districts of Somalia, 2020-2022



Public health vulnerability assessment: projected health risks of drought

Based on WHO's vulnerability assessments conducted in the drought-affected districts which comprised of epidemiological situation analysis, review of baseline population vulnerability, existing health, water and sanitation situation, severity of drought, public health risks in the country and review of health impacts of drought in Somalia in the past, WHO expects that the drought will cause significant disruption to essential health services against an increased demand for health care to vulnerable populations.

In the event the health systems in the drought-affected districts is overstretched owing to increased demand for health care, this may lead to collapse of the health system leading to exacerbations of diseases and other public health risks.

The assessment revealed that the indirect health effect of drought will be manifested in the form of increased heat-related and respiratory illnesses, especially pneumonia among the children and women of childbearing age through disruptions of agriculture and water systems and poor air quality.

Box 2 | Anticipated public health risks associated with drought

- Nutrition-related effects: increased acute malnutrition, exacerbated chronic malnutrition, micronutrient deficiencies.
- Interaction of malnutrition with other diseases, with increased severity and complications of any disease, including chronic diseases, when overall malnutrition rates increase.
- Increased nutrition-related morbidity associated with pregnancy and newborns, including low birth weight and anaemia among pregnant women.
- Environmental effects, particularly water scarcity linked with poor water, sanitation and hygiene conditions and leading to increased incidence of pneumonia and other communicable diseases (waterborne disease, vector-borne disease, airborne and dust-related disease).
- Decreased and/or delayed access to health services due to reduced ability to pay following the loss of livelihoods.
- Mental health effects, particularly in displaced people impacted by the drought.

As access to safe water and sanitation will be severely compromised, the anticipated risk of diseases in the drought-affected areas will include waterborne diseases and nutrition-related effects, mental health effects (including distress and other emotional consequences).

Data reported from the 639 health facilities using EWARN shows the average number of cases for each of the epidemic-prone diseases, numbers of alerts reported and investigated as well as the total number of outpatient consultations since 2017 (Table 1), the year in which the last severe drought was reported in Somalia. Using attack rates for populations at risk in drought-affected districts against the five-year average number of cases, the projected number of new cases of main epidemic-prone diseases expected in 2022 are also indicated in Table 1.

Table 1. Projected number of cases of epidemic-prone diseases in drought-affected districts based on historical trends and expected number of cases which can be targeted/averted through early action

Epidemic-prone diseases and other health services indicators	Average number of cases reported in the past five years in drought-affected districts (2017–2021), through the EWARN	Expected number of cases in 2022 if early actions are not taken (calculated using attack rates for each disease) and other vulnerability assessments	Projected number of cases which can be targeted/averted through early action	Comments
Cholera/acute watery diarrhoea	20 212	10 133	8106	80% of cholera cases to be targeted for early action, case fatality rate to remain <1%
Measles	7262	25 000	20 000	80% of expected measles cases to be prevented
Malaria	17 464	8480	6784	80% of malaria cases projected can be targeted for early action and cured
Severe acute malnutrition (SAM) with complications	14 783	10 000	8464	Over 75% of SAM cases can be treated by early action
Acute diarrhoea	160 564	80 491	64 393	80% of cases can be treated and cured by early action
Outpatient consultations for communicable and noncommunicable diseases	-	2 155 602	1 724 482	80% of drought-affected populations will make at least one visit to a health facility
Number of alerts reported through EWARN and community based surveillance	2527	3000	1516	60% of alerts reported are projected to be investigated
Number of alerts investigated within 48 hours of notification	760	1516	1200	80% of alerts reported projected to be investigated

Benchmarking on the data collected in EWARN between 2017–2021, in which an average of 300 alerts of epidemic-prone diseases were reported, of which 760 (30%) were investigated and validated by rapid response teams, a total of 3000 alerts are projected to be reported in 2022 by health workers in sentinel sites through the EWARN mobile application, of which 1516 (60%) are expected to be investigated by district-based rapid response teams within 48 hours of notification. Overall, 1 724 482 (80%) of the total target population is expected to seek and receive life-saving interventions from the 174 health facilities in drought-affected districts.

WHO expects that, 80% cases of epidemic-prone diseases can be averted through the provision of targeted and early health interventions, either by trained health workers in health facilities or by community health workers in 74 target districts. This amounts to 8106 cases of cholera, 20 000 cases of measles, 6784 cases of malaria, 64 393 cases of acute diarrhoea and 8464 cases of SAM with complications averted.

4

The cost of inaction

The situation of extreme drought in Somalia since mid-2021 has compounded the humanitarian situation in the country leaving millions of people in need of humanitarian assistance. As of April 2022, parts of the country are facing the risk of localized famine, with about 6.1 million people, including 759 400 internally displaced, experiencing extreme food shortages due to drought, hunger and loss of livelihood.

Three decades of armed conflict and insecurity, coupled with shocks such as floods, locust infestation and food insecurity, have eroded the resilience and coping capacities of affected communities, causing widespread destitution and staggering needs. Somalia's weak and fragile health systems are on the verge of breaking as they have been responding to these health and humanitarian needs of the vulnerable and drought-affected populations.

The weak and dilapidated health system of the country is yet to recover fully from the adverse impacts of the COVID-19 pandemic and most of the essential health services especially critical life-saving interventions and primary health care

In the case that no early action is taken, the human cost of inaction could be alarmingly and devastatingly high. What is needed is early action to protect health and save lives and prevent diseases and human suffering. Without immediate and flexible funding, WHO will be unable to mitigate and address the alarming health situation associated with the public health risk of drought and save lives. An avoidable public health crisis on the top of the ongoing COVID-19 pandemic in the country will lead to a catastrophic health emergency.

services continue to be disrupted. At a time when the country's health system remains overwhelmed and stretched because of pressure sustained during the COVID-19 pandemic and other persistent health systems challenges such as limited access to care, poor service quality and suboptimal service coverage, the drought situation has further exacerbated the health system's coping capacity to respond.

Based on the public health vulnerability assessment and risk assessment conducted by WHO on the short and long-term impact of drought, mortality from disease outbreaks and other preventable causes – such as measles, pneumonia, respiratory infections, cholera and diarrhoeal diseases – are expected to rise in excess numbers. Care for severely malnourished children with medical complications will be limited, further contributing to one of the world's highest child mortality rates.

If the essential health services and other primary level care services are not supported, it is anticipated that as a result of displacement caused by the drought, and the disruptions in services suffered due to the COVID-19 pandemic, access to essential health care for the vulnerable needing care and treatment for preventable ailments will be further limited and dilapidated resulting in the occurrence of avoidable disease outbreaks due to failure in early diagnosis, detection and treatment.

In the event there will be insufficient resources for early warning, disease surveillance, case investigation and essential care, the country may see a number of disease outbreaks unfolding with high number of cases and deaths and widely spreading inside the country with the potential for international spread.

WHO's initial response to the ongoing drought

In response to the current drought, WHO scaled up its emergency response operations in drought-affected areas through the implementation of the following interventions since the end of 2021 (Table 2).

Table 2. WHO's response activities in the drought-affected districts, November 2021 to April 2022

Pillar	Outputs
Coordination and leadership	• Seven state emergency teams and 20 district teams supported to convene monthly coordination meetings with partners to plan and monitor the implementation of response activities in drought-affected districts • Monthly subnational health cluster partners meetings conducted by WHO state public health officers to coordinate health response activities • Joint supportive supervision and monitoring visits with state-based ministries of health conducted in drought-affected districts • Capacity of 493 frontline health workers improved in case detection, reporting, integrated case management of epidemic-prone diseases, infection prevention and control and the management of severe acute malnutrition with complications cases
Disease surveillance and response	• A total of 2527 alerts of epidemic-prone diseases reported through EWARN, of which 380 investigated by district rapid response teams (RRTs) and 127 found to be true alerts • 213 district-based RRTs and 36 region-based RRTs deployed to investigate alerts reported from drought-affected communities • 1989 community health workers (CHWs) deployed in 71 districts, 1 570 767 households visited and 6 507 848 people reached with preventive messages on COVID-19 and other epidemic-prone diseases
Laboratory services	• Capacity assessment for 18 regional hospital laboratories in five states and three public health reference laboratories conducted; equipment and reagents procured and distributed, and 33 laboratory technicians trained • 165 samples of measles and 424 samples of diarrhoea collected and analysed in the national public health laboratories in Mogadishu, Garowe and Kismayo
Essential medical supplies	• Emergency medical and laboratory supplies prepositioned: 25 Inter-agency Emergency Health Kits (IEHK) comprising of 250 basic and 190 supplementary modules; 24 cholera kits able to manage 2400 cases of diarrhoea; 380 boxes of malaria rapid diagnostic test kits to test 9500 samples and 52 SAM kits able to treat 16 640 children with SAM distributed to the states • Additional SAM kits being distributed to drought-affected districts to support the treatment of children with severed acute malnutrition with complications

Table 2. WHO's response activities in the drought-affected districts, November 2021 to April 2022

Pillar	Outputs
Nutrition	• 7942 cases of SAM in 36 stabilization facilities treated, of which 6121 (77.7%) cured and 171 (2.2%) led to death
Primary health care services	• 4 793 448 people treated as outpatient cases in 504 health facilities in drought-affected districts between November 2021 and April 2022. The highest causes of morbidity were severe acute respiratory infection (35%), acute watery diarrhoea (42%) and malaria (10%)
Risk communication	• 1 795 237 households visited and 7 503 030 people reached with preventive messages on COVID-19 and other epidemic-prone diseases
Information products	• Bi-weekly epidemiological reports and WHO Health Emergencies Programme monthly reports published and shared with partners and used to inform public health decisions • Dashboard for monitoring trends of waterborne diseases in drought-affected districts developed

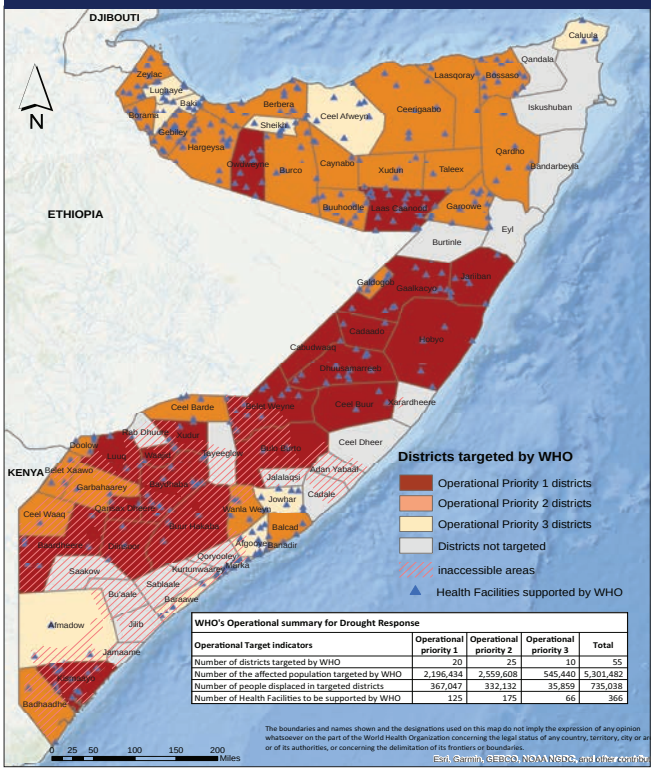
Although these response activities have provided life-saving support to drought-affected populations over the past months, additional support is urgently required in light of the projected risks to supplement ongoing response activities and restore and strengthen the implementation of routine health services during and in the aftermath of drought.

Objectives of WHO's drought response plan

The effects of droughts cannot be considered in isolation from other interacting phenomena. In Somalia, there are significant levels of poverty, food insecurity (caused not just by drought but by fluctuating food prices and decreased access to food), underlying high rates of chronic malnutrition and disease, and high death rates in children under five years, high rates of vulnerability and marginalization, conflict, mass migration, and non-sustainable use of land and water with accompanying desertification. Therefore, it is anticipated that the underlying risk factors can lead to increased mortality and morbidity if life-saving interventions are not scaled up immediately.

Newborns, children, pregnant and breastfeeding women, older persons, people with disability and and people with chronic diseases will be more vulnerable to diseases and death.

Fig. 3. Map showing operational districts and health facilities within these districts targeted by WHO for drought response



The specific objectives of this emergency health response plan are to:

- ensure effective area-based coordination and leadership in the health sector for mitigating drought-associated health risks in the affected communities;
- provide integrated health and nutrition services for vulnerable groups (women and children) through community based interventions within a primary health care system approach;
- strengthen real-time detection, investigation, confirmation and rapid response to disease outbreaks through enhancing disease early warning systems;
- scale up the implementation of routine and pre-emptive vaccination campaigns for measles and other vaccine-preventable diseases in drought-affected districts; and
- support the recovery and rehabilitation of essential health services in the aftermath of drought using a PHC-led approach (Fig. 3).

The overall goal of WHO's drought response plan is to provide emergency health care to the drought-affected populations within an integrated health services delivery approach with a view to preventing excess deaths and morbidities from avoidable causes.

- Drought, and the resulting famine, can lead to both short and longer term health consequences. It is important to prepare for such hazards, and also respond adequately keeping in mind the immediate and consequential health issues that may arise due to famine.
- While the WHO's drought response plan calls for early action, the following measures are planned in support of WHO's objectives to reduce excess deaths from preventable causes:
  - Strengthen surveillance systems, including for early detection of, and response to, disease and integrate nutritional surveillance.
  - Integrate nutrition programmes horizontally into health service delivery, including training of health workers and surge capacity for community- and facility-based management of acute malnutrition with medical complications.
  - Ensure adequate coverage levels for measles and polio vaccination, including vitamin A and deworming, through campaigns and/or strengthening of routine immunization programmes.
  - Ensure delivery of essential package of health services with nutrition and mental health and psychosocial support integrated throughout, including programmes for integrated management of childhood illness and reproductive health, with adequate financial protection at least for children under 5 years and for pregnant and breastfeeding mothers.
- In addition, WHO's drought response plan aims to strengthen essential public health functions at the district level with the a development focus. These functions will be embedded in the response plan such as training of frontline health workers on early detection of health threats, field investigation, laboratory detection, tec.

Emergency health interventions for drought response, April-December 2022

WHO's emergency health response activities will be scaled up in drought-affected areas through the implementation of integrated health and nutrition services at the community level, the provision of both emergency and essential health care services at the primary health centre/MCH clinics, and enhancing disease surveillance activities to ensure optimal coverage of an estimated 2.1 million out of the 6.1 million people currently affected by drought in 74 districts.

By focusing on mitigating the health risks of high-burden and epidemic-prone diseases, WHO intends to implement a set of low-cost but high-impact life saving public health interventions.

WHO's immediate priority over the next 10 to 11 months will be to prevent avoidable morbidity and mortality linked to epidemic-prone diseases caused by limited access to safe water, food and proper sanitation and hygiene as well as other negative impacts of drought.

Priority health interventions for the drought-affected areas:

- Prevent and control of communicable diseases, including early diagnosis and appropriate case management.
- Organize health promotion and mass prevention campaigns based on risk analysis that includes health hazards related to poor water and sanitation (e.g. measles vaccinations, cholera vaccinations, vitamin A distribution, deworming, distribution of bednets, vector control).
- Scale up of integrated management of childhood illness to increase access to basic care for early treatment of diarrhoea, acute respiratory infections and malaria, and to mitigate childhood diseases as risk factors for malnutrition.
- Support medical care of patients with acute malnutrition, including management of children affected by severe acute malnutrition with medical complications, including support to selected referral hospitals where stabilization centres are needed and to psychosocial stimulation programmes.
- Address nutritional needs and related increased health risks for pregnant and lactating women as an integrated part of antenatal care programmes.
- Address nutritional needs and related increased health risks for older persons and for people with chronic diseases.
- Provide outreach services key nutrition, health and hygiene interventions.
- Strengthen of nutrition surveillance at facility and community levels with initial mid-upper arm circumference (MUAC) screening and anthropometric measurements (weight and height) at health-facility level.

The emergency health interventions proposed in this plan is expected to contribute to preventing epidemics, protecting health and saving livelihoods. These interventions will include the following actions:

(i) Strengthening integrated health and nutrition services using a primary health care approach

The integrated health and nutrition services will be delivered through all the primary health care (PHC)/ mother and child health (MCH) centres of the 74 drought-affected districts targeted for this drought response plan. While the essential health services at the PHC/MCH centres will be strengthened through provision of adequate supplies, medicines and equipment, community-based interventions will also be delivered through the community health workers (CHWs) who will provide a continuum of integrated primary health care for mother and children at the household level, particularly in hard-to-reach areas. Immunization outreach sessions as an extension of PHC-based services will also be delivered for pregnant women and children below 2 years. The CHWs will also work with other frontline health workers for establishing community-based disease monitoring and tracking system through the use of digital data system enabling WHO to monitor public health threats in real-time.

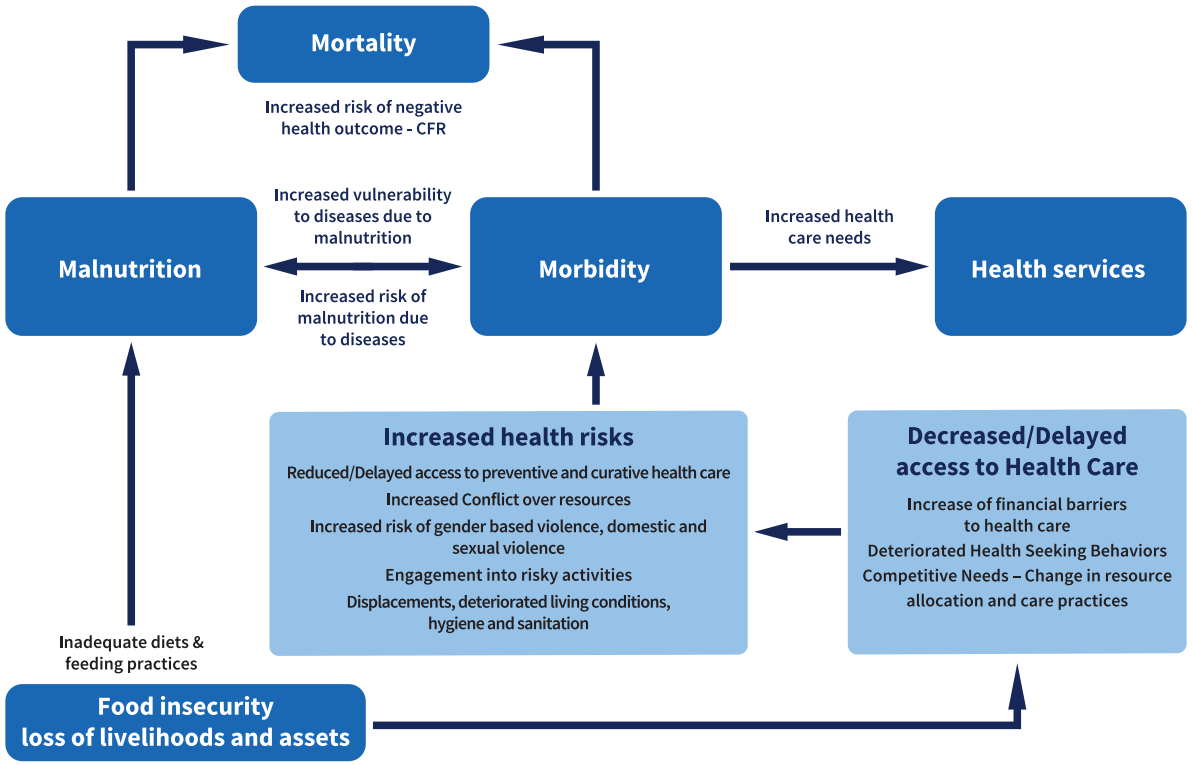
(ii) Implementing preventive mass immunization campaigns for vaccine preventable diseases

These interventions will include preventive oral cholera vaccination campaigns and supplementary measles vaccination campaign in the vulnerable and high-risk pockets.

(iii) Enhancing the early warning system for disease outbreaks

As part of WHO's core responsibilities to prevent, detect and timely respond to epidemics and diseases with outbreak potentials, EWARN will be strengthened to support the timely detection of epidemic signals, prompt verification, investigation and response through deployment of integrated public health teams at the district levels.

Fig. 4. Impact of food insecurity on health risks and needs



Expected impact on health and survival

Without WHO's life-saving interventions, millions of Somalis will be at risk of suffering from potential disease outbreaks and a severe deterioration in nutritional status because of, among other things, limited health services coverage, serious water and food shortages, and a lack of vaccination.

Currently, WHO Somalia is closely monitoring the health consequences of the drought through EWARN. The data the network collects indicate a progressive increase in communicable diseases and malnutrition. WHO expects that over the next ten months, intensive and urgent life-saving interventions will be required to treat:

- an additional 80 000 to 100 000 cases of acute diarrhoeal diseases;
- an additional 10 000 to 12 000 cholera cases;
- an additional 20 000 to 30 000 measles cases;
- an additional 50 000 to 75 000 cases of acute jaundice syndrome;
- an additional 10 000 to 20 000 cases of children with severe acute malnutrition with medical complications.

Box 3 | Expected result from early action

The vulnerability and public health risk assessment of WHO indicates that over the next 10 months:

- 80% of the 10 000 to 12 000 expected/ projected cases of cholera can be treated and/ or averted;
- 80% of the 25 000 to 30 000 expected/ projected cases of measles can be prevented/ averted;
- 80% of 10 000 to 12 000 expected/projected cases of malaria can be treated or prevented;
- 75% of 10 000 to 20 000 cases of severe acute malnutrition with medical complications can be treated and cured;
- 80% of 80 000 to 100 000 cases of acute diarrhoeal disease, projected, can be treated and/or prevented;
- 80% of 12 000 to 15 000 clinically diagnosed pneumonia, projected, can be treated and cured.

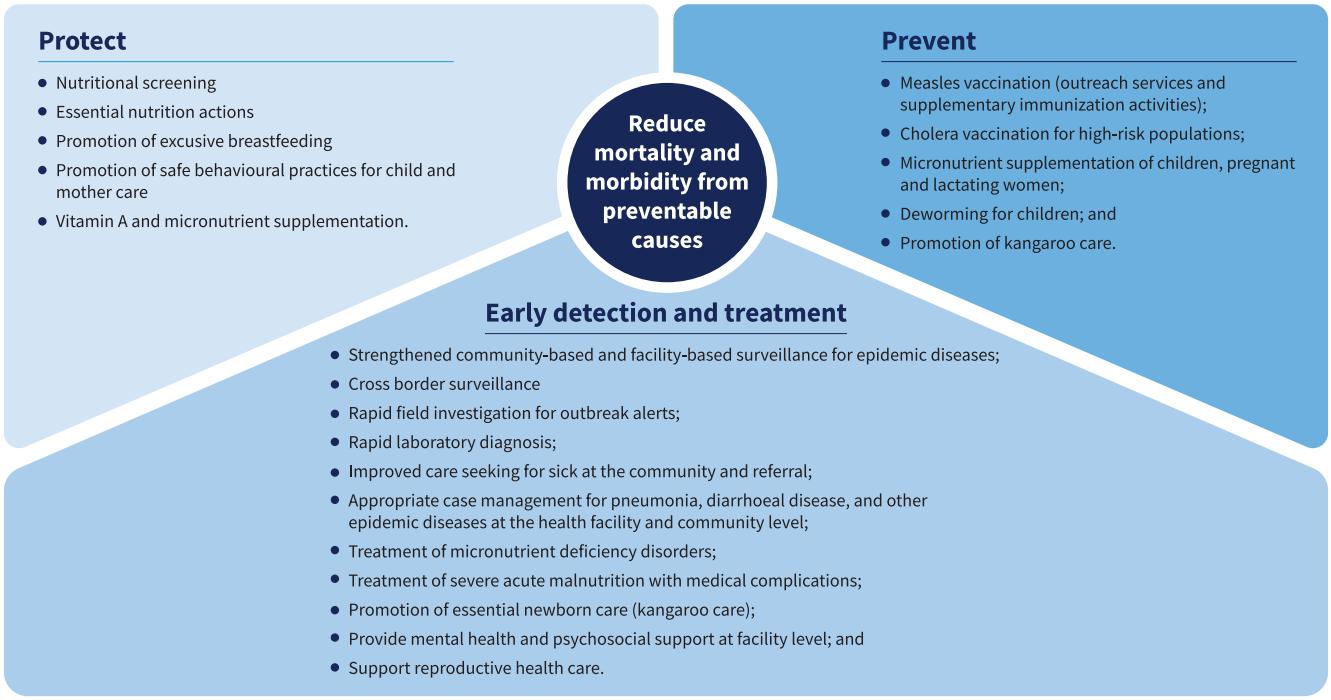
An immediate response from donors and partners is required in order to prevent avoidable illness and death through, among other actions, integrated life-saving health interventions, and nutrition and water, sanitation and hygiene (WASH) measures while bearing in mind that the health care system in Somalia is very weak and greatly dependent on external support. In addition, WHO expects that close to 4.7 million beneficiaries will be served with essential health and nutrition services through early action.

Response strategy and intervention framework for early action

WHO's drought response plan is informed by best practices and lessons learned, particularly from the 2016/2017 drought response and WHO's early action for COVID-19 response operations in Somalia in the areas of surveillance, rapid field investigation, community-based interventions, risk communication, early detection of cases and prompt diagnosis. The framework of action of WHO's drought response plan (Fig. 5) will have three major components – (i) protection for health and nutrition of vulnerable populations; (ii) prevention of epidemics and diseases; and (iii) early detection and early treatment to save lives and to keep the morbidity and mortality count as low as plausible. Each of the components will be delivered at the community and health facility level within the overarching principles of integrated and continuum of care for drought-affected populations.

The main focus of the plan will be early action with a no-regrets policy for protecting health, preventing epidemics and early detection/treatment of diseases with epidemic potential through supporting a set of integrated health and nutrition services and related life-saving interventions both at the community and health facility level.

Fig. 5. Framework of action for reducing mortality and morbidity from preventable causes



The end-result and impact of WHO's interventions will be to prevent epidemics, save lives, and protect the health and nutrition of vulnerable populations.

Building on the lessons learned, the primary focus will be on providing urgent life-saving health and nutrition services in the hotspot locations using the existing primary health care (PHC)/maternal and child health (MCH) centres and through the deployment of community health workers who would frontload the scale up of delivery of preventive and protective health and nutrition services to the most vulnerable people and most in need. The services will be integrated with WASH (water, sanitation and hygiene), nutrition, food assistance and social protection in all the high-risk locations.

The response operations will be coordinated at the district level through the area-based coordination structure which will be set up and supported by WHO through its wide network of field staff. WHO will support the federal and state level health authorities to improve coordination, communication and data sharing between and within the health authorities as well as with other clusters (health, WASH, nutrition, food security, protection, etc.) and humanitarian partners supporting the drought response activities in the field.

WHO will periodically monitor the quality of its response operations, collect relevant data to assess, in real-time, the effectiveness of its response operations and strengthen disease surveillance, detection and response activities aimed at prevention and limiting the spread of any epidemic or diseases with high transmissibility.

Target beneficiaries

Under this emergency health response plan, WHO will aim to provide emergency health services to 5 301 482 (86%) people affected by drought in 55 of the most negatively affected districts. Of these people, 735 038 (14%) are internally displaced, 2 687 851 (50.7%) are male, 2 613 631 (49.3%) are females, 752 810 (14.2%) are children aged five years and under, and 424 119 (8%) are living with disabilities (see Table 3).

Table 3. Target population* in drought-affected districts to be covered by the WHO's drought response plan

State	Number of districts	Drought affected populations	Sum of IDPs	Male (50.7%)	Female (49.3%)	Children <5 years (14.2%)	Persons living with disabilities (8%)
Benadir	1	820 997	2 06 911	4 16 245	404 752	1 16 582	65 680
Galmudug	4	310 119	124 886	157 230	152 889	44 037	24 810
Hirshabelle	4	403 660	13 137	204 656	199 004	57 320	32 293
Jubaland	9	598 159	1 30 219	303 267	294 892	84 938	47 853
Puntland	8	943 417	121 600	478 312	465 105	133 965	75 473
Somaliland	18	1 159 545	77 763	587 889	571 656	164 655	92 763
Southwest State	11	1 065 585	60 522	540 251	525 334	151 313	85 247
Total	**55**	**5 301 482**	**735 038**	**2 687 851**	**2 613 631**	**752 810**	**424 119**

* Based on estimated population. IDPs: internally displaced persons

Accountability towards drought-affected communities

WHO will organize planning meetings with state-based health authorities and health cluster partners working in targeted districts, including community leaders. All curative and preventive health interventions will be undertaken with the full participation of local communities, NGOs and through participatory engagement of local leaders to ensure inclusivity of marginalized populations including gender and people with disabilities.

WHO's operational capacity and presence

WHO has maintained an operational presence in all states and districts of Somalia for the past three decades and forged strong partnerships with national and state health authorities. WHO has its main office in Mogadishu, with fully staffed sub-offices in Hargeisa, Garowe and Baidoa, as well as state public health emergency officers in all federal Member States and over 350 staff across all 118 operational districts in the country. WHO also leads the health cluster and within this context, coordinates health activities, leads advocacy efforts and supports capacity-building for national and state health authorities.

> The WHO emergency health response to the drought emergency will be guided by the organization's Emergency Response Framework (ERF) and the response operations of WHO country office would be managed by its in-country Incident Management Team, led by an Incident Manager and supported by all critical staff of WHO.

WHO will deploy all its critical staff to support the emergency health response activities and all its field staff will work closely with the federal and state level health authorities, local nongovernmental organizations, other UN agencies and other clusters on the ground.

WHO's emergency health response activities for drought will be guided by the organization's Emergency Response Framework (https://www.who.int/publications/i/item/9789241512299) which provides WHO staff with essential guidance on assessment, grading and response to public health events and emergencies with health consequences in support of Member States and affected communities. The response operations of WHO would be managed by its in-country Incident Management Team which will be responsible for managing and implementing the WHO response to the drought emergency.

Foreseen results for evidence-building

WHO will work in close collaboration with federal and state ministries of health, as well as with the health, WASH and nutrition clusters in mitigating the negative consequences of drought among vulnerable communities while implementing the drought response plan. WHO will also build on the lessons learned from its 2016–2017 drought response operations in order to implement activities which will have the highest impact on health and survival of the vulnerable populations.

WHO will also deploy and conduct a modelling study and use the LiST (Lives Saved Tool) to determine how many lives have potentially been saved and excess deaths prevented through implementation and scaling up of interventions proposed in this plan. Furthermore, WHO will constantly monitor and evaluate its actions in order to quickly adapt to changing situations on the ground and ensure the possibility of a thorough lessons learned exercise and after action review once the drought is over.

WHO's drought response plan will ensure that data are collected to showcase and demonstrate how low-cost but high impact life-saving interventions are saving preventable deaths by using community based interventions and PHC-led recovery.

Partnerships and linkages to broader objectives

The objectives and activities of this plan are aligned with Somalia's national health policies and strategies as well as WHO's guiding documents which will aim at protecting health, keeping the country safe and serve the vulnerable. These documents include: Universal Health Coverage roadmap for Somalia Essential Package of Health Services (EPHS 2020) of Somalia, the Sustainable Development Goals (SDGs), in particular SDG 3 (good health and well-being) and 10 (reduced inequalities) which collectively aim at improving health outcomes among vulnerable communities; WHO's Thirteenth General Programme of Work (GPW 13); WHO's Country Cooperation Strategy (2021–2025) and the 2022 Humanitarian Response Plan (HRP).

Visibility

Proper visibility will be given to activities, donors and partners in line with WHO' visibility guidelines and agreed upon donor communication and visibility plans. Usual visibility activities include disseminating information through WHO's social media account, developing web stories or human-interest stories for posting on WHO's website, developing and disseminating information products and ensuring donors' and partners' logos are effectively displayed on all relevant material (training materials, supplies, banners, posters, etc.)

Budget for drought response activities of WHO in Somalia (April–December 2022)

WHO is requesting US$ 35.01 million to provide a life-saving emergency response in the drought-affected districts of Somalia.

Funds requested here will be used to scale up current emergency response activities funded by CERF (Central Emergency Response Fund) so that these activities are fully implemented and cover all drought-affected districts. These funds will maximize the life-saving emergency response for internally displaced people and vulnerable host populations living in affected districts (Table 4).

Emergency health response plan for drought in Somalia

- Total budget requested : US$ 35 011 470
- Area-based coordination: US$ 735 000 (2.09%)
- Early warning disease surveillance: US$ 3 580 000 (10.22%)
- Preventive vaccination campaign: US$ 6 500 000 (18.55%)
- Access to integrated health and nutrition services at community: US$ 9 530 000 (27.21%)
- Essential health and nutrition services at PHC/ MCH centres : US$ 10 156 000 (29%)
- Effective community engagement and risk communication: US$ 1 495 000 (4.27%)
- Information collection, dissemination and data analytics: US$ 725 000 (2.07%)
- Time period: April to December 2022
- Districts covered: 74
- Number of beneficiaries targeted: 2.1 million

Table 4. Budget for emergency drought response activities (April-December 2022)

Expected outcome	Number	Planned activities	Budget estimates (US$)
1. Effective area-based coordination and leadership implemented in drought-affected districts and states	1.1	Support 55 districts to convene bi-weekly/weekly health planning and coordination meetings of all partners for drought response under the supervision of the district medical officer to review operations, identify critical service and resource gaps, ensure alignment, and support integrated health and nutrition services	150 000
	1.2	Conduct joint visits to drought-affected districts by the district medical officer along with other health partners to ensure alignment, integrated delivery of health and nutrition services at community and facility-level and assess effectiveness	150 000
	1.3	Support state-level public health emergency operations centres for coordinating drought response activities between all cluster representatives of state in support of the district health teams	170 000
	1.4	Support supervisory visits of the state-level health officials to the drought-affected districts for periodic review of ongoing response activities, monitor quality of care and measure performance	100 000
	1.5	Conduct risk analysis and periodic reviews of ongoing response operations	165 000
Subtotal 1			**735 000**
2. Early warning surveillance system for timely detection and response to epidemic alerts strengthened at all levels (district, region and state)	2.1	Expand the EWARN in drought-affected districts covering all fixed, mobile and outreach centres	500 000
	2.2	Capacitate frontline health workers to report alerts of epidemic-prone diseases using the EWARN mobile application	150 000
	2.3	Deploy 74 district-based integrated public health teams to investigate and respond to epidemic alerts and diseases of epidemic potentials	1 500 000
	2.4	Integrate community based nutrition surveillance with EWARN for integrated reporting	330 000
	2.5	Strengthen water quality surveillance activities in drought-affected districts	250 000
	2.6	Support field investigation for outbreak detection and response	600 000

Table 4. Budget for emergency drought response activities (April-December 2022)

Expected outcome	Number	Planned activities	Budget estimates (USD)
2. Early warning surveillance system for timely detection and response to epidemic alerts strengthened at all levels (district, region and state)	2.7	Collect, analyse and disseminate epidemiological and drought-related information for public health action at all levels (district, region and state)	250 000
Subtotal 2			**3 580 000**
3. Preventive campaign conducted against the vaccine-preventable diseases	3.1	Implement preventive oral cholera vaccination campaign in five drought-affected districts	2 000 000
	3.2	Implement measles supplementary vaccination campaign	4 500 000
Subtotal 3			**6 500 000**
4. Access to integrated set of essential health and nutrition services improved at the community level	4.1	Deploy trained CHWs (>2000) to initiate the provision of integrated care and management of home-based treatment of childhood illnesses (pneumonia and diarrhoeal illness), nutritional screening, appropriate referral of sick children and behaviour change communication activities	3 000 000
	4.2	Conduct outreach centres/services to organize accelerated routine immunization services to ensure adequate vaccination coverage for measles and polio vaccines	6 000 000
	4.3	Prevent and treat micronutrient deficiency disorders in children, pregnant and lactating mothers through provision of multiple micronutrient supplementation, iron, folic acid and vitamin A in the assigned areas	530 000
Subtotal 4			**9 530 000**

Table 4. Budget for emergency drought response activities (April-December 2022)

Expected outcome	Number	Planned activities	Budget estimates (USD)
5. Essential health and nutrition services at the PHC/MCH clinics/ centres supported and improved through provision of adequate medical and other health supplies	5.1	Organize triage centres at the PHC/MCH clinic for pneumonia, acute diarrhoeal diseases and other disease conditions with potential emergent manifestation	475 000
	5.2	Scale up the integrated management of childhood illness to increase access to basic care for early treatment of diarrhoeal disease, acute respiratory infections and malaria (including setting up of oral rehydration therapy corners)	1 375 000
	5.3	Scale up the provision of integrated mental health and psychosocial support services in primary health care facilities in drought-affected districts	1 375 000
	5.4	Support the stabilization centres, including though the management of children affected by severe acute malnutrition with medical complications	650 000
	5.5	Procure interagency emergency health kits	2 300 000
	5.6	Procure nutrition kits for the management of severe cases of malnutrition with medical complications	250 000
	5.7	Procure nutrition supplements (vit A, iron supplements)	1 750 000
	5.8	Procure 50 central cholera kits and 100 community cholera kits	571 000
	5.9	Procure 500 oximeters and 200 oxygen concentrators	540 000
	5.10	Procure 20 trauma A and B kits	370 000
	5.11	Procure laboratory reagents for the testing of vaccine preventable diseases and diarrhoea diseases	500 000
Subtotal 5			**10 156 000**

Table 4. Budget for emergency drought response activities (April-December 2022)

Expected outcome	Number	Planned activities	Budget estimates (USD)
6. Effective community engagement and risk communication activities for prevention of epidemics scaled up	6.1	Prepare and disseminate standardized health communication messages	245 000
	6.2	Conduct community engagement sessions to sensitize communities with key messages for disease prevention	450 000
	6.3	Deploy health communicators/social mobilizers (CHWs) to conduct household visits to provide key messages for disease prevention	800 000
Subtotal 6			**1 495 000**
7. Information collection, data sharing, including innovation and data analytics improved for measuring impact	7.1	Produce weekly epidemiological reports (Epi-watch) and other information products	25 000
	7.2	Develop a dashboard and mobile app for collecting community based interventions data for trend analysis and progress monitoring	100 000
	7.3	Conduct predictive analysis of the epidemiological situation using epidemiological modelling for impact assessment	250 000
	7.4	Conduct and support priority research and other knowledge management activities for documenting organizational learning	350 000
Subtotal 7			**725 000**
Total 1–7			**32 721 000**
PSC (7%)			**2 290 470**
Grand total			**35 011 470**

Monitoring and evaluation framework

WHO will monitor the implementation of drought response activities using indicators described in Table 5.

Table 5. Drought monitoring and evaluation matrix

Indicator	Baseline	Target	Source of information	Frequency
Number of outpatient consultations recorded in health facilities	2 155 602	1 724 482	Epi-watch reports	Weekly
Proportion of cholera deaths averted	99.2%	100	Cholera online portal	Weekly
Proportion of districts with deployed CHWs to implement community based surveillance and community sensitization	71	66	Community surveillance reports	Weekly
Proportion of target population reached with key preventive messages for the prevention of epidemic-prone diseases	2 million	3.2 million	Community surveillance reports	Weekly
Proportion of health facilities submitting weekly epidemiological reports on time (by Monday of following week)	127 (20%)	174 (100%)	EWARN	Weekly
Proportion of health facilities in drought-affected districts submitting reports at the end of the reporting week	192 (30%)	174 (100%)	EWARN	Weekly
Proportion of alerts investigated by RRTs within 48 hours of reporting	750 (30%)	1574 (60%)	Open Data Kit (ODK)	Bi-weekly
Proportion of severe cases of malnutrition with complication treated and cured	13 863 (30%)	14 783 (82%)	Monthly nutrition data	Monthly
Proportion of expectant mothers who received information about early child and infant feeding options	No data	24 000	Surveillance reports	Monthly
Proportion of children with malnutrition screened in communities and referred to stabilization facilities	No data	8464	Surveillance reports	Monthly
Number of children under five years with severe illness treated by CHWs in the community	No data	350 000	Community surveillance reports	Weekly

Table 5. Drought monitoring and evaluation matrix

Indicator	Baseline	Target	Source of information	Frequency
Proportion of children under five years receiving first does of measles-containing vaccines	60%	95%	Epidemiological reports	Weekly
Proportion of children receiving Penta 3 vaccines	60%	95%	Epidemiological reports	Weekly
Proportion of children under five years receiving vitamin A supplementation	60%	95%	Epidemiological reports	Weekly

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