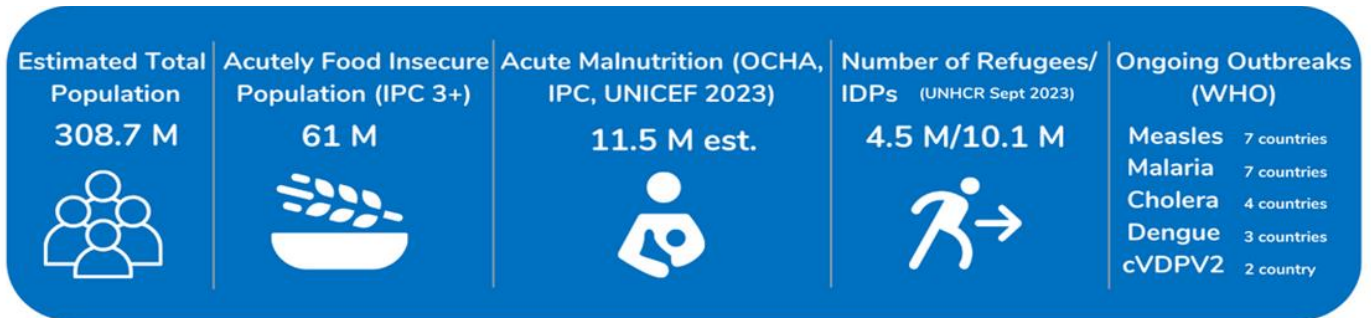




SITUATION REPORT: 01 July - 31 August 2023

Greater Horn of Africa Food Insecurity and Health Grade 3 Emergency



Key Highlights



- Countries in the Greater Horn of Africa (GHOA) continue to face extreme weather events including drought and flooding; the impacts of these events are likely to be exacerbated by the onset of El Niño.
- Over **61 million** people in IPC3+ are in a state of crisis and above characterized by elevated levels of acute food insecurity; 12.4 million people are in IPC phase 4 and over 83 thousand in IPC phase 5 (South Sudan and Somalia).
- In **Sudan**, due to the ongoing crisis, it is estimated that **20.3 million** people (42% of country's population) are experiencing high

levels of acute food insecurity with 6.3 million of them in emergency conditions by September 2023. This represents a greater than 100% increase in the population experiencing emergency conditions.

- Over **14.9 million** people have been displaced due to conflict, drought, and flooding. Of these people, 10.1 million are internally displaced, while 4.5 million are refugees and asylum seekers (as of 31 August 2023). Three million have been displaced due to drought alone in the Horn of Africa.
- Admission trends for severe acute malnutrition continue to increase in many GHOA countries. Notably, between January and August of this year, there were over 146,000 more admissions (53% increase) in Somalia and over 31,000 more admissions (48% increase) in Kenya, 17,648 more admissions (9.3%) in South Sudan and 466 more admissions (14% increase) in Djibouti, compared to the same time period in 2022.
- The region is battling with multiple outbreaks of diseases including **cholera** in four countries, **measles and malaria** in all the seven countries and **dengue fever** in Ethiopia and Djibouti, with most cases reported from drought-affected areas. **A new cholera outbreak affecting two districts in Uganda was reported in July 2023.**
- The onset of El-Niño was confirmed by World Meteorological Organization in July 2023 and all the countries in the region are expected to face its health impact, either through below or above average rains in the last quarter of 2023.
- WHO continues to provide the necessary support on leadership and coordination, surveillance and health information, outbreak prevention and control, essential nutrition actions and health services to all 7 countries in the GHOA region (Djibouti, Kenya, Ethiopia, Somalia, Sudan, South Sudan, Uganda).

1. Situation Overview

1.1 Food Insecurity and Malnutrition

Table 1. Projected Food Insecurity in GHOA countries, August 2023 (IPC, WFP, OCHA)

IPC ANALYSIS (Projection period)	Assessed Population	Crisis (IPC Phase 3)	Emergency (IPC Phase 4)	Catastrophe (IPC Phase 5)	IPC Phase 3+	IPC3+ as % of assessed Pop
DJIBOUTI (Jul - Dec 2023)	1,181,675	185,312	100,102	0	285,414	24%
KENYA / Asal Counties (Mar – Jun 2023)	16,618,409	4,213,529	1,224,686	0	5,438,215	33%
SOMALIA (Apr-Jun 2023)	16,955,266	4,688,500	1,854,380	40,350	6,583,230	39%
SOUTH SUDAN (Apr 23 – Jul 2023)	12,374,205	4,822,000	2,899,000	43,000	7,764,000	63%
SUDAN (Jul – Sep 2023)	48,579,711	14,037,556	6,255,796	0	20,293,352	42%
UGANDA/ Karamoja (Apr 23 – Aug 2023)	1,285,000	480,270	101,705	0	581,975	45%
Sub-Total		28,427,167	12,435,669	83,350	40,946,186	
OTHER FOOD SECURITY ESTIMATES						
ETHIOPIA 2023	123,000,000	People in need of food assistance (Source: HRP 2023)			20,100,000	16%
Total food insecure population in need of assistance IGAD Caseload					61,046,186	

- Countries in the region have continued to face extreme weather events resulting in drought and flooding.

- After five consecutive seasons of below normal rains, the Horn of Africa is back to its normal rainfall pattern, however one rainy season might not be enough to bring significant improvement on the food insecurity situation.

- Climatic shocks and hazards, displacement, macro-economic challenges and conflict continued to be the drivers of the food insecurity in the region. The conflict in Ethiopia and Sudan has resulted in millions of people to be displaced and increased the humanitarian need.
- Over the coming months, a range of extreme weather events are expected, including droughts, floods, heatwaves, and the impact of El Niño, which could all harm human health and negatively impact food security situation in the region.
- As of 31 August 2023, over 61 million people are facing high levels of food insecurity, with 48.5 million in crisis conditions, 12.4 million in emergency and 83.4 thousand people in parts of South Sudan and Somalia in the catastrophe stage¹.

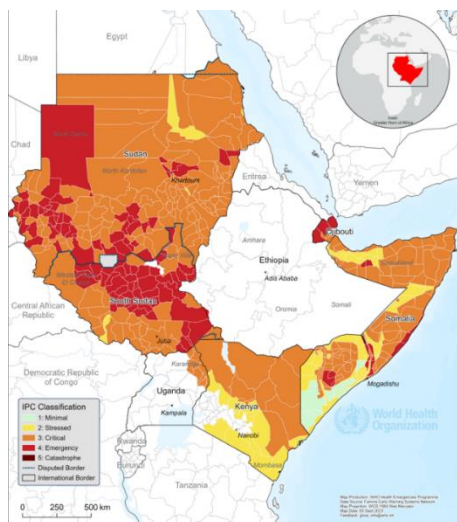


Figure 1. Projected Food Insecurity in GHOA countries, August 2023 (IPC, OCHA)

More than 11.5 million children under the age of five are suffering from acute malnutrition in 2023, out of whom **2.9 million** will require treatment for severe acute malnutrition (SAM). Sudan, Ethiopia, Somalia, South Sudan, and Kenya have the highest estimated SAM numbers².

A record level of SAM admissions were reported in the Horn of Africa countries in the first semester of 2023 compared to the last five years. More than **3 million children under five** received treatment for SAM from January 2022 to August 2023 with highest numbers coming from Ethiopia, Somalia, and South Sudan². In South Sudan, an increased admission trend observed during July and August 2023 indicating a worsening nutrition situation in the country.

¹ IPC Country Analysis | IPC - Integrated Food Security Phase Classification (ipcinfo.org)

² Food Security and Nutrition Working Group (FSNWG) meeting, UNICEF update, August 2023

1.2 Weather Outlook

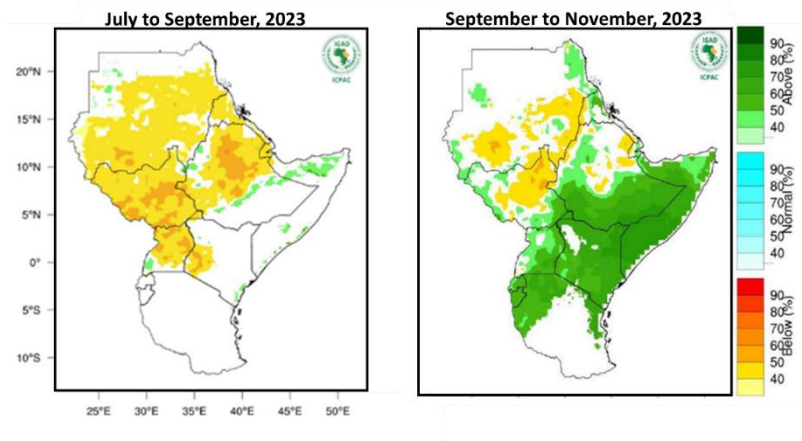


Figure 2. Rainfall Probabilistic Forecast for Jul-Sept and Sept-Nov 2023. (IGAD/ICPAC)

From July to September 2023, wetter than usual conditions are expected over northern and southern coastal parts of Somalia, south-eastern Ethiopia, cross-border areas of Ethiopia-Sudan, South Sudan, and coastal Kenya.

Western Kenya, northern Uganda, much of Sudan and South Sudan, northern Ethiopia and Djibouti are expected to experience **drier than usual** conditions³.

- Warmer than usual temperatures were projected over the whole region between July and September 2023 with highest probabilities over northern Sudan, parts of Ethiopia, Somalia and Kenya. Increased number of heat stroke cases resulting deaths have been reported from Sudan during the reporting period.
- During **September to November 2023**, wetter than usual conditions are expected over much of southern Ethiopia, Somalia, south- eastern South Sudan, Uganda and Kenya. **Drier than usual conditions** are expected over central to eastern South Sudan, southern to eastern Sudan, and isolated parts of central to north-eastern Ethiopia⁴.

1.3. Displacement (Refugees, Returnees, and Internally Displaced Persons)

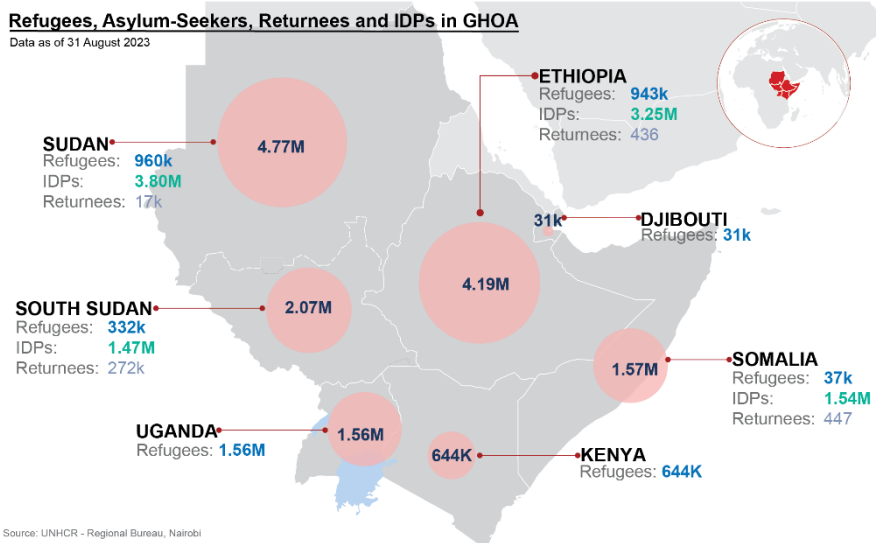


Figure 3. Number of refugees, asylum seekers, returnees, and IDPs in GHoA countries, 31 August 2023. (IOM/UNHCR)

- Due to conflict, drought, and flooding in the region, 14.9 million people have been displaced. Of these people, 10.1 million are internally displaced persons (IDPs), 4.5 million are refugees and asylum seekers, and over **290,000** are returnees⁵.
- 3 million** people have been displaced due to drought in the Horn of Africa (Ethiopia, Kenya, Somalia, Djibouti)⁶.

- The intense fighting in Sudan which erupted on 15 April 2023 resulted in **4.9 million new displacements** including more than **3.8 million IDPs**, and **1.1 million** people crossing into neighbouring countries⁷.

³ Rainfall probabilistic forecast for July – September 2023. [July - September 2023 - ICPAC](#)

⁴ Rainfall probabilistic forecast for September- November 2023. [September - November 2023 - ICPAC](#)

⁵ [Document - Regional Dashboard RB EHAGL: Refugees, returnees and internally displaced persons in the IGAD region as of 31 August 2023 \(unhcr.org\)](#)

⁶ [Horn of Africa Drought: Human Mobility Snapshot \(January - June 2023\)](#)

⁷ [Sudan Weekly Displacement Snapshot \(1\) 26-August-2023](#)

- The deterioration of the nutritional situation has led to an estimated 30 per cent increase in the number of children with acute malnutrition in hotspot areas, a 15 percent increase in IDP hosting states and a 10 percent increase in other localities. The displacement to the neighbouring countries has also increased the humanitarian needed especially in South Sudan and Ethiopia.

1.4. Ongoing Disease Outbreaks

- The region is battling multiple outbreaks of diseases, including cholera, vaccine derived polio virus type 2 (cVDPV2), measles, meningitis, malaria, dengue fever, hepatitis E, leishmaniasis and anthrax.
- Four countries (Ethiopia, Kenya, Somalia, Uganda) are currently responding to cholera outbreaks with highest number of cases from Ethiopia and Somalia.
- Malaria is on the rise in most of the countries in the Horn of Africa due to favourable conditions for vector proliferation and ease spread of the disease. The highest number of malaria cases are being reported from Ethiopia, Uganda, and Kenya.
- All seven countries in the region reported a measles outbreak, with the highest caseload reported from Ethiopia, South Sudan, and Somalia.
- In Sudan, since the start of the crisis in mid-April 2023, new measles outbreaks were reported from Blue Nile and White Nile states, with sporadic cases being reported from Kassala, Red Sea, Gezira and River Nile States.
- In South Sudan, measles outbreaks continue to be reported in several counties. Weeks 31-34 data showed five counties with confirmed outbreaks and eleven counties reporting suspected cases, warranting further investigation and laboratory validation.
- **A new cVDPV2** outbreak was reported from Garissa County, **Kenya** in July 2023. As of 31 August, a total of 6 cases have tested positive for polio in the refugee camps of Garissa County. Further testing of suspect cases is ongoing at the time of this report.

2. Public Health Risks and Concerns

- Ongoing conflicts in the region have continued to affect service delivery at the health facility and community level, exposing vulnerable populations like women and children to increased risks.
- The World Meteorological Organization (WMO) has declared the onset of El Niño, which historically is characterised by wetter than normal short rains in East Africa and drier conditions in Northern parts of the Horn of Africa covering Sudan and Northern Ethiopia⁸. El Niño conditions are predicted to last at least until the end of 2023. Based on previous El Niño seasons, there is a risk of various health impacts, including the following:
 - Vector-borne diseases like malaria, dengue, and rift valley fever, could see increases, especially in epidemic-prone areas, due to changes in rainfall and temperature.
 - Cholera outbreaks could worsen due to shifts in its distribution influenced by El Niño's impact on local climatic factors.
 - Malnutrition cases are likely to increase in the wake of El Niño's onset, not least because food production is vulnerable to dry spells and heavy rainfall.
 - Extreme weather events arising from El Niño could disrupt health services and infrastructure, especially as a result of flooding.
 - Mental health issues, including anxiety and depression, could be exacerbated among displaced populations due to the stress and uncertainty caused by El Niño related challenges.

⁸ [World Meteorological Organization declares onset of El Niño conditions | World Meteorological Organization \(wmo.int\)](https://www.wmo.int/en/press-releases/2023/08/08)

3. Surveillance and Health Information

3.1 Severe Acute Malnutrition (SAM)

- About **11.5 million children under the age of five** are facing acute malnutrition with **2.9 million** of them in severe conditions in 2023^{9,10,11}.
- In Somalia, South Sudan and Kenya, the SAM admissions have been higher in 2023 than in the last three years².
- Between **January and August** of this year, there were over **146,000 more admissions** (53% increase) in **Somalia**, over **31,000 more admissions** (48% increase) in **Kenya**, **466 more admissions** (14% increase) in **Djibouti**, and over **17,000 more admissions** (9% increase) in **South Sudan**, compared to the same period last year. **Uganda (Karamoja)** experienced a slight decrease (2%) in admissions in January to August of 2023 compared to the same period in 2022).
- In Ethiopia, between January and July of this year, there were over **18,000 more admissions** (5% increase) in **Ethiopia** compared to the same period last year.

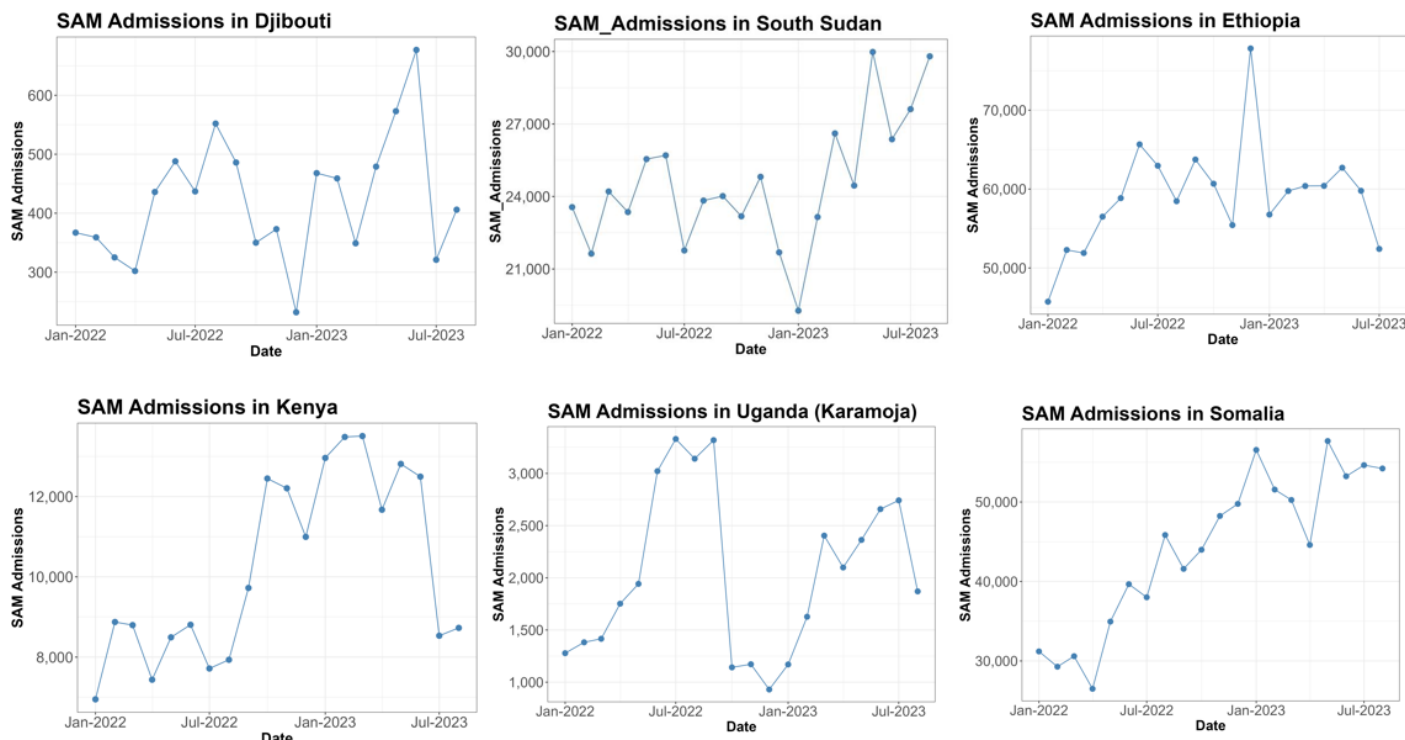


Figure 4: SAM admission trends in GHOA countries, January 2022-August 2023. (UNICEF, WHO)

Kenya

- Nearly 1 million children under five are estimated to be acutely malnourished with 217,000 suffering from SAM in 2023.
- Nearly 207,000 SAM children under five were admitted between January 2022 and August 2023.
- Over 96,000 children with SAM were admitted into nutrition programmes this year (as of August), which is more than a 48% increase in SAM admissions compared to the same period in 2022.
- **Outcome indicators** as of August 2023 (Therapeutic feeding program (TFP)): **89.2% cured, 9.6% defaulter rate and 1.1% death rate.**

Somalia

- 1.8 million children under five are estimated to be acutely malnourished with 478,000 suffering from SAM in 2023.
- Over 882,000 SAM children under five were admitted between January 2022 and August 2023 with nearly 423,000 of them in 2023.
- Almost 109,000 under five children received treatment for SAM between July and August this year.
- The country has recorded the highest SAM admissions in 2023 compared to the last five years.

⁹ [Ethiopia: Humanitarian Response Plan 2023 \(February 2023\)](#)

¹⁰ [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinform.org\)](#)

¹¹ [Sudan: Revised 2023 Humanitarian Response Plan, \(Issued on 17 May 2023\)](#)

- Over 23,000 children (6.3% of total SAM admissions) were admitted into the stabilization programme due to medical complications and other indications between January to July 2023.
- **Outcome indicators** as of August 2023 (TFP): **96.7% cured, 2.0% defaulter rate, 1.3% non-respondent rate, and 0.1% death rate**¹².

Ethiopia

- Approximately 4.2 million children are estimated to be acutely malnourished with 1.2 million of them suffering from SAM in 2023.
- More than 1.1 million SAM children under five were admitted into nutrition programmes between January 2022 and July 2023, and over 412,000 of them in 2023 (as of July).
- More than 52,400 SAM children under five received treatment in July 2023 showing a significant reduction in admissions compared to same month in 2022 (17% decrease).
- **Over 45,000 SAM** children with medical complications were admitted into the **stabilization centres** in 2023, as of July 2023.
- **Outcome indicators** as of July 2023 (TFP): **88.0% cured, 2.4% defaulter rate, 0.9% non-respondent rate, and 0.3% death rate.**

South Sudan

- An estimated 1.4 million children under five are acutely malnourished with 346,000 suffering from SAM in 2023.
- Over 490,540 SAM admissions reported between January 2022 and August 2023 and over 207,000 children under five were admitted to nutrition programmes for SAM management this year (as of August).
- **Outcome indicators** as of June 2023 (TFP): **95.7% cured, 0.4% defaulter rate, 1.4% non-respondent rate, and 1.9% death rate.**

Sudan

- A total of 3 million children under five are estimated to be acutely malnourished in 2023 with 610,000 of them suffering from SAM.
- Over 358,000 SAM admissions were reported between January and December 2022.
- Over 53,000 SAM children with medical complications or other indications were admitted into stabilization centres from January 2022 to August 2023, with over 17,000 admitted in 2023 (as of August).

Uganda

- In the Karamoja region, over 89,000 children under five are estimated to be acutely malnourished with 19,700 suffering from SAM between February 2023 and January 2024.
- Almost 40,800 SAM children were admitted between January 2022 and August 2023, with nearly 17,000 admitted for treatment in 2023 (as of August).
- **Outcome indicators** as of August 2023 (TFP): **68.8% cured, 14.7% defaulter rate, 15.9% non-respondent rate, and 0.5% death rate.**

Djibouti

- A total of 33,324 children under five are estimated to be acutely malnourished in 2023, with 5,562 and 27,762 of them suffering from SAM and MAM respectively.
- Over 8,400 SAM admissions were reported between January 2022 and August 2023, with over 3,732 SAM admissions in 2023 (as of August).
- **Outcome indicators** as of August 2023: **66% cured, 19.8% defaulter rate, 13.3% non-respondent rate, and 0.9% death rate.**

¹² Somalia Nutrition Cluster Dashboard. [Microsoft Power BI](#)

3.1.1 SAM Admission Treatment Outcomes

- There have been variations in treatment success rates between countries for children admitted into the therapeutic feeding programmes from January to August 2023. Figure 5a. below shows treatment outcome indicators for outpatient therapeutic programs (OTP) and stabilization centres (SC) programs combined.
- Cure rates of over 75%, death rates and defaulter rates below 10% and 15 % respectively are considered within the acceptable sphere standards. Somalia, Kenya, Ethiopia, and South Sudan achieved excellent treatment success rates.
- In Djibouti, the defaulter rate as of August 2023 was 19.8% which is higher than the acceptable standard indicating the need for more attention in identifying the underlying reasons coupled with the requirement to design an effective strategy for better outcomes.
- In Uganda and Djibouti, the non-respondent rate (i.e., children who do not respond to treatment) was also elevated, at 15.9% and 13.3% respectively, requiring further investigation.

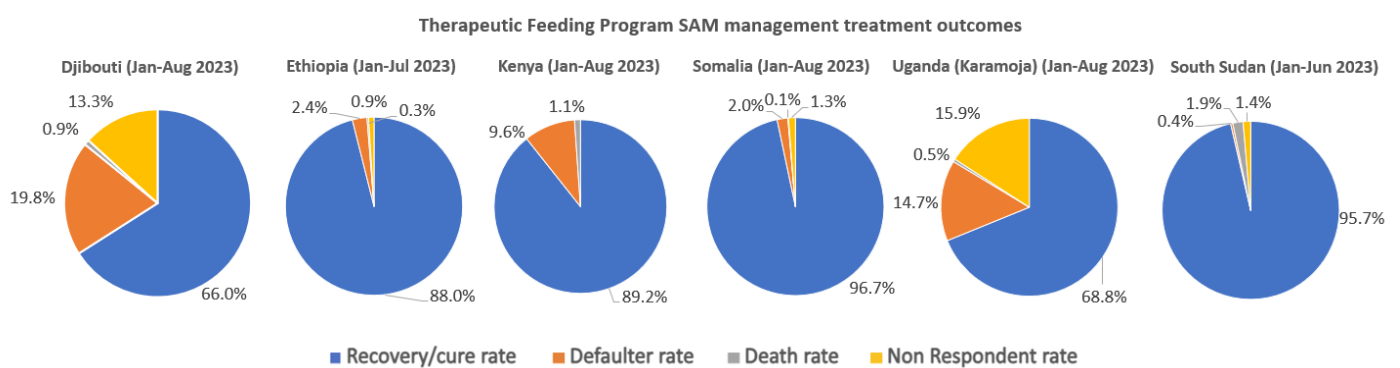


Figure 5a: Treatment outcome indicators for children admitted to therapeutic feeding program (OTP and SC), January to August 2023. (Nutrition cluster, UNICEF, WHO)

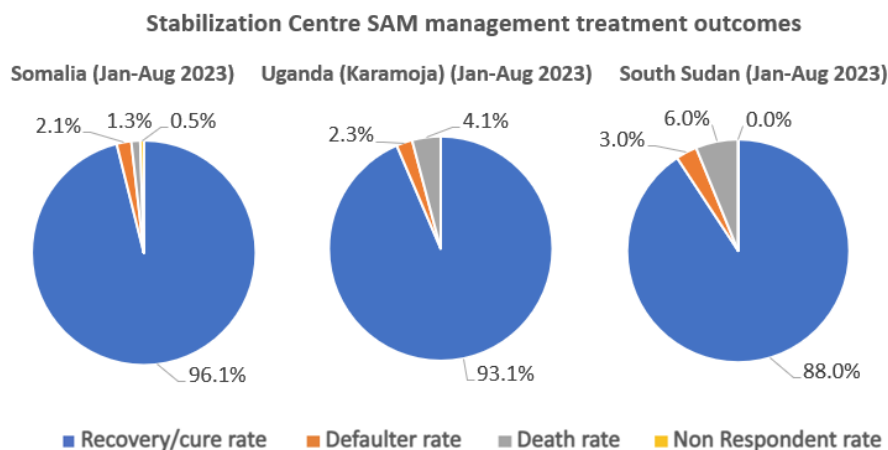


Figure 5b: Treatment outcome indicators for children admitted to stabilization centres, January to August 2023. (Nutrition cluster, UNICEF, WHO)

- Within the SAM children admitted to the stabilization centres from January to August 2023, **cure rates were 96.1% for Somalia, 93.1% for Uganda, and 88% for South Sudan**, indicating a very good treatment success rate.

3.2 Disease Outbreaks

- The region is battling multiple outbreaks of diseases, including cholera, cVDPV2, measles, meningitis, malaria, dengue fever, hepatitis E, leishmaniasis and anthrax.
- Many of the areas which were most affected by the drought are also dealing with disease outbreaks.
- **Four countries** (ETH, KEN, SOM, UGA) are currently reporting **cholera outbreaks**. As of June 2023, the number of cases started to decline, especially from Somalia and Kenya side. Sudan is also dealing with a suspected cholera outbreak spanning across South Kordofan and Gedaref states.
- High caseloads of malaria have been reported from countries in the region compared to past years.

3.2.1 Cholera

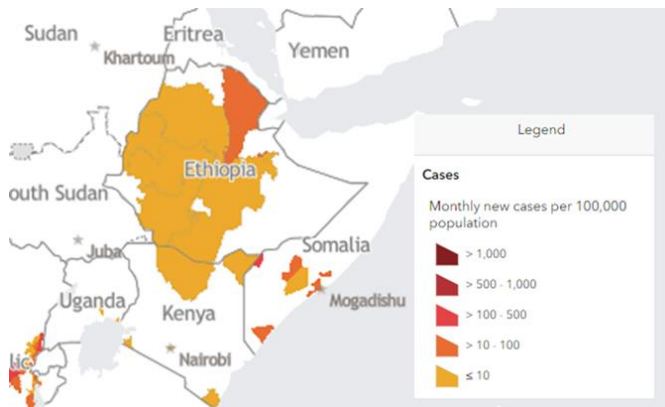


Figure 6. Cholera outbreak situation in the Horn of Africa as of August 2023. (WHO Global cholera and AWD dashboard)

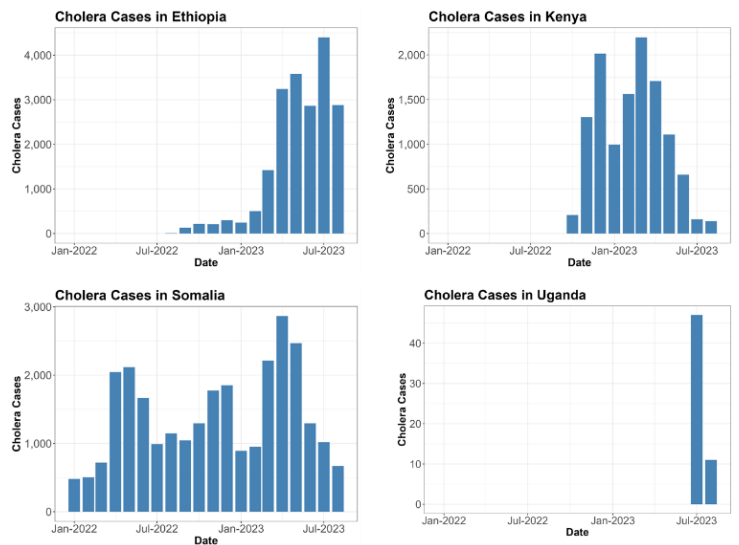


Figure 7: Epi curve for cholera outbreaks in the four affected GHoA countries, August 2023 (Ministries of health, WHO country offices)

Confirmed cholera outbreaks

Ethiopia

- The outbreak affected 204 woredas in Oromia, Amhara, Harari, Dire Dawa, Afar, B/Gumuz, Somali, SNNP and Sidama regions.
- A total of 20,218 cholera cases were reported as of 31 August 2023, with over 77% of the cases from the drought-affected regions of Oromia, Afar, Somali and SNNP.
- A total of 204 cholera related deaths were reported (case fatality ratio (CFR) 1.0%) with the highest numbers in Oromia, SNNP, and Somali regions.
- Since the onset of the outbreak, the number of cases continued to show an increasing trend, amid the spread to more geographic areas.
- Several rounds of oral cholera vaccine (OCV) campaigns have been conducted in the high risk woredas of Oromia, Sidama, SNNP and Somali regions, and preparations were undergoing for a cross border OCV campaign targeting woredas in Oromia and Somali regions, bordering Kenya, and Somalia (The Mendera triangle).

Kenya

- The cholera outbreak in Kenya started in 2022 and a total of 27 counties were affected as of August 2023.
- A total of 12,090 cholera cases with 201 associated deaths (CFR 1.7%) were reported as of 31 August 2023.
- Garissa, Mandera and Nairobi contributed 62% of the total cases reported nationally and over 51% of cases were reported from three counties in Northeastern Kenya (Garissa, Mandera and Wajir).

Somalia

- The ongoing cholera outbreak continued to affect more geographic areas, with over 30,293 cases reported since January 2022.
- A total of 12,374 cases and 30 deaths (CFR 0.2%) were reported as of 20 August 2023 from 28 districts.
- The number of reported cholera cases in all districts reduced by 43% in the past two months.

Uganda

- Uganda registered a cholera outbreak in the month of July in the districts of Kayunga and Namayingo.
- A total of 73 cases were reported, of which 48 were confirmed and 9 deaths have been registered (CFR 12.3%)
- As of 31st August 2023, there is no active admission and no new cases registered in Namayingo for 16 days.

Suspected cholera outbreak under investigation Sudan

- An outbreak of acute watery diarrhoea (AWD) was reported in two states in Sudan, South Kordofan and Gedaref States.
- A total of 451 suspected cases have been reported, with 12 deaths (CFR 2.7%). Confirmation of cholera is pending as of 31 August 2023.

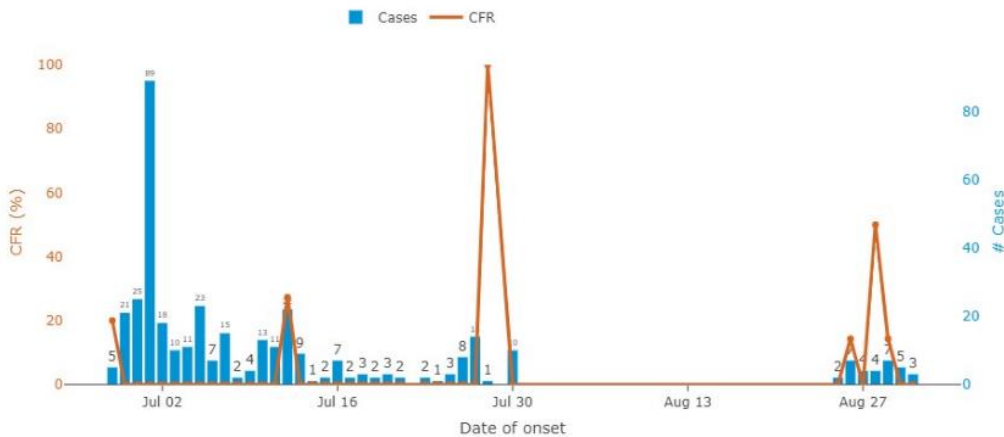


Figure 8: Epi curve for suspected cholera outbreak in Sudan, August 2023. (Federal ministry of health, WHO country office)

3.2.2 Measles

- The outbreak continued to affect seven countries with highest case load recorded in Ethiopia, Somalia, and South Sudan.
- Most of the measles cases were reported from the drought-affected areas.
- Several reactive and nationwide integrated vaccination campaigns have been conducted in different countries to control the outbreak.

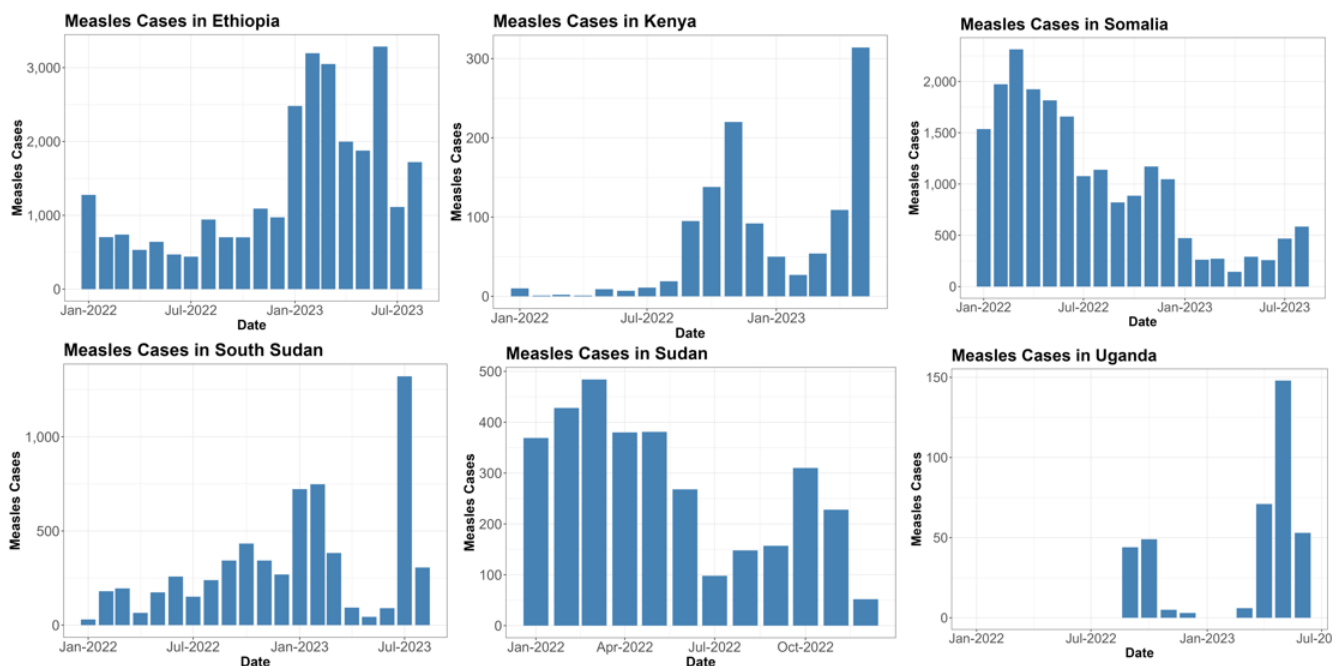


Figure 9: Epi curve for measles outbreaks in GHOA countries, August 2023. (Ministries of health, WHO country offices)

Djibouti

- The outbreak was active during the reporting period and a total of 18 measles cases reported between 01 July 2023 and 31 August 2023.

Ethiopia

- The onset of the ongoing measles outbreak dates back to August 2021. From 01 January 2023 to 28 August 2023, a total of 13,448 cases and 122 deaths (CFR 0.9%) were reported.
- Currently, measles outbreaks are active in 25 woredas. New measles outbreaks were reported from 3 woredas of Southwest Ethiopia (SWE) and 2 woredas of Oromia region since 21 August 2023.
- Somali, Oromia, SNNP, SWE, and Amhara regions have reported the highest number of cases to date.

Kenya

- The outbreak continued during the reporting period and a total of 13 counties were affected as of 31 August 2023.
- A total of 1,071 cases and 19 deaths (CFR: 1.8%) have been reported since January 2023.
- 76% of reported measles cases were children under the age of 15 and many of the cases were reported from Turkana, Garissa, Kitui, Mandera, Tana River, and Mombasa.

Somalia

- The measles outbreak has been ongoing for over two years in the country.
- A total of 25,251 cases were reported in 2022 and 2023 (as of 8th August). Of those cases, 8,158 were reported between January and August 2023, pointing to a decreasing trend in 2023 compared to 2022.
- The most affected regions in 2023 are Bay, Banadir, Hiran, and Middle Shabelle.

3.2.3 Malaria

- Malaria is endemic in all seven countries in the GHOA region, which is currently witnessing higher numbers of cases compared to previous years.
- The disease is the leading cause of outpatient consultations in most countries across the region.
- High case numbers continued to be reported from Kenya, Ethiopia, Sudan, South Sudan, and Uganda.

Djibouti

- Over 1,576 confirmed cases were reported between 01 July and 31 August 2023.

Ethiopia

- Over 2 million clinical and confirmed malaria cases were reported between January and August 2023,

- From the total samples collected and tested since January 2023, 63% of tested positive for measles IgM antibody, and more than 62.4% of cases were children under five.

South Sudan

- A measles outbreak was declared by the Ministry of Health (MOH) on 10 December 2022.
- The measles outbreak has to date affected 37 counties.
- As of 31 August 2023, a total of 9,920 cases were reported (4,148 in 2022 and 5,772 in 2023) with 187 deaths (CFR 1.9%).
- More than half 3,896 (67%) of all the measles cases in 2023 are children below 5 years of age. The case fatality rate is highest (3.0%) among children aged 1-4 years. Most (107/142; 75%) of the reported deaths in 2023 were among children below age 5.
- After the nationwide Integrated Measles Follow up Campaign in May 2023, reactive campaigns were conducted in 5 counties (Renk, Aweil East, Aweil North, Aweil West), vaccinating a total of 65,605 people (96% coverage) under 15 years.

Sudan

- Nine states and 20 localities have been affected by the measles outbreak in 2022 and 2023.
- Since the beginning of the outbreak in 2022, there has been a total of 3,046 cases reported, with 84 deaths (CFR 2.8%). Since the start of the current crisis on 15 April 2023, a total of 1,835 suspected measles cases and 30 deaths (CFR 1.6%) have been reported
- The most severely affected states are White Nile and Blue Nile, and a reactive vaccination campaign was conducted. Nearly 53,700 children under five were vaccinated in August 2023.

showing a significant increase compared to the last two years.

- Amhara, Oromia, Southwest Ethiopia People Region (SWEPR), SNNP, and Tigray regions account for the highest contributions to the case load, respectively.

Somalia

- As of June 2023, an estimated 156,066 suspected malaria cases have been reported this year (6,348 confirmed). Gedo, Bay, and Banadir are the regions reporting the most suspected malaria cases in 2023.
- Reported cases of malaria have decreased in 2023 compared to the same period in 2022, due to scaling up of malaria control interventions in drought-affected districts.

South Sudan

- Malaria remains the leading cause of morbidity and mortality with a proportional morbidity of 50.2% and proportional mortality of 39.4%.
- The MOH and partners are planning to conduct Malaria Indicator Survey. The results of this survey will guide the decision-making processes, shape interventions, and empower South Sudan to make a lasting impact in the fight against malaria.

Sudan

- In 2023 as of 31 March, 489,856 cases including 23 deaths (CFR 0.004%) were reported and the epidemic threshold was crossed in 4 states (East Darfur, Kassala, Gezira and South Darfur) in week 9, 2023.

3.2.4 Other Disease Outbreaks

Meningitis

- A total of 5,398 suspected cases and 72 deaths (CFR 1.3%) were reported in **Ethiopia** from January to July 2023.
- Five regions (Oromia, Amhara, SNNP, Somali, and Sidama) contributed 84% of the reported cases.

Anthrax

- A total of 1,125 cases and five deaths (CFR 0.44%) were reported from **Ethiopia** between January and July 2023.
- 62.9% of the cases were from the Amhara region and about 2.5% from Tigray region.

Hepatitis E

- An outbreak of the disease was reported from **South Sudan** and **Sudan** in 2023.
- In **Sudan**, reported a total of 2,883 suspected cases and 24 deaths (CFR 0.8%) from six states as of 31 March 2023. Between the start of the crisis (15 April 2023) and the end of August, only 1 case was reported.
- In **South Sudan**, an outbreak has been ongoing in Bentiu IDP camp since 2019. As of 14 August 2023, a total of 4,253 cases and 27 deaths (CFR 0.63%) were

- Malaria is one of the leading causes of outpatient consultation in the country and shared 11% of the proportional morbidity in week 9, 2023 from the total consultations.
- Between 15 April 2023 (post-crisis) and 31 August 2023, 280,965 cases were reported from 8 states, including 3 deaths (CFR 0.001%).

Uganda

- Over 5 million malaria cases with more than 1,200 related deaths were reported between January to July 2023.
- From the beginning of the year 2023, the country experienced reducing cases. After week 15, cases started rising to date, consistent with the first peak after first season rains (April-July).
- The MOH activated District Task Forces to coordinate the response to the malaria epidemic in highly affected districts. Up to 10 districts were categorised as districts in “Incident Management System (IMS) Response”, 3 in “response”, 10 in “alert”, and 121 “watch” districts.

reported since the start of the outbreak. In 2023, a total of 241 cases with 13 deaths (CFR 5.4%) were reported as of week 33, 2023 with highest caseload from Wau (91.7%) and Jur river (6.2%).

Dengue fever

- A total of 10,029 dengue fever cases were reported from 16 woredas of Afar, Somali, Dire Dawa, and Oromia regions of **Ethiopia** as of 28 August 2023. Of these cases, 89% and 8% cases were reported from Afar and Dire Dawa, respectively.
- 45 cases were reported in **Djibouti** from 01 June to 31 August 2023.
- In Sudan, between 21 May and 28 August 2023, 11 suspected dengue fever cases were reported.

Circulating vaccine derived polio virus type two (cVDPV2)

- In **Kenya**, a total of 6 cases were reported in 2023, as of 31 August. All cases were from Garissa County, with five from Hadagera camp in Fafi sub county and one from Dagahaley camp in Dadaab sub county.
- At the time of reporting, two additional suspected cases from Garissa County were pending confirmation.

- In **Somalia**, a total of 2 cases were reported in 2023 as of 31 August, however the most recent case had an onset in March 2023.

Pertussis

- In Sudan, two states reported suspected pertussis cases as of August 2023, including Kassala (5) and River Nile (10).

4. WHO Response

4.1. COORDINATION AND LEADERSHIP

In **Djibouti**, WHO provided technical support to the MOH in the development of the national multisectoral plan for nutrition, led the interagency nutrition working group, and participated in the nutrition cluster coordination meetings led by the MOH.

In **Ethiopia**, WHO continued to attend and co-chair various coordination meetings in all drought-affected regions, including the Emergency Operations Centre (EOC), health Cluster, daily outbreak response, zonal health, and nutrition coordination meetings. In addition, WHO attended subnational health, nutrition, and water, sanitation and hygiene (WASH) cluster coordination meetings in Oromia region and provided support and guidance. Cholera response coordination and preparedness has continued at regional, zonal, and woreda level in most regions. WHO also continues to monitor the measles response activities in affected regions.

In **Kenya**, coordination meetings were held, including with Somalia and Ethiopia, to discuss a joint response mechanism for cross-border cholera response in the Mandera triangle. In collaboration with MOH and health cluster partners, a tool for monitoring WASH indicators in the counties was developed. With WHO support, the MOH conducted training on cholera preparedness, readiness and response for eight counties (Nairobi, Kiambu, Machakos, Murang'a, Nyeri, Meru, Kajiado and Garissa).

In **Somalia**, WHO leads and coordinates the Health Cluster at national and sub-national levels. There are currently 53 active health cluster partners (2 UN, 21 INGOs and 30 NNGOs) working in 17 out of 19 regions, and in 61 out of 74 operational districts. Health cluster partners continued to scale-up responses to meet the critical health needs of conflict and flood-affected populations. There are still large gaps in the health sector and there is a high need for additional funding to reach those who are in need of health services, especially IDPs and populations living in hard constraint areas. A gender-based violence (GBV) specialist from the WHO regional office completed a mission to Somalia with the objective of strengthening the health system response to GBV. Meetings were held with different stakeholder groups to identify areas for strengthening. The GBV sub-cluster distributed "The GBV handbook for non GBV actors" to rapid response teams in the communities. WHO Somalia continues to lead and collaborate with health partners on the revision of the health status and prioritisation of needs of the population affected by drought, to ensure effective targeting of the vulnerable population and adequate resource mobilisation to address health needs.

In **South Sudan**, WHO and the MOH continue to coordinate the health partners' response to the Sudan crisis in counties receiving refugees and returnees. In addition, WHO continue provide essential life-saving emergency support, ensuring the provision of life-saving healthcare accessibility and availability to the affected population, including IDPs, as well as the hosting communities bordering Sudan. Medical teams are deployed by WHO in hard-to-reach areas to conduct a health-related rapid assessment and provide medical support in critical areas with high numbers of refugees and returnees.

In **Sudan**, there has been a decline of supported facilities by 52% compared to the beginning of 2023. A dedicated Khartoum support plan was under development by all sectors including the health sector. Japan International Cooperation Agency (JICA) reprogramming development funding has been received to provide support to Gezira. The Darfur States and Central States Field Coordinators have been assigned, and the East States Field Coordinator was in the process of being assigned. A UNICEF/WHO concept note on financial support was also underway during the reporting period. Lastly, out of the 80 prioritized hospitals in Sudan, 11 hospitals were partially supported with staff salaries, supplies, and nutrition supplies.

In **Uganda**, WHO provided financial and technical support to the MOH to conduct a 3-day Intra Action Review (IAR) of the response to public health consequences of food insecurity in the Karamoja region and neighbouring districts. This review meeting, held in Gulu city, attracted 45 technical participants from Karamoja, Teso, and Lango/Acholi. The participants included nutrition officers, district health officers (DHOs), district nutrition focal persons, district surveillance focal persons (DSFPs) and Biostatisticians for the 19 drought-affected districts of Karamoja, Acholi, Lango and Teso sub-regions, WHO and partners, and the MOH (Nutrition Division). The IAR identified best practices, gaps/challenges and actions/recommendations for sustaining best practices and improving identified gaps. WHO also provided financial and technical support in conducting the regional surveillance review workshop for DHOs, DSFPs, Biostatisticians, and Health Sub-District Surveillance Focal Persons (HSD SFP) from 14 districts (Karamoja, Amuria, Katakwi, Kaberamaido, and Kapelebyong), held in Soroti city on 05 June 2022; oriented staff on active surveillance for vaccine-preventable diseases (VPDs), roles of surveillance focal persons, and Open Data Kit (ODK); and developed district performance improvement plans.

4.2. SURVEILLANCE AND HEALTH INFORMATION

In **Ethiopia**, WHO conducted supportive supervision to health facilities on VPD surveillance and essential health service delivery. WHO also provided an orientation and training on measles case surveillance and management for 30 health care workers (HCWs) in Bachuma Hospital, in the SWE region. WHO continues to support weekly surveillance and outbreak data collection, compilation, analysis, and presentation in all regions, and continues to support the investigation and verification of cholera alerts and rumours in Oromia and Somali region.

In **Kenya**, WHO supported surveillance data collection processes to improve information flow and data analysis for decision making at all levels. HCWs and community health volunteers were trained on the detection and reporting of priority diseases. In order to further enhance the country's cholera response capacity, WHO supported community and facility-based surveillance system improvements, community health workers (CHWs) training on active case finding and early detection, Rapid Response Team (RRT) training, training of laboratory staff, as well as the supply of investigation kits and rapid diagnostic tests (RDTs).

In **Somalia**, in response to the ongoing outbreak, WHO has strengthened measles surveillance in the community and in health facilities and has strengthened laboratory capacity for confirmatory testing. In addition, districts in Jubaland and Southwest states were selected for enhanced surveillance for cholera based on an analysis of districts still reporting cases, those that have a high-risk of transmission with poor WASH conditions, and those with large number of IDPs. Cholera cases have been mapped to the level of the village in Jubaland, which has allowed for a detailed WASH response jointly with UNICEF and other WASH partners. An alert of a cluster of deaths was investigated by the national RRT, comprising WHO and Federal MOH staff, which reported 13 suspected cases of diphtheria including 3 deaths in the recently liberated district. A total of 300 doses of diphtheria anti-toxin have been secured from WHO Dubai hub and sample collection for laboratory confirmation is in process at the time of reporting. Lastly, the new mortality estimates for the period January to June 2023 from the joint WHO-London School of Hygiene and Tropical Medicine-UNICEF collaboration are being finalised and will be released shortly.

In **South Sudan**, WHO and the MOH continue to strengthen early warning signs and responses to alert verification in all the 22 priority counties, including support for integrated disease surveillance and response (IDSR) reporting and capacity building. WHO provided technical support to the MOH to develop instruments as part of planning for the national malaria indicator survey. WHO continued updating the South Sudan Health Service Functionality Dashboard. This dashboard serves as an interactive interface for exploration of health service availability and health facility functionality data.

The dashboard pulls together the most recent data on a range of health services and infrastructures, and layers these with population, disease surveillance, and service utilization data to provide an enhanced picture of the health context in South Sudan. By harmonizing data from a wide range of sources and offering on-demand filtering and interactive maps, plots, and tables, the dashboard provides essential information on the health system when and where needed for planning and intervention purposes.

In **Sudan**, the Health Resources and Services Availability Monitoring System (HeRAMS) implementation plan is underway, with data collection from 2 out of 10 localities in Red Sea State completed and 11 out of 11 localities in Kassala State completed. The next phase of HeRAMS rollout will be in Khartoum, Gezira, White Nile, and Gedaref States. A monitoring report for the first three months of the response is under final review, and a report is being finalized for a 100-day self-assessment of the WHO emergency response. A 2-day hybrid Early Warning, Alert and Response System (EWARS) workshop was conducted in Port Sudan from 23 to 24 August 2023 with more than 100 participants from Federal and State MOH, WHO, and other partners. Data entry will begin in September 2023.

In **Uganda**, WHO supported a 3-day training on VPD surveillance for 93 surveillance officers in Teso (39), Acholi (28) and Lango (26) regions. The trainees were also sensitized on their roles in addressing Protection from Sexual Exploitation, Abuse and Harassment (PRSEAH) at their workplaces and on the IDSR core components at health facilities and their performance. WHO Moroto field coordinators shared VPD surveillance indicators for Karamoja districts for week 32 and 33 and guided District Health Teams (DHTs) & surveillance focal persons (SFPs) on how to address the identified district specific gaps. In addition, WHO supported Moroto RSF to conduct IDSR support supervision to all hospitals and Health Centre IVs in Karamoja, and one AFP case was identified during this visit. Lastly, the Soroti field coordinator and Ngora DSFP visited 2 poorly reporting health facilities (Aju HC III and St. Anthony HCII) to activate infection prevention and control (IPC)/IDSR committees and mentored 8 staff on addressing identified gaps and inaccurate data in the 033B register, updating surveillance charts, and entering and sharing data on mTrac.

4.3. OUTBREAK PREVENTION AND CONTROL INTERVENTIONS

In **Ethiopia**, WHO continued to support the cholera response activities in the affected woredas across all the response pillars; coordination, surveillance, case management, WASH and Risk Communication and Community Engagement (RCCE) activities and vaccination. WHO officers were deployed to provide onsite technical support for HCWs on the cholera response to Dubti, Semera and Teru woredas, Afar region. The WHO surge team from Jijjiga Field Hub was also deployed to Dire Dawa city administration and Harari region to support daily cholera coordination meetings, surveillance and data analysis, case management, IPC/WASH, and RCCE activities. For the ongoing measles outbreak, WHO continued to support active case search and case management as well as the measles vaccination campaign. Lastly, WHO also provided surveillance, case management, and RCCE support to the suspected Leishmaniasis and dengue fever outbreaks.

In **Kenya**, WHO supported the MOH to conduct a second round of the reactive OCV campaign in different selected sub counties other than the ones included for round one. The sub counties involved were Suba sub county in Homa Bay County, Moyale in Marsabit County, Kajiado East in Kajiado County, Kamukunji and Embakasi Central in Nairobi County, Wajir North in Wajir County, Machakos GK prisons in Machakos County, new refugee arrivals from March 2023 in Dadaab Camps, and Mandera East Sub County. The campaign was completed between 03-12 August 2023 (10 days).

Additionally, WHO supported the MOH to conduct a polio campaign using nOPV2 approved for children ≤ 5 years. The first round had a minimal scope of 4 counties – Garissa, Nairobi, Kajiado, and Kiambu with a target population of 1,889,402 children. The campaign was conducted between 24-28 August 2023. Overall coverage for round one was 104.2%. Round two and three have a wider scope of 10 Counties – Garissa, Nairobi, Kajiado, Kiambu, Mandera, Wajir, Lamu, Machakos, Tana River and Kitui, and is planned to take place in September and October, respectively.

In **Somalia**, WHO, in collaboration with UNICEF, conducted a series of advocacy initiatives which have led to a \$3 million USD allocation through the Somalia Humanitarian Fund for cholera and flood response, and also led to NGOs providing additional resources to health and WASH partners in the field. WHO and UNICEF are also collaborating to support the implementation of a multi-capacity team response using the Case Area Transmission Intervention (CATI) approach guided by epidemiological data. WHO continues to provide technical guidance to strengthen case management capacities at the cholera treatment centres (CTCs) and improve IPC practices. In addition, WHO is constantly monitoring the stockpiles of medical supplies to ensure adequate stockpiling of the CTCs. Job aids for stool sample collection, shipment and analysis using RDT, case management and Information Education and Communication (IEC) materials were supplied to the CTCs and oral rehydration point sites. WHO is collaborating with the MOH and water resources to conduct water quality monitoring in selected cholera hotspot districts. A total of 12 water sources were found contaminated with coliform and have been referred to the Ministry of Water and WASH partners for treatment. In July 2023, 194 children under the age of five years with acute diarrhoea were identified and treated with Oral Rehydration Salt and Zinc by WHO supported CHWs and children with severe dehydration were referred for further management in health facilities.

In **South Sudan**, WHO and partners continue to intensify measles case management (including vitamin A administration), surveillance, and risk communication in locations with suspected and confirmed outbreaks. Measles mop-up and reactive vaccination campaigns have been conducted to curb the spread of the measles virus and protect the population, especially children. These campaigns involve swift and targeted vaccination efforts in response to outbreaks or in high-risk areas. In collaboration with the MOH and other partners, these campaigns aim to reach as many people as possible in a short period. The focus is on administering measles-containing vaccines to children who have not received them or who may have missed their routine vaccinations.

In **Sudan**, WHO has finalized the AWD Outbreak Response Plan for Gedaref State in consultation with the State MOH, strengthening all strategic pillars. WHO supported the National Public Health Laboratory with 5,000 Carry Blair media and 5,000 cholera RDTs to be distributed to outbreak affected states currently reporting AWD cases and other high-risk states as prioritized by hotspot mapping. In response to the ongoing measles outbreak, a measles rubella catch-up campaign is being planned for October in 9 states except 5 Darfur's, 3 Kordofan's, and Khartoum State, however some challenges in funding remain. In response to the dengue fever outbreak in Gedaref state, the Joint WHO and State MOH Dengue Fever Outbreak Response Plan has been adopted for an integrated vector management approach to reduce morbidity and mortality via vector surveillance and control measures, alert verification and investigation, RCCE campaigns, IPC activities, and provision of top ups for surveillance sentinel site staff. Lastly, WHO is supporting rainy season laboratory preparedness and response in Red Sea State and Gezira State.

In **Uganda**, WHO continued supporting contact tracing and case investigation for Rift Valley Fever (RVF) in Kakumiro district. WHO has supported the drafting of the Kakumiro district response plan for RVF. In addition, WHO deployed a team in both districts of Kayunga and Namayingo to support the cholera response activities and donated investigation kits and supplies.

4.4. ESSENTIAL NUTRITION ACTIONS

In **Ethiopia**, WHO visited 24 stabilization centres in Somali region to enhance quality of case management activities and mentored healthcare workers on proper SAM with or without medical complications, case management, and IPC measures. During the stabilization centre visits, key messages on infant and young child feeding practices in emergencies were offered to care takers. WHO supported mobile health and nutrition teams in Kohle, Salahad and Bircilbur woredas through donation of essential medical and equipment kit supplies to address and improve routine health and nutrition services delivery to hard-to-reach areas of Somali region.

In **Kenya**, a total of 36,469 children (6-59 months) and 7,537 pregnant and lactating women (PLW) were screened, and 4,847 malnourished children (13.3%) and 443 malnourished PLW (5.9%) referred for appropriate treatment. Mass screening for early detection and referral for the treatment of acute malnutrition among children and PLW was conducted in hard-to-reach locations in Garissa County.

In **Somalia**, the trend of SAM admissions in 2023 continues to show a general increase compared to the same periods in 2021 and 2022. The 222 CHWs supported by WHO visited 30,95340,192 households in August 2023 to provide disease prevention messages, create demand for health services, refer ill children to health facilities, report public health alerts, and conduct mid-upper arm circumference (MUAC) screening in the community. The CHWs screened a total of 3,553 children using MUAC tape to assess for malnutrition. The WHO-supported outreach teams also conducted MUAC screening to assess children under the age of 5 years for malnutrition, with a total of over 33,000 screened. WHO conducted a support supervision and on-job training session for 31 HCWs consisting of medical doctors, clinical officers, nurses, nurse assistants, and nutritionists at the stabilization centre in Kismayo Regional Hospital. WHO Somalia supported the commemoration of the World Breastfeeding Week in Somalia. In addition to providing technical inputs for the messaging, IEC materials, and advocacy efforts, proposals were developed for more conducive environments in the office for breastfeeding. WHO also supported the development of revised Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN) interventions to be incorporated into the Somalia Reproductive, Maternal, Newborn, Child, Adolescent Health programme strategy. Lastly, WHO completed the Somaliland stabilization centre capacity assessment, identified gaps, developed recommendations to address the gaps, and presented the findings.

In **South Sudan**, WHO continues to support 92 stabilization centres and 78 sentinel sites across the country. These stabilization centres provide intensive care and treatment for severely malnourished children and play a critical role in saving the lives of children who are at immediate risk of death due to SAM. Total of 961 SAM with medical complications children were treated at stabilization centres. In the reporting period, 21 complete PEDs/SAM kits were distributed to ten stabilization centres in the highly affected counties with food insecurity. The data collected at nutrition sentinel sites contribute to nutrition surveillance systems and provide a platform for monitoring the effectiveness of nutrition interventions and programs implemented in South Sudan. The establishment of these nutrition sentinel sites by WHO reflects the country office's commitment to addressing malnutrition and improving the health outcomes of its population, especially children.

In **Sudan**, WHO supported the stabilization centres in all accessible states with essential medicines and medical supplies for the treatment of SAM children with medical complications, through provision of SAM Kit modules. From July to August 2023, 16,774 SAM children with medical complications were treated in the stabilization centres. During this reporting period, WHO provided SAM kits to 12 out of 18 states. North Darfur, East Darfur and West Kordofan states were provided with nutrition supplies for the first time since the war erupted. Supplies for South Darfur are prepositioned in East Darfur, waiting for safe access. A total of 11 experienced nutrition specialists, including two new consultants, are on the ground working closely with partners, providing support to the nutrition emergency response. WHO has supported 18 stabilization centres with operation costs, and additional stabilization centres with supplies and promotional tools.

The WHO nutrition team supported the State MOH and CARE international for the MUAC screening training for IDP gathering areas in Gedaref State. The WHO country office case management and nutrition team organized a webinar on case management of acute malnutrition during the crises, attended by 846 participants from Sudan. Lastly, despite the challenging situation in the country, WHO was able to complete the renovation and rehabilitation of the Mellite stabilization centre in Mellite locality, North Darfur.

In **Uganda**, the WHO technical officer for nutrition visited Moroto Regional Reference Hospital, St. Kizito Matany Hospital, and Kotido Hospital to follow-up on the action points that were derived from the recently concluded inpatient therapeutic care workshop that aimed to improve nutrition service delivery for SAM clients admitted under inpatient therapeutic care units. There was an improvement in treatment protocols from triage to management as observed from the treatment outcomes for July 2023 (cure rate above 75% threshold, and death rate below 10%; no death was reported) and the management of medical complications. In addition, therapeutic feeds were prepared and administered on time.

4.5. ESSENTIAL HEALTH SERVICES

In **Ethiopia**, a WHO IPC/WASH technical officer was deployed to Dire Dawa city administration to assess the site and orient health workers, environmental health officers, and support staffs on IPC/WASH, water quality monitoring, and proper disinfection and disposal of vomitus and excreta from patients. WHO provided support to Karamara hospital on providing treatment including psychotropic medication and psychoeducation to mental health patients. WHO visited missionary of charities rehabilitation centre to train the management and health workers about cholera prevention, IPC measures and proper drinking water chlorination, food hygiene, and hand washing.

In **Kenya**, WHO continued to support essential health service delivery and timely outbreak detection and response in drought- and food insecurity- affected areas. Over 25 million USD of critical WASH supplies were prepositioned in drought- and cholera- affected communities. Existing CTCs/ cholera treatment units (CTUs) were improved and boosted with the supply of tents at treatment facilities.

In **Somalia**, in July 2023; WHO reached 1,100,328 beneficiaries with essential health and nutrition interventions. WHO-supported health care facilities conducted 829,831 outpatient consultations in the month of July 2023. Through the deployment of outreach services in vulnerable and underserved communities, 66,322 additional out-patient consultations were conducted in July 2023, with 45.5% of the patients under 5 years of age. The teams also provided 3,386 pregnant women with the second dose of tetanus and diphtheria vaccine. A total of 26,659 children received vitamin A supplementation through outreach teams, of which 14,007 of them were below one year of age and 12,652 were from one year to five years of age. An additional 490 children received vitamin A supplementation through CHWs. A total of 10,052 children received deworming tablets through CHWs and outreach teams to treat soil transmitted helminths and prevent anaemia. A total of 647 pregnant women received iron/folic acid tablets and 1,961 children with severe respiratory infections were referred for care to primary health care facilities. 201,222 people were reached with risk communication and health promotion messages.

In **South Sudan**, WHO reached around 218,000 beneficiaries through the health emergency health kits distributed in 6 locations across the communities bordering Sudan. In addition, daily safe water production of 755,000 litres and safe water supply to 4 healthcare facilities and 7 schools were supported by WHO and partners in the cholera hot-spot cholera as part of the prevention and response activities.

In **Sudan**, mass causality management training was delivered to a total of 20 participants from 5 states. Basic prehospital care and training-of-trainers training was also completed in Port Sudan for 15 participants. A total of 24 clinics are preparing to be launched in Kassala, Khartoum, Gazira, Sinnar, Red Sea, and Northern States. Lastly, the 14th session of the Case Management Webinar Series was completed.

In **Uganda**, WHO supported the MOH to conduct a 5-day training on The Simple One Step Stool Testing for tuberculosis; 45 health workers and 5 partner staff from Moroto, Napak Nabilatuk, and Nakapiripirit Districts were trained on the new WHO recommended diagnostics for paediatric tuberculosis to improve on diagnostic accuracy and reliability. In addition, the WHO hub in Soroti conducted an assessment of the malaria response situation in Kapelebyong Health Centre IV and Amuria hospital; malaria channels were not completed in the facilities. They oriented 8 staff on the entry of data into the normal channel charts.

Lastly, the WHO team in Moroto provided technical guidance to Abim General Hospital to review two maternal deaths; the deaths were due to postpartum haemorrhage and eclampsia. Following maternal and perinatal death surveillance and response committee recommendations, health workers were sensitized on identification of high-risk mothers for eclampsia and management of postpartum haemorrhage.

4.6. OPERATIONS, LOGISTICS AND SUPPLIES

In **Djibouti**, WHO provided 11 kits for stabilisation centres containing equipment, anthropometric tools, diagnosis materials, consumables, medicines and therapeutic milk for the inpatient management of SAM with medical complications.

In **Ethiopia**, WHO provided antimalarial drugs (>60,000 doses of Coartem, 2,000 doses of Artesunate) and 1,800 RDT kits in SWE region and deployed 10 vehicles to support emergency response in drought-affected areas. Furthermore, as part of outbreak response interventions, WHO facilitated the dispatch of 9.3 metric tons (MT) of anti-malaria drugs and kits for Western Oromia. To date, more than 83,000 MT of drugs and emergency supplies have been distributed to last mile drought-affected regions in 2023 to support essential health services and emergency response activities.

In **Somalia**, WHO continued providing supplies such as cholera kits, interagency emergency health kits (IEHK), paediatric SAM (PED-SAM) kits and trauma and emergency surgery kits (TESK) to cholera-affected districts and assisted in the capacity strengthening for the management of medical supplies including quantification, forecasting, storage, distribution, and consumption reporting.

In **South Sudan**, WHO distributed/prepositioned a total of 685 health emergency health kits to six locations that can benefit around 217,950 people at the cost of \$401,604.58 USD in communities receiving refugees and returnees from Sudan. The health kits distributed/prepositioned include pneumonia, cholera Investigation and treatment supplies, SAM with medical complication kits, and field sample collection kits. Daily safe water production of 755,000 litres and safe water supply to 4 healthcare facilities and 7 schools are supported by WHO and partners in the cholera prevention and response activities in hot-spot areas.

In **Sudan**, WHO has provided a ESK module, RDTs for malaria and cholera, Cary Blair Media, and IEHK modules at a value of \$970,000 USD. A total of \$501,000 USD has been distributed to the Hubs for additional supplies. Lastly, \$784,000 USD of medical supplies have been distributed to the Federal MOH, the Public Health Laboratory, the State MOH, and partners. In **Uganda**, assorted medical supplies were distributed to all the 19 districts.

5. Gaps and Challenges

In **Djibouti**, the MOH continued to face challenges related to the shortage of human resources mostly in remote areas complicating rolling out the necessary measures in dealing with disease outbreaks, and the provision of essential health services.

Ethiopia continues to face multiple humanitarian public health crises, including several disease outbreaks such as measles, cholera, rubella and arboviral diseases. Other ongoing challenges include limited partner involvement in the southern region to respond to emergencies, shortage of IPC and WASH supplies in Somali and SNNP, and lack of access to safe drinking water in areas at risk of cholera. The presence of insecurities in parts of Amhara and Oromia regions have also affected the timely response to cholera and other ongoing outbreaks.

South Sudan continues to face numerous health challenges that have a significant impact on the well-being of its population. These include limited access to health care, making it difficult for many people to access basic healthcare services, including immunizations, prenatal care, and treatment for common illnesses. Measles, HEV and malnutrition posed a significant burden on the healthcare system and contribute to high morbidity and mortality rates. Lack of clean water and proper sanitation facilities also contributed to the spread of waterborne diseases, while poor sanitation practices increase the risk of infections.

Sudan faces difficulties scaling up response efforts within the complex operational environment. After four months of war, insecurity and limited access to medicines, medical supplies, electricity and water continue to pose a challenge in the delivery of health care in states directly affected by the conflict. Implementation of various activities remains challenging due to the inaccessibility of health facilities due to conflict, limited safe passages to transport patients and health workers to hospitals, and displacement of HCWs due to security and issues with salary payments. In addition, ensuring functionality of health facilities remains difficult in the face of poor mobile and internet connectivity, looting, the rising costs of warehousing and fuel, and the non-functionality of the Central Public Health laboratory. Interruption of response activities and services increases the risk of vector borne outbreaks, morbidity and mortality due to malaria, and worsening malnutrition due to lack of access to life saving nutrition services.

In **Uganda**, a stock out of F-75 therapeutic milk for the stabilization phase of inpatients was reported at Matany Hospital. WHO had a meeting with the Moroto Regional Reference Hospital Nutrition team and some stock was redistributed to cover the gap as they plan to submit a request to National Medical Stores. Gaps still existed in adhering to the standard feeding frequency at night due to a human resource gap at Kotido Hospital. Lastly, there is inadequate supply of HMIS data collection tools at health facilities in all districts that directly affects data quality. WHO has previously supported with printing of the registers however the gap still remains.

6. Funding Status

WHO Jan-Dec 2023 funding needs



The WHO funding request for 2023 (January to December) is USD \$178 Million and as of 31 August 2023, **only 21% percent** has been pledged and funded.

The system-wide response to the crisis is globally largely underfunded.

Considering the high levels of food insecurity and El Niño's implication on health, more funding is needed to allow for preparedness and readiness activities.

Figure 10: Funding status in GHoA region as of 31 August 2023.

7. Priority Actions, Recommendations, and Next Steps

- There is a need to strengthen and maintain the emergency response capacity across the region, including human resources as well as supply and logistics management, taking into consideration the multiple complex emergencies.
- The cholera outbreak situation in the region, especially in Ethiopia, continued to be concerning as more geographic areas are being affected. The response needs a more coordinated effort focusing on WASH, IPC and vaccination campaigns.
- More effort is needed to improve the quality of care in the stabilization centres through regular mentorship, capacity building, and supply of the necessary drugs, supplies, and equipment.
- More emphasis needs to be placed on investigating the underlying causes for persistent high number of non-respondents in the therapeutic feeding programme of Karamoja region (Uganda). Although interventions such as directly observed treatment is implemented, other effective strategies should be designed to improve the treatment outcomes.
- With the onset of El-Niño in the region, which is expected to increase the risk for water and vector borne disease, malnutrition and other vaccine preventable diseases, there is a need for countries to focus on preparedness, early warning and timely response to be able to reduce morbidities and mortalities.
- Multi-sectorial humanitarian assistance must be sustained and increased, and immediate lifesaving response must be accompanied by investments in long-term solutions.
- Increased advocacy and partnerships are needed to facilitate and increase the prospects for additional funding and resources for the emergency response.
- There is a need to establish a proper data sharing mechanism between countries and GHoA IMST for a regular data analysis which can better guide response measures and advocacy efforts.

8. Advocacy Messages

Dire Food Insecurity and Health crises in the seven countries of the greater Horn of Africa have led to a surge in disease outbreaks and the highest number of malnourished children in years, on the back of a deteriorating food insecurity outlook. This is the result of multiple converging crises, including the effects of climate change – especially drought and floods – along with conflict in some countries, the high cost of food and post COVID-19 economic fallout and weakened currencies. There is an urgent need for coordinated and immediate action, increased funds to prevent a further humanitarian catastrophe in the GHOA, recognizing the crucial role health needs to play in the wider response.

Currently, **61 million are in IPC3+**, facing crisis levels of food insecurity including 28.4 million in a crisis (IPC Phase 3), 12.4 million in an emergency (IPC Phase 4), and 83,350 in a catastrophe (IPC phase 5). The level of **hunger** in the region represents an increase of close to two-thirds from about 38 million in mid-2022 when the emergency was declared. Prior to this, the population in IPC phase 3+ nearly doubled in the GHOA region from 2016 to 2022. Newly published IPC analysis (02 August 2023) for Sudan estimates 20.3 million people (over 42% of the country's population) experiencing high levels of acute food insecurity (IPC 3+), with 6.3 million in Emergency (IPC phase 4). The number of children with acute **malnutrition** is at the highest in about four years. Multiple and frequent **disease outbreaks** including cholera, measles, dengue fever, circulating vaccine derived polio virus, meningitis as well as malaria have resulted in very high rates of illness and death. Most of the disease outbreaks are reported from areas affected by extreme weather events. Needs across the GHOA region will persist well beyond mid-2023, and humanitarian support must be increased and sustained to prevent further loss of life.

El Niño's onset was revealed by the World Meteorological Organization and will likely strengthen through the remainder of the year, resulting in below-average rains between July and September across western parts of the region and above-average rains during the October–December rainy season across the eastern parts of the region.

It will have a devastating health impact by increasing the risk of vector and water borne diseases, as well as vaccine preventable diseases like measles, coupled with the possibility of a rise in malnutrition. Areas expected to receive above normal rains are at risk of flooding, and this can have a significant impact on the health situation of the community through the destruction of road networks and health facilities, which in turn will have a negative impact on the supply of essential drugs and medical items.

Countries are facing a huge funding gap, despite the need for scaling up of needed health and nutrition services. With the onset of El-Niño and it's expected high impact on health, the need for additional funding is essential for countries to focus on preparedness and response measures. On 21 January 2023, WHO launched a funding appeal for USD 178 million for the food insecurity and health crisis in the region. To date only 21% has been funded, limiting the scope of our response activities. Multi-sectorial humanitarian assistance must be sustained and increased to reduce preventable deaths, while immediate lifesaving actions must be accompanied by investments in long-term solutions. Additional funding is required taking into consideration the ongoing disease outbreaks, worsening of the nutrition situation, and predicted negative impact of El-Niño on health.

9. Contacts

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For further Information visit GHOA Drought and Food Insecurity Website: Drought and food insecurity in the greater Horn of Africa (who.int)	