



SITUATION REPORT: 01 September - 31 October 2023 Greater Horn of Africa Food Insecurity and Health Grade 3 Emergency



Key Highlights



- Countries in the Horn are experiencing increased rainfall resulting in flooding and river overflows influenced by El-Niño and a positive Indian Ocean Dipole. This has resulted in the displacement of hundreds of thousands of people, cutting off road networks, damaging infrastructure and affecting human health.
- **49.3 million** people in the region are food insecure (IPC3+) experiencing crisis levels of acute food insecurity and above; 8.2 million people are in IPC phase 4 and 43,000 in IPC phase 5 (South Sudan).
- More than **11.1 million** children under the age of five are suffering from acute malnutrition, of which

2.7 million will require treatment for severe acute malnutrition in 2023.

- Over **19.4 million** people have been displaced due to conflict, drought, and flooding. Out of these 14.5 million are internally displaced, while 4.5 million are refugees and asylum seekers (as of 30 September 2023). Out of the total number of IDPs, **10.1 million** were displaced due to **conflict** and **4.4 million** due to **natural disaster**.
- Admission trends for severe acute malnutrition (SAM) have shown a decrease in the majority of countries in the region which can likely be attributed to improved pasture, but also to a reduction of outreach activities (funding shortages) and flooding affecting the access to health services.
- Between January and October 2023, compared to the same period in 2022, there were over 43% (155,480) more SAM admissions in Somalia, and 38% (28,705) more in Kenya, 9% (over 19,000) more in South Sudan, and 11% (461) more admissions in Djibouti.
- The region is battling with multiple outbreaks of diseases including **cholera** in four countries, **measles and malaria** in all seven countries, and **dengue fever** in Ethiopia, Djibouti, Sudan and Somalia. In **Sudan**, a **cholera outbreak** was declared on 26th September 2023 in Gedaref state, and in South Kordofan and Khartoum state on 7th October 2023.
- WHO continues to provide support on leadership and coordination, surveillance and health information, outbreak prevention and control, essential nutrition actions and health services to all seven countries in the GHOA region (Djibouti, Kenya, Ethiopia, Somalia, Sudan, South Sudan, Uganda).

1. Situation Overview

1.1 Food Insecurity and Malnutrition

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 23)	1,181,675	185,312	100,102	0	285,414	24%
KENYA / Asal Counties (Oct 23 – Jan 24)	16,617,000	1,258,750	265,600	0	1,524,350	9%
SOMALIA (Oct – Dec 23)	16,955,266	3,280,770	1,014,100	0	4,294,870	25%
SOUTH SUDAN (Apr 23 – Jul 23)	12,374,205	4,822,000	2,899,000	43,000	7,764,000	63%
SUDAN (Oct 23 – Feb 24)	48,579,711	11,153,161	3,823,536	0	14,976,697	31%
UGANDA/ Karamoja (Sep 23 – Feb 24)	1,285,000	293,150	48,440	0	341,590	27%
Sub-Total	96,992,857	20,993,143	8,150,778	43,000	29,186,921	
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					49,286,921	

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

Nearly **49.3 million** are in IPC3+, facing crisis levels of food insecurity including **8.2 million** facing emergency IPC 4, and **43,000** facing catastrophe IPC 5)¹.

An increased number of people are facing drought in northern Ethiopia.

Table 1. Projected Food Insecurity in GHoA countries, 31 October 2023 (IPC, WFP, OCHA)

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.

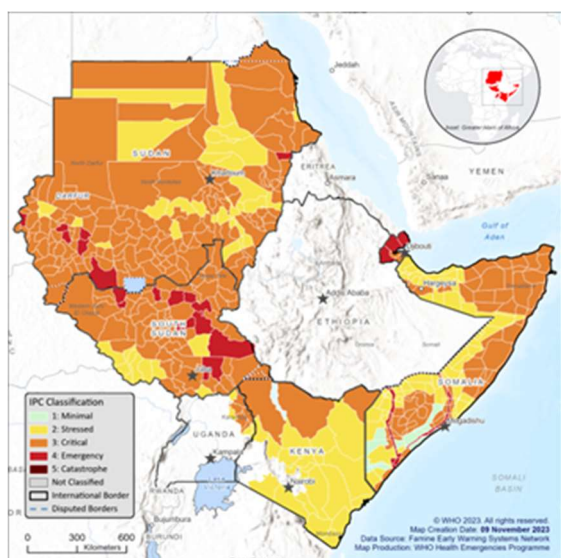


Figure 1. Projected Food Insecurity in GHoA countries, October 2023 (IPC, OCHA)

Countries in the Horn are already experiencing an increased rainfall resulting flooding and river overflows due to El-Niño’s effect. These has resulted in the displacement of hundreds of thousands of people being displaced, cutting road networks and infrastructures affecting human health and negatively impacting the food security situation in the region.

More than 11.1 million children under the age of five are suffering from acute malnutrition in 2023, out of whom **2.7 million** will require treatment for severe acute malnutrition (SAM). Ethiopia, Sudan, South Sudan and Somalia are facing the highest SAM numbers respectively)².

Acute malnutrition in the Horn alone (Ethiopia, Kenya, and Somalia) stands at 6.6 million children under the age of five, with 1.7 million being severely malnourished.

Ethiopia, Kenya, South Sudan and Somalia reported the highest numbers of SAM admissions in 2023 in comparison to the last four years. Over 1.6 million SAM children received treatment between January and October 2023 with highest admission reported from Somalia, Ethiopia, South Sudan and Sudan³.

¹ Integrated Food Security Phase Classification. [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](https://www.ipcinfo.org/)

² Humanitarian Response Plan for 2023. [Humanitarian Response Plan 2023 \(Revision issued on 17 May 2023\) \[EN/AR\] - Sudan | Ethiopia Humanitarian Response Plan 2023 | Humanitarian Action](https://www.unicef.org/humanitarian/2023-2024-humanitarian-response-plan)

³ Food Security and Nutrition working group (FSNWG) UNICEF update, October 2023

1.2 Weather Outlook

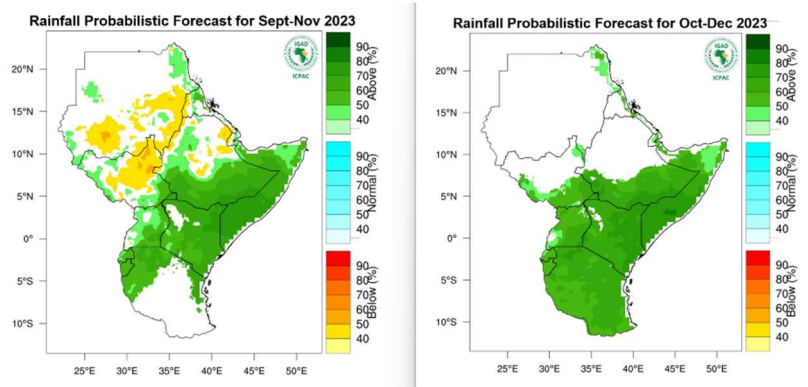


Figure 2. Rainfall Probabilistic Forecast for Sept-Nov 2023 and Oct-Dec 23. (IGAD/ICPAC)

From **October to December 2023** wetter than usual conditions are expected over the region especially in the Southern Ethiopia, all areas of Somalia, Kenya and Uganda as well as southern parts of South Sudan.

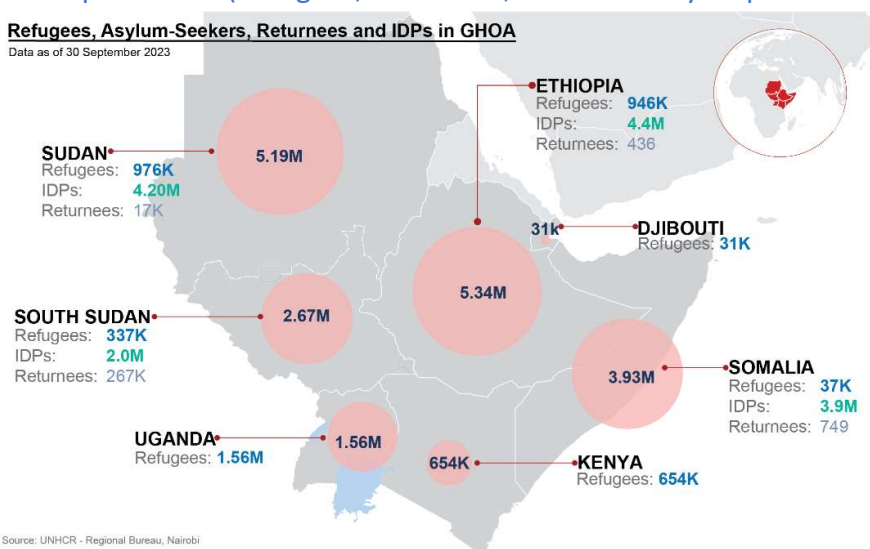
Central to northern South Sudan, Sudan and central to northern Ethiopia are expected to be dry during the same period⁴.

Between September and October 2023; parts of Ethiopia, Kenya and Somalia experienced heavy rainfalls resulting in river overflows and flooding, affecting households, health facilities, schools and other infrastructures including road networks. Moreover, it had also displaced hundreds of thousands people and hundreds of casualties.

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

Refugees, Asylum-Seekers, Returnees and IDPs in GHOA

Data as of 30 September 2023



Source: UNHCR - Regional Bureau, Nairobi

The highest number of refugees and IDPs recorded in 2023 compared to the last four years period.

Over 19.4 million IDPs and refugees have been reported in the region with 14.5 million IDPs and 4.5 million refugees and asylum seekers).

Out of the total 14.5 million IDPs, **10.1 million** were displaced due to **conflict** and **4.4 million** due to **natural disasters** including drought and flooding⁵.

Figure 3. Number of refugees, asylum seekers, returnees, and IDPs in GHOA countries, 30 September 2023. (UNHCR)

- Sudan, Ethiopia, Somalia and South Sudan reported to have the highest IDP numbers in the region as of 30 September 2023.
- The intense fighting in Sudan which erupted on 15 April 2023 resulted in **5.8 million new displacements** including more than **4.6 million** internally displaced, and **1.2 million** people who crossed into neighbouring countries as of 19 Oct 2023. This is in addition to the 3.7 million people that were internally displaced prior to 15 April, making Sudan the country with the largest number of internally displaced people globally.
- In **Somalia**, flooding affected more than 405,000 people, mostly in Southwest, Hirshabelle, Jubaland and Galmudug states with at least 47,000 people been relocated to higher grounds to avoid the risk of flooding and 14 deaths reported⁶.

⁴ Rainfall probabilistic forecast for October - December 2023. [October - December 2023 - ICPAC](#)

⁵ [Document - Regional Dashboard RB EHAGL: Refugees, returnees and internally displaced persons in the IGAD region - 30 Sep 2023 \(unhcr.org\)](#)

⁶ [Somalia: Deyr rainy season 2023 Flash Update No. 4 \(4 November 2023\) | OCHA \(unocha.org\)](#)

1.4. Ongoing Disease Outbreaks

- The region is battling multiple outbreaks of diseases, including cholera, measles, malaria, dengue fever, hepatitis E, vaccine derived polio virus type 2 (cVDPV2), leishmaniasis, anthrax and rift valley fever.
- **Four countries** (Ethiopia, Kenya, Somalia, Sudan) are currently responding to **cholera** outbreaks with the highest number of cases from Ethiopia, Somalia and Sudan. By the end of October 2023, there were no new cases of cholera reported from Kenya and was closely monitoring the situation.
- Cholera outbreak has expanded to more geographic areas in Ethiopia and Sudan resulting in an increased morbidity and mortality. Limited access to health care services due to the ongoing conflict and poor water, sanitation and hygiene facilities in areas affected contributed to further spread of the outbreak.
- Malaria is on the rise in most of the countries in the Horn of Africa due to favourable conditions for vector proliferation and easy spread of the disease, especially since the onset of heavy rain fall. In comparison to other countries in the region; Ethiopia, South Sudan, Sudan, Uganda and Kenya reported the highest numbers in 2023 as of the reporting period. In **Ethiopia**, the recorded number of malaria cases in 2023 is the highest compared to the last six years.
- All seven countries in the region are responding to ongoing **measles** outbreaks, with the highest caseloads reported from Ethiopia, South Sudan, Somalia and Sudan. The outbreak in these countries has been ongoing for over a year despite several interventions including measles vaccination campaigns.
- Circulating vaccine derived polio virus (cVDPV2) outbreak is ongoing in **Somalia and Kenya** with a total of four and nine cases reported, respectively.

2. Public Health Risks and Concerns

- Ongoing conflicts in the region affected 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 Ethiopia⁷. 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.

Since the start of the heavy rain fall in the horn of Africa countries, an increase in the number of malaria, AWD/Cholera and dengue fever cases have been reported and at elevated risk of further spread to more geographic areas.

⁷ [World Meteorological Organization declares onset of El Niño conditions | World Meteorological Organization \(wmo.int\)](https://www.wmo.int/en/press-releases/2023/09/2023-09-20-wmo-declares-onset-of-el-nino-conditions)

3. Surveillance and Health Information

3.1 Severe Acute Malnutrition (SAM)

- About **11.1 million children under the age of five** are estimated to face acute malnutrition with **2.7 million** of them in **severe** conditions in 2023⁸⁹¹⁰.
- Ethiopia, Kenya, South Sudan and Somalia reported highest admissions in 2023 in comparison to the last four years³.
- **Over 1.6 million** SAM children received treatment between January and October 2023 with highest admission reported from Somalia, Ethiopia, South Sudan and Sudan.
- Between January and October 2023, there were over 155,480 more admissions (43% increase) in Somalia, and over 28,705 more admissions (38% increase) in Kenya, over 19,000 more admission (9% increase) in South Sudan, and 461 more admissions (11% increase) in Djibouti compared to the same period last year.

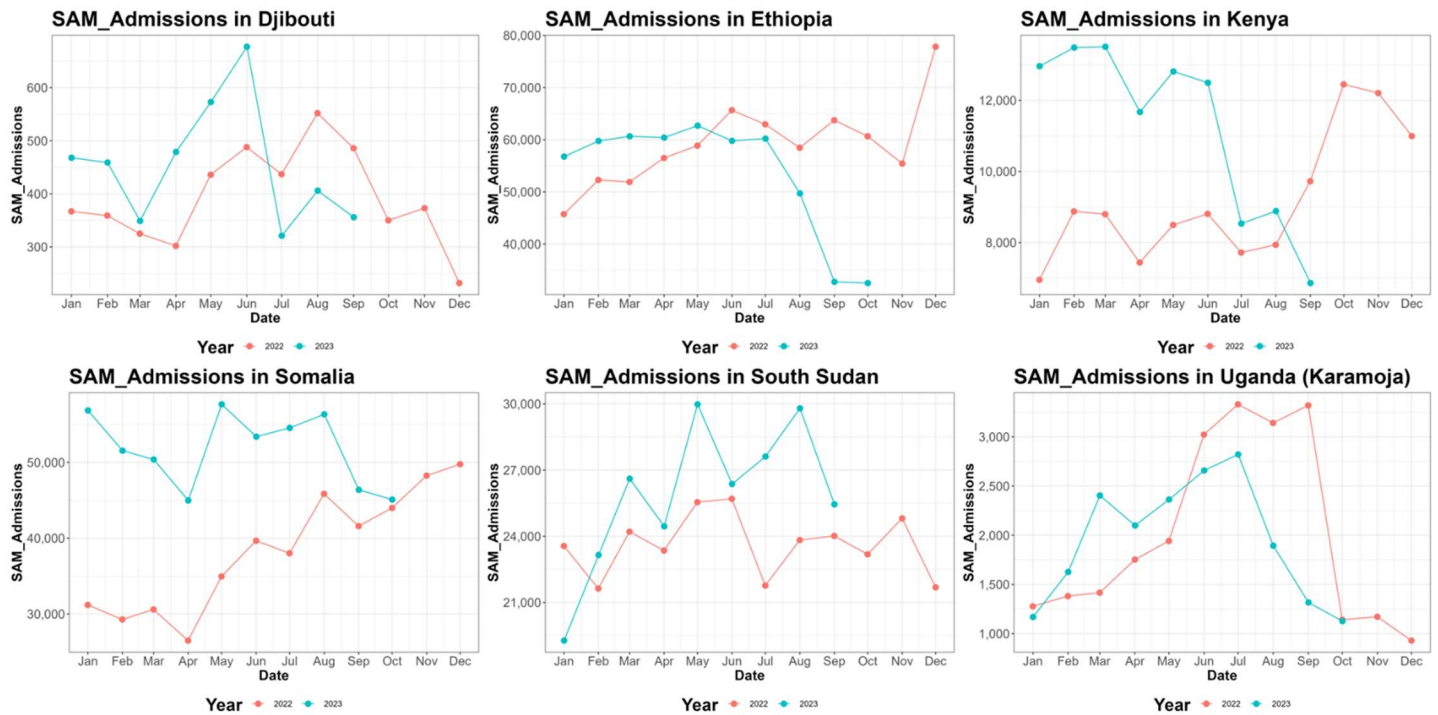


Figure 4: SAM admission trends in GHOA countries, January – December 2022 and January – October 2023. (UNICEF, WHO)

Kenya

- Nearly one million children under five are estimated to be acutely malnourished with 217,000 suffering from SAM between July 2023 and June 2024.
- Over 143,400 SAM children under five were admitted between January and September 2023 showing a 38% increase compared to same period last year.
- Outcome indicators as of August 2023(Therapeutic feeding program (TFP)): **89.2% cured, 9.6% defaulter rate and 1.1% death rate.**

Somalia

- Nearly 1.5 million children under five are estimated to be acutely malnourished with 331,000 suffering from SAM between August and December 2023.
- Over 517,000 SAM children under five were admitted between January and October showing a 43% increase compared to same period last year. Over 32,100 SAM children with medical complications were admitted to the stabilization centres
- Outcome indicators as of October 2023 (TFP): **96.8% cured, 1.9% defaulter rate, 1.2% non-respondent rate, and 0.1% death rate.**

⁸ [Ethiopia: Humanitarian Response Plan 2023 \(February 2023\) - Ethiopia | ReliefWeb](#)

⁹ [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinform.org\)](#)

¹⁰ [Sudan: Revised Humanitarian Response Plan 2023 \(Revision issued on 17 May 2023\) \[EN/AR\] - Sudan | ReliefWeb](#)

Ethiopia

- Approximately 4.2 million children are estimated to be acutely malnourished with 1.2 million of them suffering from SAM in 2023.
- Nearly 568,000 SAM children under five were admitted into nutrition programmes between January and October 2023 with over 63,400 of them admitted in the stabilization centres.
- **Outcome indicators** as of October 2023 (TFP): **87.8% cured, 2.7% 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 between July 2023 and June 2024.
- Nearly 232,700 SAM admissions reported between January and September 2023 with over 9,200 being admitted to the stabilization centres.
- Between **January and September 2023**, from the total number of children admitted to the TFP, **85.8%** were discharged as **cured, 1.6% defaulter, 0.4% died and 1.3% non-respondents.**

Sudan

- A total of three million children under five are estimated to be acutely malnourished in 2023 with 610,000 of them suffering from SAM.
- Over 242,871 SAM admissions reported between January and October 2023 with increased admissions observed since July 2023.
- Over 22,800 children with medical complications were admitted to the stabilization centres between January and October 2023.

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.
- Over 19,400 SAM children were admitted to the therapeutic feeding programme between January and October 2023.

Djibouti

- A total of 33,324 children under five are estimated to be acutely malnourished in 2023, with 5,562 of them suffering from SAM by December 2023.
- Over 4,700 SAM admissions were reported between January and October 2023.

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 October 2023. Figure 5a. below shows treatment outcome indicators for outpatient therapeutic feeding programs (OTP) and stabilization centres (SC) 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, Sudan, and South Sudan achieved excellent treatment success rates during the reporting period.
- 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.

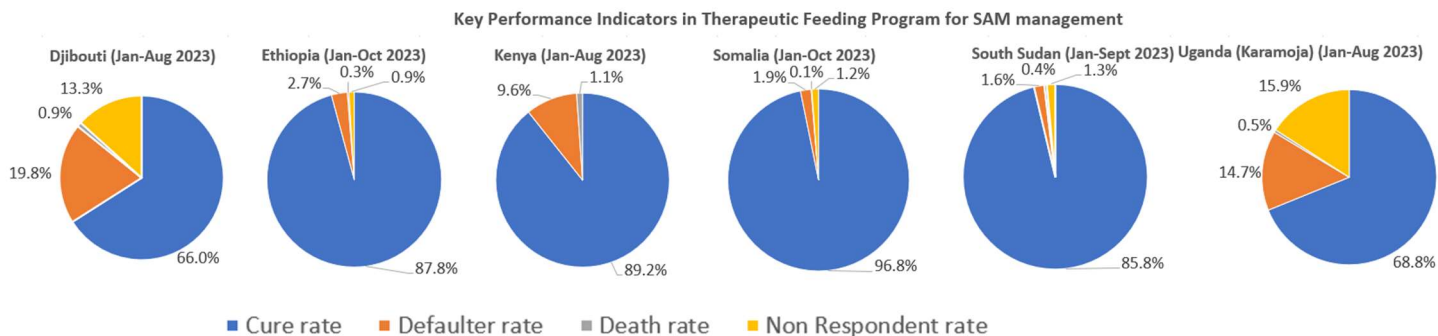


Figure 5a: Treatment outcome indicators for children admitted to therapeutic feeding program (OTP and SC), January to October 2023. (Nutrition cluster, UNICEF, WHO)

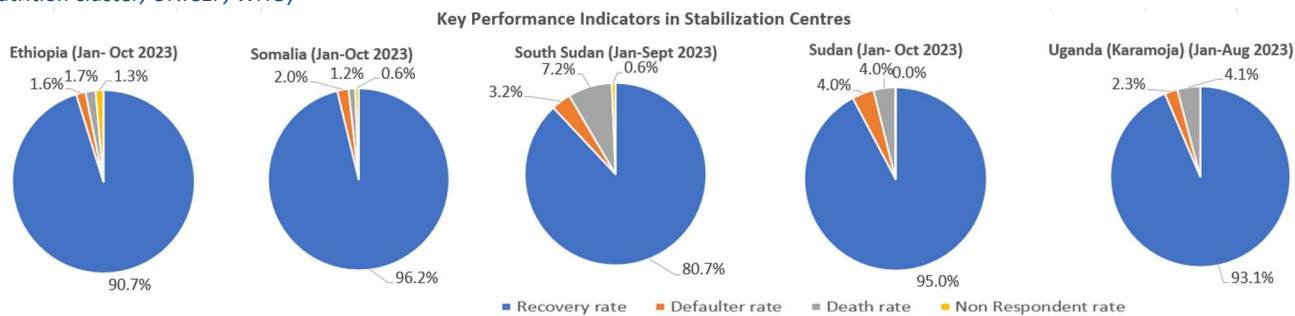


Figure 5b: Treatment outcome indicators for children admitted to stabilization centres, January to October 2023. (Nutrition cluster, UNICEF, WHO)

- Within the SAM children admitted to the **stabilization centres** from January to October 2023, **cure rates were 96.2% for Somalia, 93.1% for Uganda, 95% for Sudan, 90.8% for Ethiopia and 80.7% for South Sudan**, indicating excellent treatment success rates. The other key performance indicators including the defaulter rate, death rate and non-respondent rates were within the acceptable standards.

3.2 Disease Outbreaks

- The region is battling multiple outbreaks of diseases, including cholera, measles, cVDPV2, malaria, dengue fever, hepatitis E, rift valley fever, leishmaniasis and anthrax.
- **Four countries** (ETH, KEN, SOM, SUD) are currently reporting cholera outbreaks with highest numbers from Ethiopia and Sudan. Kenya showed a reduction in the number of cases and by the end of October 2023, no new cases of cholera reported and close monitoring of the situation is ongoing considering the increased risk due to flooding.
- Cholera outbreak has expanded to more geographic areas in Ethiopia and Sudan resulting in an increased morbidity and mortality. Limited access to health care services due to the ongoing conflict and poor water, sanitation and hygiene facilities in areas affected contributed to further spread of the outbreak.
- The risk of cholera outbreak spread is high due to the ongoing flooding which affected Kenya, Somalia and Ethiopia.
- The cholera outbreak reported from two districts in **Uganda** has been controlled and no new case reported since September 2023.
- High caseloads of malaria have been reported from countries in the region compared to past years.

3.2.1 Cholera

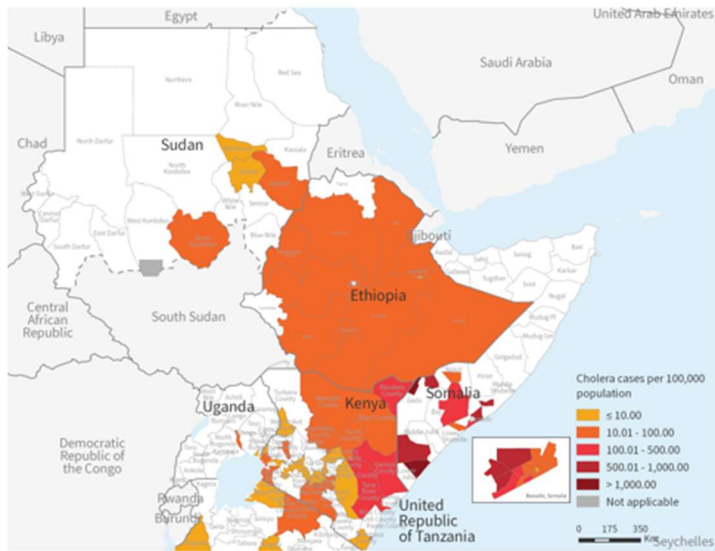


Figure 6. Cholera outbreak situation in the Greater Horn of Africa as of October 2023. (WHO Global cholera and AWD dashboard)

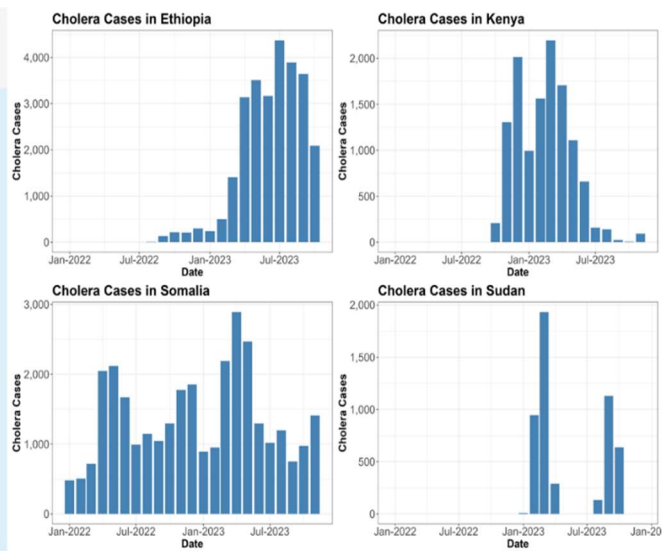


Figure 7: Epi curve for cholera outbreaks in the four affected GHOA countries as of October 2023. (Ministries of health, WHO country offices)

Cholera outbreak

Ethiopia

- A total of 25,551 cases and 335 deaths (CFR 1.37%) were reported this year (as of 31 Oct 23).
- The outbreak is ongoing in eighty-four woredas of ten regions: Oromia, Amhara, SER, Sidama, Dire Dawa, Afar, B/Gumuz, CER, Somali, and Harari.
- A new outbreak was reported from Somali region in two zones (Jigjiga & Erer) after 11 free weeks.
- There is an elevated risk of further transmission in the country with the ongoing flooding, impacts of conflict, and population movement and displacement into and within the country.
- Over six million people have been vaccinated with OCV in four rounds since the beginning of the year 2023 and additional vaccines are in the process of importation targeting other regions affected.

Kenya

- The cholera outbreak in Kenya started in 2022 and a total of twenty-seven counties were affected as of 31 October 2023.
- A total of 12,123 cholera cases with 202 associated deaths (CFR 1.7%) were reported.
- Garissa was the only county reporting cases and on the second wave of the outbreak during the reporting period.
- Increased risk of further spread due to flooding which affected many counties.

Somalia

- Cholera outbreak continued to affect more geographic areas, with 14,626 cases and thirty-nine deaths (CFR: 0.3%) reported between 2 January and 29 October 2023 from 29 districts.
- Fifty-four percent of the cases reported were children under five and constitute 67% of all the deaths related to cholera in 2023.

Sudan

- Outbreaks in Gedaref, Khartoum and South Kordofan were officially declared by the government on 26th September and 7th October 2023, respectively.
- As of 31 October 2023, a total of 2,284 cases have been reported with seventy-nine related deaths (CFR: 3.5%).
- Outbreak is also ongoing in Gezira, Gedaref, Kassala, Sennar and Khartoum states with a total of 1,938 cases and seventy-nine related deaths reported. South Kordofan state didn't report cases after end of July 2023.
- There is an increased risk of further spread to neighbouring states due to high population movement and damage to the water and sanitation facilities due to the conflict.

3.2.2 Measles

- The outbreak continued to affect seven countries with highest case load recorded in Ethiopia, Somalia, South Sudan and Sudan.
- Several reactive and nationwide integrated vaccination campaigns have been conducted in different countries to control the outbreak.

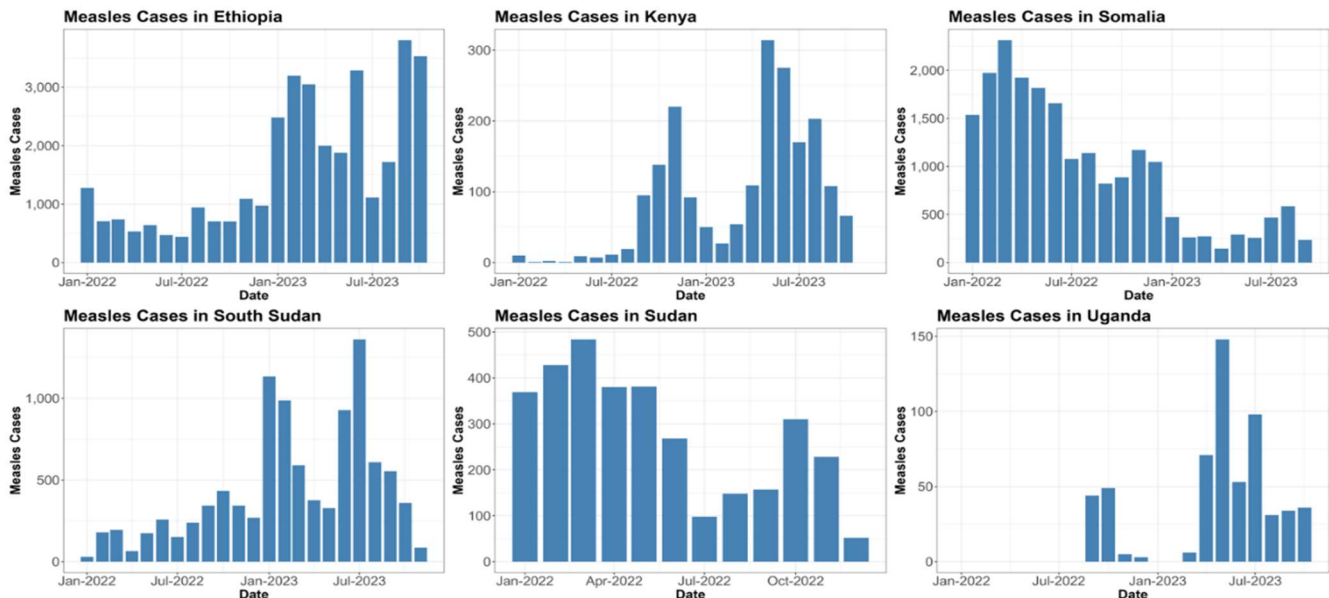


Figure 8: Epi curve for measles outbreaks in GHOA countries, as of October 2023. (Ministries of health, WHO country offices)

Djibouti

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

Ethiopia

- The onset of the ongoing measles outbreak dates back to August 2021 with a total of 20,782 cases with 159 deaths (CFR: 0.77%) reported in 2023 (as of 30 Oct 2023).
- Currently, the outbreak is active in 20 woredas and SWEPR, Amhara, Oromia, and Somali regions were the highest reporting regions, respectively.
- Forty percent of the total cases reported during the year 2023, had no measles vaccination history.

Kenya

- The outbreak has affected sixteen counties and is active in six counties (Nairobi, Mombasa, Turkana, Mandera, Marsabit, and Kilifi).
- A total of 1,475 cases including twenty-four deaths (CFR 1.8%) have been reported this year as of 31st October 2023.

Uganda

- As of 26 October 2023, a total of 70 cases have been reported, with no deaths.
- The outbreak affected Kiryandongo and Kyegegwa districts.

Somalia

- The measles outbreak has been ongoing for over two years in the country.
- A total of 11,198 cases have been reported between 02 January and 29 October 2023 and has shown a declining trend.
- The regions reporting most of the cases are Banadir, Bay, and Lower Juba.

South Sudan

- Between 1st September – 31st October, a total of 1,026 suspected cases, 94 lab confirmed with 15 deaths were reported with a CFR of 1.37%.
- As of 29 October 2023, a total of 6,958 cases have been reported with 151 deaths (CFR: 2.2%) with 69% of all the measles cases are children below 5 years.
- A declining trend has been observed since August 2023 due to several vaccination campaigns conducted.

Sudan

- After the crisis, a total of 4,343 measles cases have been reported from twelve states with 104 deaths (CFR: 2.39%) as of 27 October 2023.
- The most affected states are: Blue Nile, River Nile, White Nile, Red Sea, North Darfur, Kassala, Gedaref, Gezira, West Kordofan, Khartoum and Sennar.
- The outbreak is still ongoing affecting a greater number of people.

3.2.3 Malaria

- Malaria is endemic in all seven countries in the GHoA region and at an increased risk due to ongoing flooding.
- 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

- A total of 2,607 malaria cases reported between September and October 2023 showing an increased trend compared to previous months.

Ethiopia

- Over 2.8 million malaria cases were reported between January and 31 October 2023, showing a significant increase compared to the same period in the previous two years.
- Oromia, Amhara, Southwest Ethiopia People Region (SWEPR), South Ethiopia and Gambella regions account for the highest contributions to the case load, respectively.

Somalia

- As of September 2023, a total of 246,361 cases of suspected malaria have been reported of which 10,173 (4.1%) have been confirmed positive by RDT and blood smear.
- The highest reporting regions were Gedo, Bay and Banadir.

3.2.4 Other Disease Outbreaks

Anthrax

- As of 28 September 2023, three cases were reported from Kandara sub county, **Kenya**. No new cases reported after 09 October 2023 and outbreak was considered as controlled.
- In **Uganda**, five cases with three lab confirmed cases were reported between 01 August and 26 October 2023. No death has been reported.

Hepatitis E

- In **South Sudan** between 01 January 2023 and 29 September 2023, a total of 241 cases with 13 deaths have been reported (CFR 5.4%).
- In **Sudan**, a total of 279 cases reported between 15 April and 27 October 2023.

Pertussis

- In Sudan as of 16 October 2023, a total of 26 suspected pertussis cases have been reported from six states (River Nile, Kassala, White Nile, North Darfur, West Kordofan, and Red Sea). River Nile (10) and Kassala (7) report the largest number of cases.

Sudan

- A total of 883,798 malaria cases reported with 90 deaths (CFR: 0.010%) between 15 April and 27 October 2023.
- The highest reporting states were White Nile, Al Jazirah, Kassala, Blue Nile, River Nile, Sennar, North Darfur, East Darfur and Gedaref.

South Sudan

- Malaria remains the leading cause of morbidity and mortality with a proportional morbidity of 50.2% and proportional mortality of 39.4%.
- In 2023, a total of 2,968,704 malaria cases reported with 952 deaths (CFR: 0.00032%). 68% of deaths were children under five years old.
- Between 1st September – 31st October, a total of 850,863 cases have been reported with 250 deaths with a CFR of 0.029%.

Uganda

- During the month of September 2023, a total of 674,333 confirmed malaria cases have been reported with 98 deaths.
- A total of 194,226 new confirmed cases and 18 deaths reported in week 39 which was the highest in comparison to the previous three weeks.
- Teso, Acholi, West Nile, Lango, Busoga regions reported the highest outpatient department malaria burden at national level.

Dengue fever

- A total of 13,312 cases were reported from 17 woredas of Afar, Somali, Dire Dawa, and Oromia regions of **Ethiopia** as of 31 October 2023. 67.1% were reported from Afar and the remaining 32.9% were from Dire Dawa, Oromia and Somali regions.
- Sixty-six cases were reported in **Djibouti** between 01 June and 31 October 2023.
- In Sudan, a total of 4,523 dengue fever cases with 51 deaths (CFR: 1.13%) reported from nine states between 15 April and 27 October 2023.

Circulating vaccine derived polio virus (cVDPV2)

- In Kenya, nine confirmed cases reported from Garissa County as of 27 October 2023. Hagadera (5), Dadaab refugee camps (3) and Garissa township sub county (1). There is an increased risk of further spread due to crowding and poor WASH conditions in the camps.
- In **Somalia**, a total of four cVDPV2 cases have been reported in 2023 as of 28 October 2023.

Tungiasis

- In **South Sudan**, an outbreak of Tungiasis was declared by the MOH in Lobone, Eastern Equatoria on 18 October 2023. As of 18 October, a total of seventy-eight cases reported, but this is believed to be an underestimate due to the short investigation period; investigators report that the infestation covers 99% of the population. Of the reported cases, the 1-10 years age group comprised the highest proportion (41%).

Rift Valley fever

- In **Uganda**, a total of 181 cases (54 confirmed) have been reported across nine counties (Kabale, Rubanda, Mbarara, Mbarara City, Kazo, Bushenyi, Isingiro, Nakaseke, Kakumiro) as of 16 October 2023. 13 deaths have also been reported (CFR: 7.18%).
- Most cases (66%) were reported from Mbarara, Mbarara City, and Kazo (119 cases). In week 36, districts with active human RVF outbreaks were from Kakumiro, Mbarara and Nakaseke districts. The last RVF case from Kakumiro district was confirmed on 04 September 2023.

4. WHO Response

4.1. COORDINATION AND LEADERSHIP

In **Ethiopia**, WHO attended and co-chaired various regional and zonal coordination meetings (EOC, health cluster, daily outbreak response, zonal health, and nutrition coordination) in all drought-affected regions, as well as sub-national health, nutrition, and WASH cluster coordination meetings in Oromia Region, and provided WHO support updates and guidance to the meeting. It also facilitated the Service Delivery Innovation technical working group meeting with UN agencies and implementing partners in Oromia Region. Measles and cholera outbreak-specific coordination meetings were held at zonal and regional levels to monitor response activities in the affected regions. Moreover, a workshop on PRSEAH funded by WHO through DFC was conducted for a total of 50 participants from Women and Youth Bureau, religious leaders, kebele heads and regional health bureau staffs in Somali Region. Coordination and preparedness for the cholera response continued at regional, zonal and woreda levels in most regions.

In **Kenya**, WHO has supported the institutionalization of the Incidence Management System (IMS), which meets weekly to review the status of the response dynamics for all major outbreaks registered in the country, working closely with both the National Public Health Emergency Centre (NPHEOC) and selected affected districts in the ASAL region. To support multisectoral coordination, WHO has continued to strengthen the operationalisation of its recently established public health emergency field operations and coordination hub (health cluster) in Garissa County. Public Health Surveillance & Information EpiData Analysts are providing a dedicated, needs-based technical assistance and support to county health departments in coordinating emergency responses to food insecurity and health risks; ensuring that local data and evidence continue to be generated to inform and improve responses, health service delivery and the building of more resilient health systems.

In **Somalia**, during the reporting period, WHO further strengthened sub-national health cluster coordination capacity by deploying three (3) international health cluster coordinators to Baidoa, Beledweyne, and Galkayo. The recruitment of a fourth sub-national cluster coordinator to be based in Baidoa is being finalized. A retreat was held in Mogadishu to review WHO's performance as cluster lead agency and technical lead for health emergency response following engagements with stakeholders in Mogadishu and in the field. The retreat was also used to review WHO's role in supporting the Humanitarian Country Team (HCT) action plan developed after Inter-Agency Standing Committee (IASC) operational review mission recommendations.

In **South Sudan**, the health cluster deployed sub-national health cluster coordinators in Renk and Bentiu to support the response and coordinated partners to respond to the Sudan crisis and other acute emergencies. A cluster coordination meeting was held, attended by all seventy-six partners, and is planned to be held on monthly basis.

In addition, WHO through the Emergency Preparedness and Response cluster deployed personnel to support the coordination and response activities in Malakal, Wau, Renk and other locations receiving returnees and refugees from Sudan. WHO also coordinated the deployment of a rapid response team (RRT) to investigate the suspected cases of Tungiasis that was reported in Lobone, Eastern Equatoria. The outcome of the RRT investigation resulted in the declaration of Tungiasis outbreak by the MOH in Lobone, on 18 October 2023.

A joint monitoring mission was conducted at the new transit centre (TC) in Paloch, Upper Nile State, to monitor and review the progress of partners' WASH, health and non-food items (NFI) activities, identify gaps and strengthen coordination mechanism on the ground. A one-day workshop was also held to develop the 2024 Humanitarian Response Plan (HRP). Additionally, a cholera contingency plan was developed for Renk country in Upper Nile state in response to the reported cholera outbreak in Sudan. National health partners were trained on Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH) and focal points were identified for each of the emergency response areas. Cluster coordinators facilitated the collection and dissemination of health information using common tools and indicators (5Ws, EWARS (Early Warning, Alert, and Response System) and IDSR (Integrated Diseases Surveillance and Response) to inform health response decision-making. A public health situation analyses (PHSA) document was also developed and disseminated to all levels of WHO and partners.

In **Sudan**, WHO provided technical and logistical support to activate public health emergency operations centre (PHEOC) at Federal and States level to coordinate the health emergency response. In response to cholera outbreak, national and state level task forces were activated and meeting on weekly basis with participation of all Health and WASH cluster partners.

In **Uganda**, WHO provided technical support to Moroto regional public health emergency operation centre (RPHEOC) to produce a weekly bulletin and Lira RPHEOC to respond to Rift Valley Fever (RVF) outbreak in Kole District. The WHO hub in Moroto supported partner mapping for drought response in the region and participated in biweekly coordination meetings between regional nutrition partner and the MOH to track nutrition emergency response. The WHO hubs in Soroti & Moroto also conducted District Health Teams (DHT) functionality assessments at Napak, Amudat, Moroto, Kapelebyong and Kaberamaido districts and guided the DHT to develop actions to improve identified gaps. The WHO Soroti Hub provided technical support during the quarterly performance review meeting for Kalaki district. The meeting was attended by thirty-five health facilities in charge, members of the DHT, RDC and CAO. Missing data on key priority indicators, inaccurate data, low HF deliveries, low DPT3 coverage and ANC4 visits were the key issues which needed to be addressed. Health facilities were guided to develop performance improvement plans to address the identified gaps. WHO field teams in Moroto and Kasese participated in the joint monitoring mission in refugee host districts. The mission focused on health system strengthening and the major causes of mortality in the districts. WHO also conducted an internal review of the response to drought and food insecurity in the Karamoja region, and disseminated lessons learned and recommendations. In response to the El-Niño predictions, 2023 health sector El-Niño preparedness and contingency plan was developed and ongoing planning to revise country's national drought and food insecurity response plan.

4.2. SURVEILLANCE AND HEALTH INFORMATION

In **Ethiopia**, WHO provided supportive supervision to forty-four health facilities on VPD surveillance and the provision of essential health services. It also continued to support the collection, collation, analysis and presentation of weekly surveillance and outbreak data in all regions, and the investigation and verification of cholera alerts and rumours in Oromia and Somali regions. Nine woredas and two zonal surveillance officers were remotely sensitised on priority disease surveillance activities focusing on AFP, measles and NNT in Southwest region. In collaboration with the Somali RHB, WHO successfully conducted a three-day training on NOMA and other skin NTDs in Jigjiga.

The training aimed to strengthen the capacity of health workers from sixteen health facilities in the Somali region. WHO also facilitated the sample collection and transport of suspected measles and cholera cases.

In **Kenya**, WHO continued to provide support in strengthening the nutrition surveillance capacity at community and health facility level. Support was also extended to capacity-building of County Disease Surveillance and Response and health facility staff on Integrated Disease Surveillance and Response (IDSR) and Early Warning Alert and Response Systems on selected priority diseases. A total of 195 frontline healthcare workers were successfully trained on case management for a range of vector- and water-borne diseases and integrated surveillance held in Wajir, Mandera, Garissa and Marsabit counties.

In **Somalia**, to improve access to up-to-date information on the epidemiological trends of Cholera, WHO supported the FMOH to design and activate a Cholera interactive Dashboard which highlights the Cholera caseloads in the county, and reporting trends from the year 2022 to date. In preparedness for the anticipated floods due to the El Niño phenomenon, WHO with the support from the GIS centre, has identified health facilities that are likely to be flooded and alerted State ministries of health and health partners to take appropriate anticipatory action. WHO assessed the 34 prioritised districts using a standardised readiness tool to ascertain the status of capacities in preparedness for the impacts of El Niño in the districts. Capacities assessed were coordination, surveillance, IPC/WASH, case management, risk communication and community engagement, laboratory, essential health services and logistics. Of the 34 districts, 15 high priority districts were selected for preparedness interventions, and we continue to monitor the situation in other districts as the flood situation evolves.

The districts were Belet Hawa, Jamaame East, Dolo, Kismayo, Luuq, Afgoi, Balad, Buaale, Garbaharey, Marka, Baidoa, Dusamreb, Adado, Baardheere and Banadir. The estimated disease burden resulting from the impact of El Niño and floods has been projected and is guiding the repositioning of essential medical supplies and emergency kits and other capacity enhancement efforts.

In **South Sudan**, the WHO and the MOH continue to strengthen early warning signs and responses to alert verification in all the twenty-two priority counties, including support for integrated disease surveillance and response (IDSR) reporting and capacity building. There are currently four designated influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah Children's Hospital Rumbek State, Hospital & Juba Military Hospital) collecting epidemiological data and specimens from ILI/SARI cases.

In **Sudan**, WHO provided technical support to the Federal MOH to launch the country's first electronic early warning system to capture alerts of epidemic prone diseases. Ten States of Sudan with a total of 183 initially chosen EWARS (Early Warning, Alert and Response System) sites were selected. As of end of October 2023, for epi week 43-2023, the completeness of EWARS reporting was 79%. A total of 433,946 out-patient department (OPD) consultations including 149,282 EWARS consultations, with 615 OPD deaths including 84 EWARS deaths were recorded as of 27 Oct 2023. From the immediately notifiable diseases, as of 27 Oct 2023, EWARS system recorded 35 cases of cholera (2 deaths), 7 suspected cases of Meningitis (1 death), 367 measles cases (1 death), 190 haemorrhagic fever cases (1 death), 4 acute flaccid paralysis (AFP) cases, and 34 pertussis cases reported. WHO developed a cholera outbreak dashboard reporting daily updates based on the national line list received. The dashboard access was given to all Health and WASH cluster partners. Regular infographics are being generated for all epidemic prone diseases including cholera and shared with wider audience.

In **Uganda**, the WHO Moroto team conducted follow-up visits to Moroto, Napak and Kaberamaido districts, Ngora and Nakapiripirit to achieve the target of >90% weekly epidemiological reporting. One suspected case of measles was investigated in Kaabong district; the sample was sent to UVRI for testing and the result was negative.

WHO provided technical support for the training of twenty-five medical report assistants and health facility officers (St Anthony HC II) in Soroti town, on data entry into the District Health Information Software (DHIS2) and malaria surveillance charting. The session was supported by World Vision, the implementing partner supporting ICCM.

4.3. OUTBREAK PREVENTION AND CONTROL INTERVENTIONS

In **Ethiopia**, WHO continues to support the cholera response in the most drought-affected woredas in all response pillars: coordination, surveillance, case management, WASH and RCCE activities and vaccination. The WHO Dire-Dawa team provided technical support to seven health facilities and on-the-job training on cholera case management to thirty-three health care workers. In addition, WHO officers were deployed to provide on-site technical support for cholera outbreak preparedness and response in newly affected woredas in West and East Harerge Zones, Oromia Region. For the ongoing measles outbreak, WHO continued to support active case investigation and case management, as well as the measles vaccination campaign. WHO supported the measles vaccination campaign in Bokh and Danot woredas of Dollo zone, vaccinating a total of 59,886 (99.64% of the target) children under 15 years of age in Somali region. WHO also provided surveillance, case management and RCCE support for suspected outbreaks of leishmaniasis and dengue fever.

In **Kenya**, WHO supported tailor-made responsive capacity building training for healthcare workers on integrated case management, WASH and IPC and RCCE. WHO supported the MOH structures at both national and county level to reposition RCCE and infodemics management through engagement of Community Health promoters (CHPs) to conduct responsive door-to-door sanitation demand creation activities (community engagement, sanitation and social mobilisation for prevention and control of cholera outbreaks). Cholera preparedness, readiness and response trainings were conducted for eight highly affected counties while training of trainers (ToT) sessions on WASH and IPC were attended by over 163 public health officers.

WASH stakeholders were trained on water quality surveillance, monitoring, and reporting. Capacity building of the County Reference Laboratory was carried out through tailored on-site technical training of laboratory surveillance focal points. In response to the circulating vaccine derived polio virus type 2 (cVDPV2) outbreak, a second round of campaign was conducted between 7-11 October 2023 and a total of 3,193,601 (104.8%) children aged 0-59 months were vaccinated in 10 counties.

In **Somalia**, WHO facilitated a one-day cholera response intra-action review meeting focusing on strengthening coordination, case management, surveillance, and IPC/WASH in collaboration with FMOH and partners. It was agreed to strengthen coordination by harmonizing all platforms into national and state-level cholera Technical Working Groups (TWG), which will be co-led by the FMOH and WHO with updated terms of reference. The TWG will ensure that the global task force on cholera control (GTFCC) laboratory guidelines are applied to determine the beginning and the end of outbreak cycles. WHO also trained 22 district based Rapid Response Teams (RRTs) from four states (Banadir, Southwest, Hirshabelle, and Jubaland) as Trainers of Trainers (ToT) to deliver training for the Community based surveillance and also support verification of alerts raised from the communities and the health facilities. These RRTs will complement efforts already underway for enhancement of surveillance for epidemic prone diseases in the El Niño season.

In **South Sudan**, WHO is working closely with the MoH in coordinating the overall emergency health response to the Sudan crisis through existing structures. The IOM tracking dashboard is being used to fill critical information gaps in all phases of the response, from preparedness to intervention and transition/recovery. A cholera contingency plan was developed and endorsed by the WASH team. Three Cholera Preparedness Task Force meetings were held and attended by the WASH Cluster, WHO, MSF-B, IOM, UNICEF, OCHA, UNHCR, WVI, Solidarities International and other health and WASH agencies. Gaps were identified in the provision of sufficient water for current needs in the reception centre and transit centres. MSF-B has started preparing the site for the CTU on the grounds of Renk Hospital and WHO tents are being pre-positioned to begin CTU development. WHO mapping of TC, Wunthou and Renk Town for oral rehydration points.

Twenty litre buckets procured from local market for use at ORPs. Training of CHWs and health partner staff on ORS provision is planned and all partners confirmed to have cholera kits donated by WHO.

In **Sudan**, WHO continues to support the cholera response in outbreak affected states in all response pillars: coordination, surveillance, case management, water, sanitation and hygiene (WASH) and risk communication and community engagement (RCCE) activities and vaccination. As of end of October 2023, WHO provided technical support to develop national cholera response plan, conducted integrated case management/IPC training for 20 health care workers in two states. A total of 5,000 households were reached with RCCE messages in five states affected by cholera. Zero reporting was also activated from all health facilities in five affected states. Rapid response teams were operationally supported to respond to cholera alerts within 24-48 hours. WHO also provided technical support in preparing OCV application to vaccinate 6 localities of Gedaref and 1 locality of Al Jazirah State. A total of 2.26 million OCV doses were approved by ICG Secretariat to conduct single dose OCV campaigns in targeted localities of 2 States. As of end of October, WHO was supporting operations of 1 CTC in Gedaref, 2 CTCs in AL Jazirah, 2 in Khartoum and 1 in Kassala State. Water quality monitoring (WQM) visits were carried out to monitor main sources and reservoirs, bacteriological contamination tests were done at drinking water sources along with free residual chlorine (FRC) tests at drinking water sources and household levels.

In **Uganda**, the WHO hub in Gulu continued to support the Lira RPHEOC response to a confirmed RVF case in Kole District. They supported community health education, contact tracing and follow-up, and isolation and treatment of the patient. The WHO hub in Moroto participated in the Moroto RPHEOC meeting, where WHO was requested to conduct a multi-hazard risk assessment and contingency planning, and to provide technical guidance during the joint RPHEOC readiness assessment scheduled for 21 November.

4.4. ESSENTIAL NUTRITION ACTIONS

In **Ethiopia**, WHO visited twenty-four stabilisation centres in the Somali region to improve the quality of case management activities and trained thirty-two health workers on proper SAM, with or without medical complications, case management and IPC interventions. Key messages on infant and young child feeding practices in emergencies were provided to caregivers during the visits to the stabilisation centres. The WHO Nutrition Officer conducted an on-site orientation for six health care providers at Keyafer health centre in South Omo zone of SNNP region. In addition, WHO supported mobile health and nutrition teams in Kohle, Salahad and Bilcilbur woredas by donating essential medical supplies and equipment kits to address and improve routine health and nutrition services in hard-to-reach areas of the Somali region.

TOT training on SAM case management was conducted in Halaba town from 23-28 October 2023 with a participation of twenty doctors. WHO, in collaboration with the Somali Regional Health Bureau also conducted a two-day performance review meeting for three WHO-funded Mobile Health and Nutrition Teams (MHNTs) as part of the drought emergency response.

In **Kenya**, WHO was instrumental in providing on job mentoring on nutrition to all students (30 pax) at Garissa County Referral Hospital. At the stabilization centre, WHO continued to support nutrition counselling and feeding demonstrations to mothers who had not started age-appropriate complementary feeding. To strengthen nutrition screening a multi-pronged approach (introduction of family led MUAC screening, routine screening, and follow-up by CHPs as part of CHS work, community sensitization on malnutrition detection and treatment services) being used to strengthen early identification, referral, and treatment of wasted and malnourished pregnant and lactating women (PLW).

In **Somalia**, WHO provided technical inputs into the Somalia Integrated Management of Acute Malnutrition (IMAM) lessons learned, recommendations and tools for IMAM response in exceptional circumstances. WHO developed training packages and trained 30 Health Care Workers from the Stabilization Centres from five states (Banadir, Southwest, Jubaland, Hirshabelle, Galmadug, and Puntland) as well as the FMOH and SMOH to support data collection for a nutrition impact study to assess effectiveness of the stabilisation centres.

WHO supported community health workers and outreach teams to conduct MUAC screening for a total of 70,426 children aged 6-59 months. Of these, 18,836 (26.8%) were identified as Moderate Acute Malnutrition (MAM), and 8,488 (12.1%) as Severe Acute Malnutrition (SAM) and referred to therapeutic care. One Stabilization Centre in Deynile, Banadir Region was reactivated with WHO's support, to treat the increasing caseload of children with SAM with complication referred from Internally Displaced persons camps with majority of people from Middle Shabelle region.

In **South Sudan**, 73 health workers were trained on inpatient management for severe wasting from stabilization centres in Rubkona, Gogrial East/West, Aweil North & West, Kapoeta East and North counties. Twenty health care workers were also trained in nutritional surveillance (MUAC screening) in Aweil. Additionally, a total of 10 health workers received on-the-job training in Twic East and Rubkona counties through a joint supportive supervisions.

In **Sudan**, WHO provided technical and financial support for the stabilization centres to maintain the functionality of the centres. The support included the provision of SAM kits, operation cost, trainings on Nutrition in Emergency, Infant and young child feeding (IYCF) counselling, SAM inpatient care and growth monitoring. A total of 10 nutrition specialist are providing field support for the ongoing emergency response in the country.

In **Uganda**, WHO provided technical assistance in data analysis and report writing for the Uganda nutrition annual performance report. The WHO nutritionist in Karamoja participated in a two-day stakeholder consultation workshop on the pilot play initiative, organised by the Ministry of Health-Nutrition Division. The MoH, through Makerere University, with funding from UNICEF, will implement a pilot project on the play initiative in two regional referral hospitals (Moroto and Mbarara) and the national referral hospital (Mwanamugimu). The project aims to investigate the importance of structured play in the management of severe acute malnutrition and explore the reasons for the low integration of early childhood development into nutrition services at nutrition rehabilitation centres. Knowing the status of implementation of structured play in nutrition units, the barriers and facilitators to its integration, and the lessons learned from this pilot will guide the scaling up of ECD integration in the management of acute malnutrition in Uganda. The WHO-supported mass nutrition screening in Kaabong district was completed with a total of 30,501 children screened and result showed 2.1%, 10.8% MAM and overall, GAM rate of 12.9%.

4.5. ESSENTIAL HEALTH SERVICES

In **Ethiopia**, WHO monitored daily IPC/WASH activities in the CTCs and assessed laundry, chlorine solution preparation and waste management. In addition, eight IPC health workers and six support staffs at Ayardaga CTC were briefed on the findings of daily CTC assessments and recommendations in Somali region. In collaboration with the woreda health team, WHO conducted an IPC/WASH assessment at Otolo Developmental Health Centre and Otolo CTU in Kemaba Zuriya woreda of South Ethiopia region and about thirteen health workers received hands-on training to strengthen community level cholera prevention and critical IPC/WASH practice at CTU and health facility level. WHO's, IPC/WASH officer also provided orientation on key IPC measures with the aim of strengthening regular water quality monitoring and surveillance to protect the community from waterborne diseases. In addition, WHO provided support through the donation of psychotropic medication and psychoeducation for the treatment of mental health patients.

In **Kenya**, WHO continued to support the provision of essential health services and timely outbreak detection and response in areas affected by drought and food insecurity. Critical WASH supplies were pre-positioned in drought and cholera affected counties. Existing CTC/CTUs were improved and strengthened with the provision of tents at treatment facilities. WHO Kenya supported mass preventive vaccination campaigns including measles vaccination, vitamin A distribution, deworming, bed net distribution and vector control activities.

In **Somalia**, through the deployment of outreach services in vulnerable and underserved communities, over 50,191 outpatient consultations were conducted. Of these, 40.5% were children under 5 years of age. The teams also provided 1,414 pregnant women the second dose of tetanus and diphtheria vaccine to prevent neonatal tetanus and maternal diphtheria.

In **South Sudan**, about 58% of health facilities in the country offer basic emergency obstetric and newborn care (BEmONC) services and 64% offer comprehensive emergency obstetric and newborn care (CEmONC) services. Ante-natal and post-natal care are provided in 67% and 56% of health facilities respectively. Deliveries by skilled birth attendants are performed in 42% of the health facilities. According to the SWs reporting by partners from January to September 2023, about 26,734 pregnant women received the 2nd dose of tetanus toxoid (TT) vaccination. In order to improve the service delivery, a total of 42 health care workers were trained on comprehensive management of rape (CMR), 152 on minimum initial service package (MISP) and 61 on BEmONC services.

In **Sudan**, in depth infection prevention and control (IPC) assessments were conducted in 2 CTCs of Gedaref State. WHO technically supported updating national cholera treatment protocol. Refresher trainings were provided for 148 Public health officers on inspection of drinking water sources, sampling techniques, water quality testing using rapid devices, reporting forms, including 60 volunteers trained on drinking water disinfection at HH and FRC check. National testing strategy was developed and shared with national, and all outbreak affected States.

In **Uganda**, the WHO hub in Soroti sensitised sixty-two village health team and health assistants received refresher training on ICCM from the MOH with support from World Vision, on their role in addressing GBV, health promotion, identification and referral for priority disease alerts and data submission to mTrac. The TB LAM machine donated by WHO to Kaabong district was installed at Kathile HC & health workers were trained on its use by PACT Karamoja. The CAST TB campaign, a door-to-door TB awareness, screening, and diagnosis activity to intensify contact tracing and community treatment initiation, is currently underway in Karamoja, taking place every six months in March and September.

4.6. OPERATIONS, LOGISTICS AND SUPPLIES

In **Ethiopia**, WHO dispatched cholera treatment supplies to Afar, Amhara, Benishangul Gumuz, Oromia and Somali regions, mounting 18,439.88 Kg and 78.95 CBM to support the ongoing cholera intervention measures in the affected areas. It also facilitated the delivery of 17.7 MT of WHO cholera kits to three newly affected Cholera hot spot woredas in Oromia region.

In **Kenya**, WHO supported the procurement of essential life-saving drugs, laboratory supplies, consumables as well as cholera kits to support the ongoing response to disease outbreaks and delivery of routine health services. Donation of cholera beds, drugs and renewable supplies together with WASH items were made to counties in need of support.

In **Somalia**, WHO is monitoring the stockpiles of medical supplies at the state and priority district level to ensure adequate prepositioning at designated Cholera treatment centres. A total of 8.74 metric tons of cholera supplies were delivered to the districts within the reporting period.

In **South Sudan**, to support the ongoing emergency response interventions and in ensuring the consistent basic health services in the counties, WHO through 47 partners prepositioned and distributed 1,415 inter agency health kits, 284 pneumonia kits, 199 cholera kits (including 59 cholera investigation kits), 683 SAM kits, nine large tents (Renk county) as well as 70 PEDs/SAM kits for the treatment of the SAM with medical complications.

In **Sudan**, WHO distributed cholera kits to affected states including RDTs and cary blair media. Lab reagents and supplies were provided to the national public health laboratory in Port Sudan to support the ongoing case detection and response measures in the country.

In **Uganda**, WHO pre-positioned a cholera kit water tool module at Moroto regional referral hospital and supported Nabilatuk IV, Tokora IV & Amudat with various ITC job aids (45 job aids in total). The WHO Moroto Hub warehouse received twenty kits of NCDK Basic Module 1a (medicines only), and one cholera kit water tool module. The status of the reagent kit for the TB lamp installed in Kaabong will be followed up with NMS and the MOH allocation will be done once received. The team has continued the discussions and engagements with the UNBS, MOH & UNICEF on the RUTF being held at UNBS and expected to be released soon. WHO has provided 111 height boards to Moroto, Nakapiripirit district in Karamoja, Kaberamaido, Kapelebyong, Katakwi, Amuria, Soroti RRH and Gulu to support the ongoing nutritional screening and management programs. In addition, six hundred urine collection containers were provided to Nakapiripirit district. WHO supported the redistribution of therapeutic milk (F-75) from health facilities in Amudat to those in Tokora & Kotido.

5. Gaps and Challenges

Ethiopia continues to face multiple humanitarian public health crises, including several concurrent disease outbreaks such as measles, cholera, rubella and arboviral diseases. Other challenges include limited access due to security issues in some of the cholera affected woredas, shortage of RUTF, F-75 and F-100 milk, and IPC/WaSH supplies. Recent flash floods in several zones in Somali region also affected and displaced a number of people and caused damage to a number of health facilities affecting health service delivery to the community in need. Moreover, shortage of SAM kits have been reported from Dawa zone and the presence of limited partner engagement in the new Central Ethiopia and South Ethiopia regions.

In **Kenya**, the country's response to the impact of food insecurity, floods and the health crisis revealed a myriad of operational challenges that necessitated a reorganisation and reorientation of WHO's activity programming and implementation arrangements, including inadequate resources to facilitate critical response pillars, case investigation and follow-up; inadequate infrastructure for cholera case management centres; insufficient essential drugs for cholera treatment. In addition, inadequate resources for case finding, reporting and contact tracing resulted in late reporting as well as shortage of RDTs in peripheral facilities and presence of inadequate cross-border and collaborative surveillance systems are affecting the timely response needed. Lack of resources for maintenance of cold chain equipment's, the presence of a long lead time for international supply of emergency kits and global shortage of oral cholera vaccine (OCV) continued to be a challenge in the country.

In **South Sudan**, the main challenges reported were the stock-out of measles vaccines at Wunthou point of entry and the lack of immunization cards and registries to record vaccines. An increased risk of cholera in Wunthou PoE, transit centres and Renk town due to their proximity to Sudan which is responding to the cholera outbreak affecting four states. Lack of partners in these locations affected the timely detection and reporting of any suspected cases. Approximately 300,000 long lasting insecticide nets (LLINs) in Renk CHD have not been distributed despite the increased number of malaria cases and discussions are ongoing to resolve the issue. The water storage capacity in the transit centre is limited and the population has increased by ~5,000 people every week and increased the risk of water borne disease including cholera.

In **Somalia**, the challenges were related to limited government coordination capacity at sub-national levels to engage multiple partners/clusters to preposition supplies and resources in anticipation of the impact of El Niño. Security situation in several areas is of concern limiting access to the population in need and making it challenging to conduct last mile distribution spot-checks. In **Sudan**, the main challenges with regards to cholera outbreak include insufficient funding, low chlorination indexes, fast geographical expansion requiring upscaling of cholera treatment centres (CTCs) and oral

rehydration points (ORPs) and irrational use of RDTs and intra Venus (IV) fluids. In **Uganda**, the stock-out of key HMIS registries in Kapelebyong, Ngora and Amuria districts has affected data entry into DHIS2 system.

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 October 2023, only 21% percent had been pledged and funded.
- The system-wide response to the crisis is globally largely underfunded.
- Considering the elevated levels of food insecurity and El Niño's implication on health, more funding is needed to allow for preparedness and readiness activities.

Figure 9: Funding status in GHOA region as of 31 October 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, supply and logistics management, taking into consideration the multiple complex emergencies.
- The cholera outbreak situation in the region continued to be concerning as more geographic areas are being affected and the ongoing flooding in the horn of Africa put a greater risk for further spread. The response needs a more coordinated effort focusing on WASH, IPC, RCCE 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.
- There is a need to expand cross-border coordination with organizations like IGAD and support countries in developing El Niño preparedness and response plans
- More advocacy and resource mobilization efforts are needed through donor communication and proposal development taking into consideration of the health impacts of El Niño.
- Generating and dissemination of information products, including situation reports, dashboards, and Public Health Situation Analyses (PHSAs) focusing on El Niño's health impact is highly needed to guide ongoing interventions.
- 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

The greater Horn of Africa is currently facing dire food insecurity and health crises across seven countries, resulting in a notable increase in disease outbreaks and the highest number of malnourished children in years. This complex situation stems from a convergence of multiple factors, including the impact of climate change (particularly droughts and floods), ongoing conflicts resulting in displacements, the elevated cost of food, repercussions from the post-COVID-19 economic downturn, and weakened currencies. It is crucial to acknowledge the pivotal role that health must play in the broader response to address these challenges promptly. To prevent further deterioration of the health situation, there is need to sustain funding for the health response.

Currently, **47.3 million** people are in IPC3+, facing crisis levels of food insecurity with 8.2 million in an emergency (IPC Phase 4), and 43,000 in a catastrophe (IPC phase 5). Although this is a reduction from the 61 million in IPC3+ in mid-2023, it still represents a significant number, while recovery is also expected to take significant time. In addition, the situation is compounded by the **onset of El Niño**, which 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. This shows that the region bears the brunt of extreme weather events.

Some of the impacts are that the number of children with acute **malnutrition** has been 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.

Looking ahead, persistent heavy rainfall in the Horn of Africa region, particularly in Somalia, Kenya, and Ethiopia, is expected to be sustained throughout the October to December (OND) rainy season. The high rainfall is expected to lead to the overflowing of rivers, floods, flash floods, and triggering landslides. Already, adverse conditions have resulted in casualties and extensive damage to households, health facilities and other infrastructures. It is expected that the increased rainfall would have devastated 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 food insecurity situation in the region.

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 to have 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% have 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)	