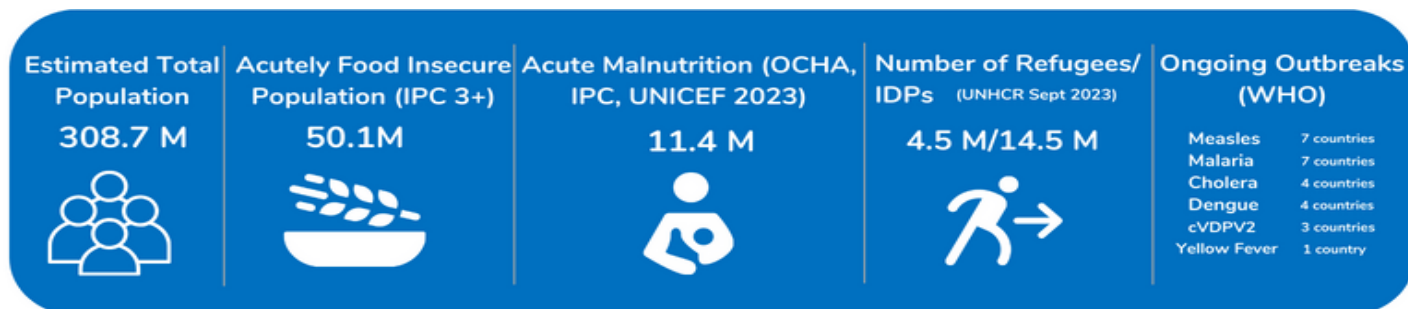




SITUATION REPORT: 01 November - 31 December 2023

Greater Horn of Africa Food Insecurity and Health Grade 3 Emergency



Key Highlights



- Heavy rains induced by El Nino led to extensive flooding in the Horn of Africa, displacing over 4 million people, damaging infrastructure and affecting human health, with more than 350 **fatalities** reported (Kenya, Somalia, Ethiopia).
- The rainfall decreased towards the end of December 2023 with dry conditions observed in Somalia, eastern Uganda, central to southern Kenya and Ethiopia with a reduced water level in riverbanks. The flood affected areas are facing an increase of **cholera, malaria, and dengue fever** cases.
- **50.1 million** people in the region are **food insecure** (IPC3+) experiencing crisis levels of acute food insecurity and above; 8.8 million people are in IPC phase 4 and 25,000 in IPC phase 5 (South Sudan).

- Admission trends for severe acute malnutrition have shown a decline in most countries in the region which can be attributed to improved pasture, but is also likely due to a decrease in outreach activities (funding shortages) and the reduced access to health services following the flooding.
- Between January and December 2023, there were over 33% more (154,146) SAM admissions in Somalia, compared to the same period in 2022. SAM admissions in Kenya increased by 32% (39,541) from January to December. In South Sudan SAM admission increased by 4% (9863) between January and December and by 15% (601) in Djibouti between January and October.
- The region is battling multiple disease outbreaks including cholera in four countries, measles and malaria in all seven countries, and **dengue fever** in Ethiopia, Djibouti, Sudan, and Somalia. Uganda and South Sudan are responding to Anthrax outbreaks.
- **South Sudan** declared a public health emergency for cVDPV2 on 22 December 2023 after a suspected case test result turned out positive on 7 December 2023.
- A **yellow fever** outbreak has been declared by the Ministry of Health in South Sudan on 24th December 2023 following a yellow fever case that was reported (on 21 December 2023) from Tambura County. As of 28 December, six cumulative cases (one confirmed and five suspected) have been reported, with two suspected deaths.
- WHO continues to provide support to all seven countries in the Greater Horn of Africa (GHOA) region (Djibouti, Kenya, Ethiopia, Somalia, Sudan, South Sudan, and Uganda) in the areas of leadership and coordination, surveillance and health information, outbreak prevention and control, essential nutrition actions, and essential health services.

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 (Dec 23 – March 24)	12,613,120	4,040,000	1,713,000	25,000	5,778,000	46%
SUDAN (Oct 23 – Feb 24)	48,190,706	12,828,395	4,898,486	0	17,726,881	37%
UGANDA/ Karamoja (Sep 23 – Feb 24)	1,285,000	293,150	48,440	0	341,590	27%
Sub-Total	96,842,767	21,886,377	8,039,728	25,000	29,951,105	
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					50,051,105	

- Countries in the region continued to face extreme weather events resulting in drought and flooding. Nearly **50.1** million are in IPC3+, facing crisis levels of food insecurity including **8.0** million facing emergency IPC 4, and **25,000** facing catastrophe IPC 5)¹.

- More people are facing drought in northern Ethiopia.

Table 1. IPC acute food insecurity projection as of December 2023 (IPC, HRP).

- The new IPC analysis released for **Sudan** on 12 December 2023, revealed that 17.7 million people (37% of the population), are expected to face high levels of acute food insecurity between October 2023 and February 2024. Conflict continues to deteriorate the food insecurity situation in Sudan. Civilians facing movement restrictions due to conflict, including sieges, are at high risk of food insecurity, and delivering humanitarian assistance to these areas is challenging due to complex conflict dynamics and limited access.
- Climatic shocks and hazards, displacement, macroeconomic challenges, and conflict continue to be some of the main drivers of food insecurity in the region. The conflict in Ethiopia and Sudan have displaced millions of people and increased humanitarian needs.

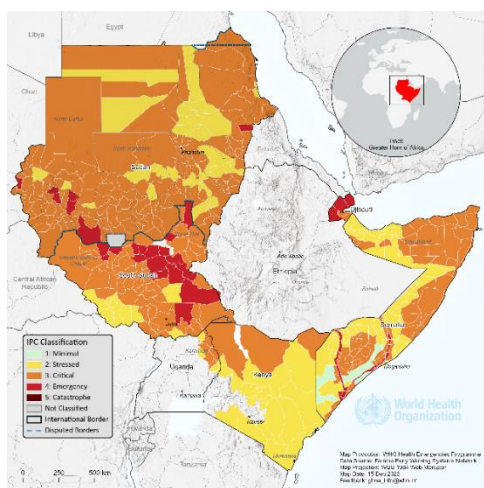


Figure 1. Projected Food Insecurity in GHoA, December 2023 (IPC).

Countries in the Horn experienced increased rainfall resulting in flooding and river overflows due to El Niño’s effect. This resulted in the displacement of hundreds of thousands of people, cutting road networks and infrastructures, affecting human health and negatively impacting the food security situation in the region.

More than 11.4 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)^{1,2}.

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 number of SAM admissions in 2023 in comparison to the last four years. More than 2 million SAM children received treatment between January and December 2023, with highest number of admissions reported from Somalia, Ethiopia, South Sudan, Sudan; and Kenya³.

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/2023/05/17/humanitarian-response-plan-2023-revision-issued-on-17-may-2023)

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

1.2 Weather Outlook

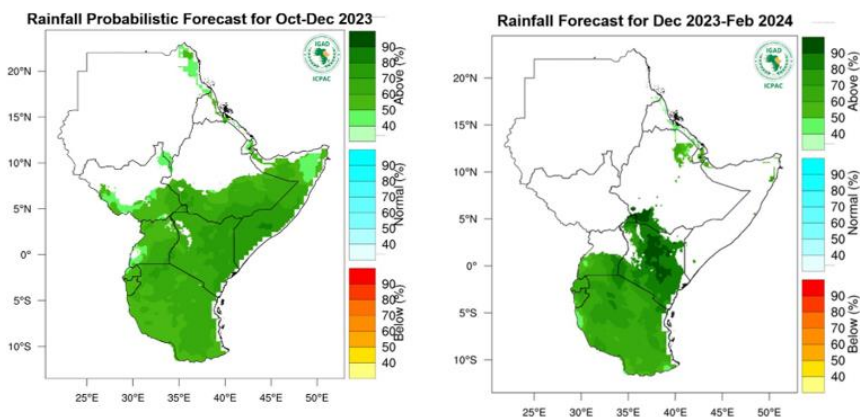


Figure 2. Rainfall Probabilistic Forecast for Oct-Dec 2023 and Dec 23-Feb 24 (IGAD/ICPAC).

Between **October and December 2023**, heavy rains hit parts of Ethiopia, Kenya, and Somalia, causing rivers to overflow and flooding, affecting homes, health facilities, schools, and other infrastructure, including roads. Hundreds of thousands of people were displaced and hundreds died. By mid to late December, rainfall had tapered off in Somalia, with light rainfall in eastern and southern Kenya.

From **December 2023 to February 2024**, wetter than normal conditions are expected over most of Kenya and southern Uganda. Dry conditions are expected for the rest of the region during the season^{4,5}.

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

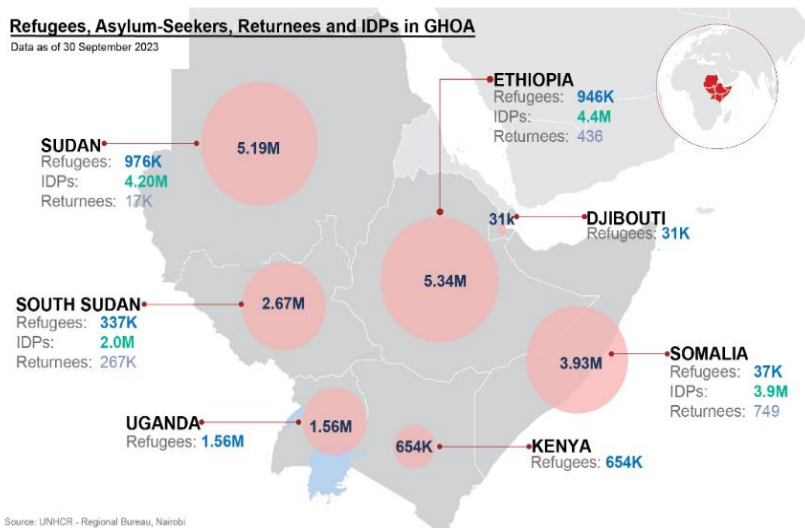


Figure 3. Number of refugees, asylum seekers, returnees, and IDPs in GHOA countries, 30 September 2023 (UNHCR).

- The intense fighting in **Sudan** which erupted on 15 April 2023 had resulted in more than **7 million new displacements**, including more than **5.5 million internally displaced**, and over **1.5 million people** who crossed into neighbouring countries, as of 26 December 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^{7,8}.
- Due to the conflict in **Sudan**, an estimated 443,162 people arrived in South Sudan and 94,721 to Ethiopia, as of 17 December 2023.
- **Uganda** hosts the highest number of refugees in the region. Cumulatively, 99,052 individuals arrived in the country from South Sudan (25%), DR Congo (24%), Sudan (2%), and new urban arrivals in Kampala (49%) between January to December 2023. The country hosts about 1.5 million refugees at the end of the reporting period.

The number of refugees and internally displaced persons (IDPs) recorded in 2023 reached the highest figure in four years.

Over **19.4 million IDPs and refugees** had been reported in the region with 14.5 million IDPs and 4.5 million refugees and asylum seekers), as of 30 September 2023.

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 flooding⁶.

Sudan, Ethiopia, Somalia, and South Sudan reported to have the highest IDP numbers in the region as of 30 September 2023.

⁴ East Africa Hazard Watch. <https://eahazardswatch.icpac.net/>

⁵ Climate Forecasting. <https://www.icpac.net/climate-forecasting/>

⁶ Document - Regional Dashboard RB EHAGL: Refugees, returnees and internally displaced persons in the IGAD region - 30 Sep 2023 ([unhcr.org](https://data.unhcr.org))

⁷ DTM Sudan weekly displacement snapshot (14). <https://dtm.iom.int/reports/dtm-sudan-situation-report-14>

⁸ Sudan Situation UNHCR External Update #41 - 26 December 2023. <https://data.unhcr.org/en/documents/details/105681>

- In **Somalia**, 3.9 million people are IDPs with 2.9 million people internally displaced in 2023 mainly due to the recent flooding⁹.
- In **Kenya**, flooding displaced **over 545,895** people from 19 counties in the eastern and north-eastern parts of the country and were hosted in 172 camps established in the affected counties as of 20 December 2023.
- The flooding in **Ethiopia** has affected more than 1.4 million people with over **682,197 being displaced** in Somali, Afar, Oromia, Gambella, Somali and South Ethiopia regions.

1.4 Ongoing Disease Outbreaks

- The GHOA region is facing multiple disease outbreaks, with increased cases of cholera, malaria, dengue, and measles, particularly since the onset of flooding. Countries are closely monitoring the situation and scaling up interventions to reduce morbidity and mortality associated with these diseases.
- **Four countries** (Ethiopia, Kenya, Somalia, Sudan) are currently responding to **cholera** outbreaks with the majority of the cases being reported from the flood-affected areas of Ethiopia and Somalia, and from conflict-stricken Sudan.
- The cholera outbreak has **spread to more geographical** areas in Kenya, Ethiopia, and Sudan, resulting in increased morbidity and mortality. Limited access to health services continues to affect prevention and intervention efforts. Ongoing conflict and poor water, sanitation and hygiene facilities in affected areas have contributed to the further spread of the outbreak. In response to the cholera outbreaks in the region, several rounds of **OCV** vaccination campaigns have been conducted since 2022. Over 17.2 million people (**15.4 million** in 2023) in Somalia, Ethiopia, Kenya, Sudan and South Sudan have been vaccinated between January 2022 and December 2023.
- All seven countries are experiencing an **increase in malaria cases** due to favourable conditions for vector proliferation and easy spread of the disease, especially since the onset of heavy rains. Compared to other countries in the region, Ethiopia, Kenya, Somalia and Sudan reported the highest numbers in 2023. **Ethiopia** recorded the highest number of malaria cases in 2023 compared to the previous six years. The highest incidence rate was reported from the **Gambella region of Ethiopia**, which was recently affected by flooding. In Kenya, a continued increase has also been reported from **Mandera County** (worst affected by the floods).
- All seven countries in the GHOA are responding to **ongoing measles outbreaks**, with the highest number of cases reported in Ethiopia, Somalia, South Sudan, and Sudan. Measles remains a leading cause of death among young children, and in combination with high levels of malnutrition and lack of adequate health care, up to 10% of measles cases are fatal. Nearly 25 million children under five have been vaccinated for measles since January 2022 in which 19 million of them were vaccinated in 2022 and over 6.1 million in 2023 as of December 2023.
- In **South Sudan**, a public health emergency was declared for circulating vaccine-derived poliovirus (cVDPV2) by the MOH on 22 December 2023; after a confirmation of a case on 14 December 2023. Currently the outbreak is ongoing in **Kenya, Somalia, and South Sudan** with a total of thirteen, five, and one case reported, respectively. In Kenya, the third round of the polio vaccination campaign in November 2023 reached more than 2.5 million children aged 0-59 months, exceeding the target and achieving 102.6% coverage. In response to the outbreak, more than **15.6 million** doses of polio vaccine have been administered in Kenya and Somalia between January and December 2023.
- In **South Sudan**, a suspected case of viral haemorrhagic fever was reported on 7 December from Kangura village, Gangura Payam, Yambio County. The sample tested **positive for yellow fever** on 24 December and as of 27 December 2023, five cumulative cases (one confirmed and four suspected) had been reported, with two suspected deaths. An incident action plan has been developed to respond to and control the outbreak.
- In **Uganda**, some of the acute public health emergencies registered during the reporting period include anthrax, measles, rabies and rift valley fever outbreaks.

⁹ UN Refugee Agency (2023). UNHCR Somalia – Operational Update December 2023. Available from: <https://data.unhcr.org/en/documents/details/106246>

2. Public Health Risks and Concerns

- Ongoing conflicts and insecurity in the region affected service delivery at the health facility and community level, exposing vulnerable populations like women and children to increased health risks.
- On the 4th of July 2023, the World Meteorological Organisation (WMO) declared the onset of El Niño, which is historically characterised by wetter-than-normal short rains in East Africa and drier conditions in northern parts of the Horn of Africa, including Sudan and northern Ethiopia. The GHOA region experienced wetter-than-usual conditions between October and December 2023 as a result of El Niño in various parts of southern and eastern Sudan, several parts of Somalia, South Sudan, and northwestern, western, southern and eastern Ethiopia, much of northeastern, eastern, central, western, southern and coastal Kenya. Weather forecasts indicated that El Niño would continue into early 2024, and its continued presence is likely to have widespread health implications well into the year, as significant health impacts have historically been observed in the year following the onset of an El Niño event. Many of these health impacts are already being observed in the region, including:
 - **Vector-borne diseases:** Increased number of **malaria and dengue** cases reported especially in flood affected areas. **Rift valley fever** outbreak has been reported from Uganda and Kenya and resulting in an increased morbidity and mortality.
 - **Cholera outbreaks:** **Four** countries responding to the outbreak and more geographic areas have been affected. Flood affected areas of Ethiopia, Kenya and Somalia reported an increased number of cases and at an increased risk of further spread.
 - **Malnutrition:** The disruption of health services including nutrition programme as well as damage to planted crops are contributing to the deterioration of the nutrition situation in the region. High SAM admissions were reported from Somalia in December 2023 in comparison to the last three months. Due to the presence of several disease outbreaks compounded by the food insecurity situation, the SAM numbers are expected to increase in the coming months.
 - **Food insecurity:** The number of people facing high level of acute food insecurity showed an increase due to several driving factors including the recent flooding which displaced millions of people in the Horn of Africa as well as the drought situation in the northern Ethiopia.
- Access to essential health services including routine immunization have been challenged by the conflict, insecurity, flooding, drought and other related factors which resulted in millions of people to be displaced, increasing their vulnerability for vaccine preventable diseases.

3. Surveillance and Health Information

3.1 Severe Acute Malnutrition (SAM)

- About **11.4 million children under the age of five** are estimated to face acute **malnutrition** with **2.9 million** of them in **severe** conditions in 2023^{10,11,12}.
- Ethiopia, Kenya, South Sudan, and Somalia reported the highest number of SAM admissions in 2023 compared to the last four years³.
- A total of 1,970,225 SAM admissions were reported between January - December 2023 with the highest admissions reported from Somalia and Ethiopia.
- Between January and December this year, the number of SAM admissions in **Somalia** increased by 154,146 (33%), in **Kenya** by 39,541 (32%) compared to the same period in 2022. There were 9,863 more SAM admissions (4%) in **South Sudan** in the same reporting period compared to the last year and over 601 more admissions (14.7% increase) in **Djibouti** compared to the same period last year (January – October).

¹⁰ [Ethiopia: Humanitarian Response Plan 2023 \(February 2023\) - Ethiopia | ReliefWeb](#)

¹¹ [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](#)

¹² [Sudan: Revised Humanitarian Response Plan 2023 \(Revision issued on 17 May 2023\) \[EN/AR\] - Sudan | ReliefWeb](#)

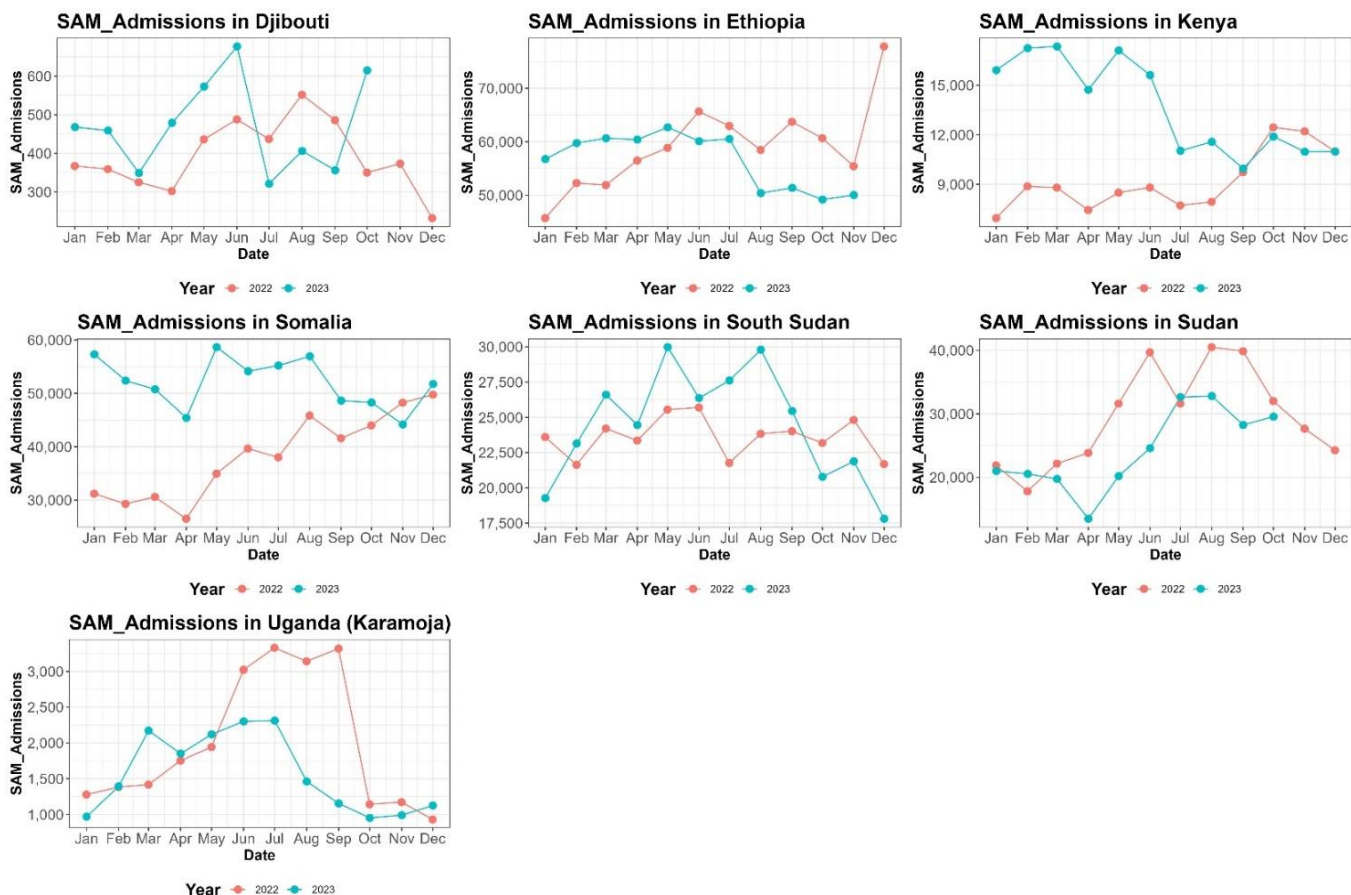


Figure 4. SAM admission trends in GHOA countries, January 2022- December 2023 (UNICEF, WHO).

- Sudan and the Karamoja region of Uganda recorded slight decreases in SAM admissions, compared to the same period last year.
- During the reporting period, **Somalia** reported an increased SAM admissions in December 2023 in comparison to the previous three months admission numbers which could be related to the resumption of the essential health services including the nutrition programme and worsening of the food insecurity situation in the country.
- In **Karamoja region of Uganda**, the number of SAM cases who received treatment showed a consecutive increase during November and December and expected to be higher in the following months.
- A slight increase in the number of SAM admissions was reported between November and December 2023 in Ethiopia and Kenya in comparison to the preceding months.

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.
- A total of 164,371 SAM children were admitted for treatment from January to December 2023, which represents 39,541 **more admissions (31.7% increase)** than the same period in 2022. The number of SAM admissions was substantially lower in the second half of 2023 compared to the first six months (a decrease of 32%), with the largest decrease observed between June and July.
- During the reporting period, a slight increase in SAM admission reported in December compared to November 2023.

Somalia

- 1.5 million children under five are estimated to be acutely malnourished with 330,630 suffering from SAM between August 2023 and July 2024.
- 623,716 SAM children under five were admitted between January and December 2023 showing a 26% increase compared to same period last year.
- 38,044 SAM children with medical complications were admitted to the stabilization centres.

Sudan

- A total of 3.5 million children under-five are estimated to be acutely malnourished (every 7th child) with over 710,000 of them expected to be severely malnourished including 106,000 with medical complications in need of inpatient management in the stabilization centres.
- More than 240,000 children under five years were admitted in the Outpatient program (OTPs) between January and October 2023.
- A total of **25,131** children with medical complications were admitted to the stabilization centres between January and November 2023.

Ethiopia

- Approximately 4.2 million children are estimated to be acutely malnourished with 1.2 million of them suffering from SAM in 2023.
- 621,926 SAM children under five were admitted into nutrition programmes between January and November 2023 with 70,694 of them admitted in the stabilization centres. The number of SAM admissions in the last four months of 2023 was considerably lower than at the beginning of the year.
- Increased admissions reported in **Afar, Somali, Benishangul and Tigray** regions between November and December 2023.

South Sudan

- 1.65 million children under five are estimated to be acutely malnourished with 484,502 SAM between July 2023 and June 2024.
- 293,157 SAM admissions were reported between **January and December** 2023 – with a decrease of SAM admissions observed from August to December.
- During this period, there were 11,403 admissions to the stabilization centres accounting a **6.5%** of the total SAM admissions.

Uganda

- In the Karamoja region, over 89,000 children under five are estimated to be acutely malnourished with 19,655 suffering from SAM between February 2023 and January 2024. In the second half of 2023 the number of SAM admissions decreased by 26% compared to the first half of the year.
- In Karamoja, 18,798 SAM children were admitted to the therapeutic feeding programme between January and December 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.

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 December 2023. Figure 6 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, Sudan, and South Sudan achieved excellent treatment success rates. Karamoja region of Uganda and Djibouti achieved a cure rate below 75% and higher levels of defaulter and non-respondent rates needing further analysis to identify the underlying reasons coupled with the requirement to design an effective strategy for better outcomes.

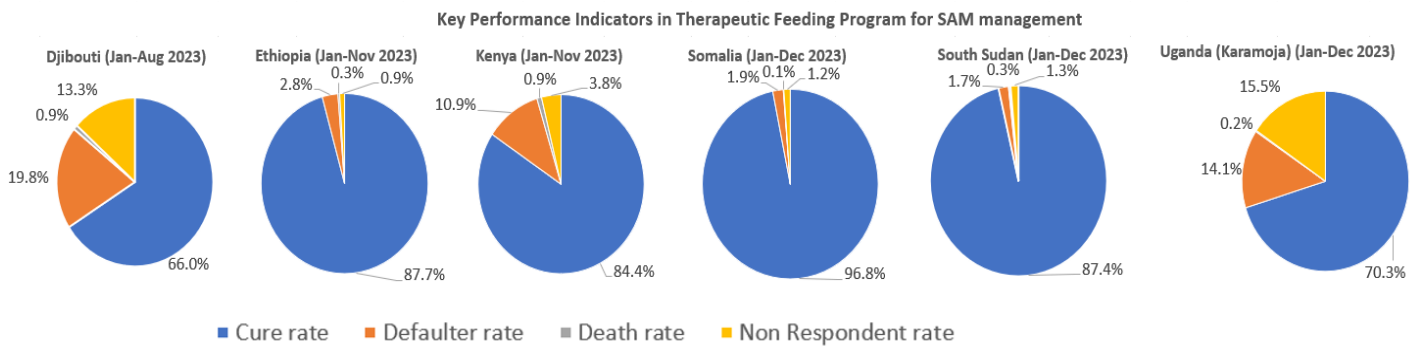


Figure 5. Treatment outcome indicators for children admitted to therapeutic feeding program (OTP and SC), January to December 2023 (Nutrition cluster, UNICEF, WHO).

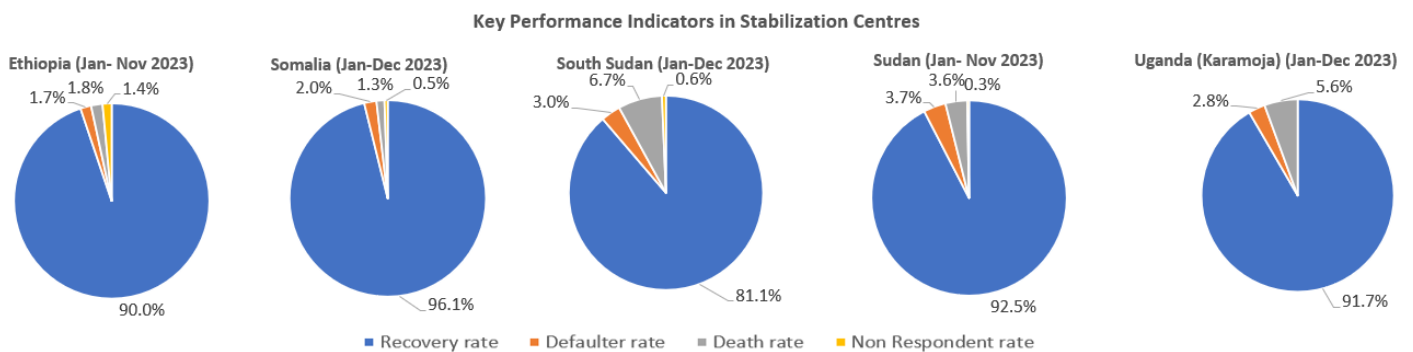


Figure 6: Treatment outcome indicators for children admitted to stabilization centres, January to December 2023 (Nutrition cluster dashboards, WHO).

- Within the SAM children admitted to the stabilization centres from January to December 2023, **cure rates were 96.1% for Somalia, 91.7% for Uganda (Karamoja), 92.5% for Sudan, 90% for Ethiopia and 81.1% 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 GHOA region is currently facing several disease outbreaks. Cholera continues to be reported in the region with an increased number in four countries (ETH, KEN, SOM, SUD). (Please see section 1.4 for the details)
- A surge of cholera, AWD, malaria and dengue cases being reported in areas affected by the recent flooding. The floods damaged infrastructure including WASH and health facilities, which is increasing the risk of further spread.
- **Circulating vaccine derived polio virus (cVDPV2)** outbreak ongoing in three countries (SOM, KEN, SSD). South Sudan declared a polio outbreak on 22 December 2023 after a suspected case test result turned out positive on 7 December.
- A **yellow fever** outbreak has been declared by the Ministry of Health in South Sudan on 24th December 2023 following a yellow fever case that was reported (on 21 December 2023) from Tambura County.

3.2.1 Cholera

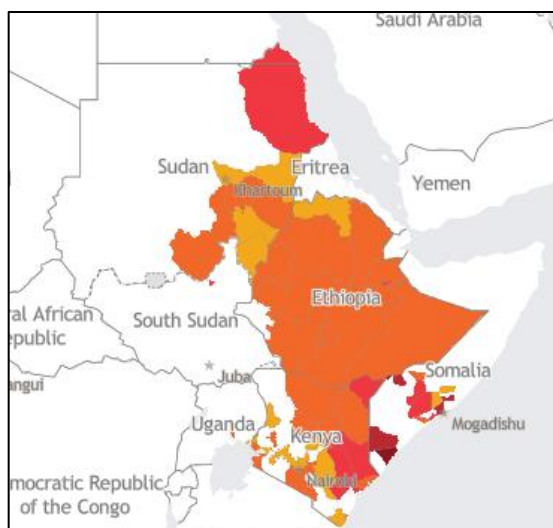


Figure 7. Cholera outbreak situation in the Greater Horn of Africa as of December 2023 (WHO Global cholera and AWD dashboard)

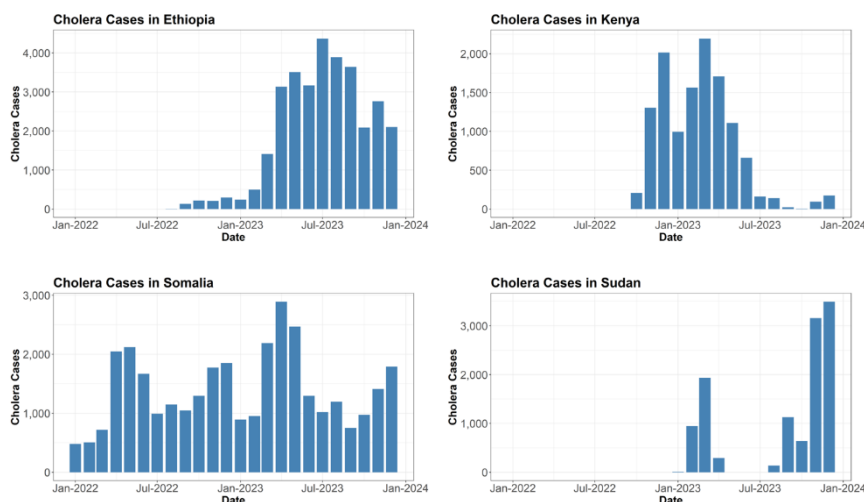


Figure 8. Epi curve for cholera outbreaks in the four affected GHOA countries as of December 2023 (Ministry of health, WHO country offices).

Ethiopia

- Between 1 January and 31 December 2023, a total of 29,869 cases with 426 deaths (CFR: 1.43%) have been reported.
- The outbreak is active in 57 woredas of 11 regions. Over 65% of active woredas are from Amhara (25.5%), Oromia (22.4%) and Somali (17.3%) regions.
- The flooding in Somali region had a negative impact on the further spread of the outbreak in the region.

Kenya

- The outbreak has affected 28 counties as of 21 December 2023, a total of 8,957 cases and 145 associated deaths (CFR 1.7%) reported.
- In **Tana River County**, 18 cholera cases and 1 death (CFR: 5.6%) have been reported as of 24 December 2023. Three cases were confirmed by culture and 16 by RDT. In **Lamu County**, 217 cholera cases were reported as of 24 December, of which three cases were confirmed by culture and 152 by RDT. Three deaths have been reported (CFR: 2.33%).

Sudan

- 8,945 cases of cholera have been reported with 246 related deaths (CFR: 2.8%) (as of 31 December 2023).
- Currently the outbreak is ongoing in 11 states, with the highest number of reported cases and deaths in Red Sea (2,635 cases/93 deaths), Gedaref (2,055/50 deaths), Al-Gezira (1,860 cases/26 deaths), White Nile(1,274cases/32deaths), Khartoum(557 cases/26 deaths).

Djibouti

- Between 15 October and 11 November 2023, a total of 3,794 cases of AWD have been reported.

Somalia

- A total of 18,304 cases and 46 deaths (CFR: 0.3%) have been reported between 01 January and 31 December 2023.
- The regions reporting most of the cases are Belethawo (899), Banadir (3,572) and Kismayo (2,292).
- The recent flooding in the country has increased the risk of further spread of the outbreak and increased number seen during the reporting period.

3.2.2 Measles

- The outbreak continued to affect seven countries with highest caseloads recorded in Ethiopia, Somalia, South Sudan, and Sudan. Countries are putting so much effort in strengthening the routine immunization services through the expansion of outreach services, building the capacity of health care workers and conducting regular supportive supervisions.
- Reactive vaccinations were conducted in Ethiopia and South Sudan targeting areas actively reporting cases during the reporting period.

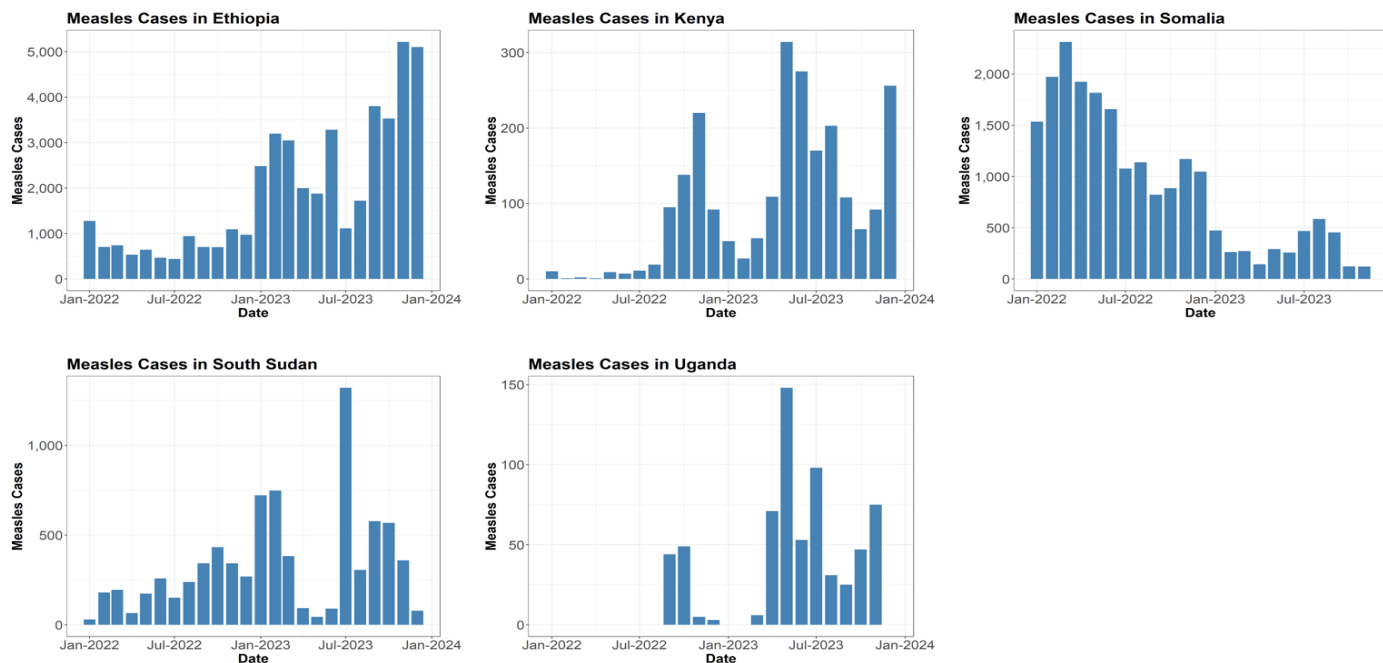


Figure 9. Epi curves for measles outbreaks in GHOA countries, as of December 2023 (Ministry of health, WHO country offices).

Ethiopia

- Between 01 January and 31 December 2023, a total of 31,103 cases and 242 deaths (CFR: 0.78%) were reported.
- More than 88% of the cases reported in 2023 were from five regions with SWEP (35.1%), Oromia (23.7%), Amhara (15.1%), Somalia (9.5%) and South Ethiopia (5.5%).
- As of the reporting period, there were 67 woredas with active measles outbreak.

Kenya

- The outbreak has affected 16 counties and is active in 9 of them (Nairobi, Mombasa, Turkana, Mandera, Marsabit, Meru, Wajir, Kwale and Kilifi).
- A total of 1,856 cases including 25 deaths (CFR: 1.3%) have been reported this year as of 31 December 2023.

Uganda

- As of 22 November 2023, a total of 79 cases have been reported, with no deaths.
- Kyegegwa and Kiryandongo districts have been affected by the outbreak with 46 cases and 33 cases, respectively.

South Sudan

- As of 31 December 2023, 12,093 suspected cases and 227 deaths (CFR 1.87%) have been reported.
- 67% of the total cases were children under five years, with 77% of all related deaths.
- The highest number of cases was reported in 2023 in comparison to the last 10 years indicating the need for strengthening routine immunization, surveillance, and outbreak control interventions.

Sudan

- After the crisis, a total of 4,617 suspected measles cases have been reported from 12 states, including 14 new cases in week 52. A total of 106 deaths (CFR: 2.3%) were reported as of 29 December 2023. The affected states are: Blue Nile, River Nile, White Nile, Red Sea, North Darfur, Kassala, Gedaref, Gezira, West Kordofan, Khartoum, and Sennar.
- The largest number of measles cases were reported in White Nile, Blue Nile, Kassala, and Al Jazerah states.

Somalia

- As of the end of December 2023, a total of 12,927 measles cases have been reported. The regions reporting the highest number of cases are Banadir (3,862), Bay (2,194) and Lower Juba (1,935).

3.2.3 Malaria

- All seven countries are experiencing an increase in malaria cases in the year 2023 and it continues to be one of the top morbidities in outpatient and in-patient treatment facilities. The increase could be related to the climate changes including the recent flooding which affected the Horn of Africa, the new mosquito species (*Anopheles Stephensi*) as well as the frequent interruption of vector control strategies due to funding shortages.
- Ethiopia, South Sudan, Sudan and Uganda contributed to the highest caseload in 2023 in comparison to the other countries in the region.
- The number of malaria cases reported in Ethiopia for 2023 was the highest number in comparison to the previous six years record indicating the need for scaling up vector control strategies.

Ethiopia

- From 1 January to 31 December 2023, over 4.1 million malaria cases and 511 deaths were reported across the country.
- A total of 99,507 malaria cases and 16 deaths were reported in week 52-2023.
- Across the country, 1,087 woredas reported at least one malaria case in Epi-week 52. The Oromia and Amhara regions had the highest incidence rate.

Somalia

- As of the end of December 2023, 330,488 suspected malaria cases have been reported (13,598 confirmed).
- Of the 13,598 confirmed cases, 3,224 (23.7%) were children under 5 years.
- Regions reporting most of the confirmed malaria cases in 2023 are Gedo (3,568), Bay (1,321), Hiran (1,429) and Awdal (1,254).

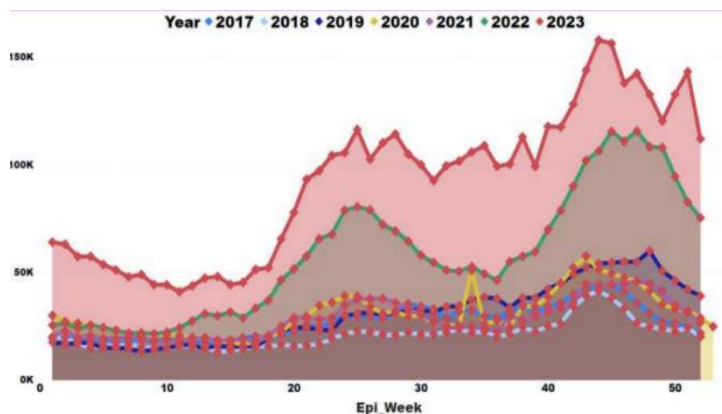


Figure 10. Epi curve for malaria situation in the last seven years in Ethiopia, 2017-2023 (EPHI Ethiopia).

Sudan

- From 15 April to 29 December 2023, 1,145,053 malaria cases have been reported, with 141 deaths.

Uganda

- Over 10 million malaria cases with 4,218 deaths (CFR: 0.04%) were reported between January and December 2023.

3.2.4 Dengue Fever

Ethiopia

- As of 25 December 2023, a total of 21,469 dengue fever cases have been reported from 17 woredas in five regions (Afar, Dire Dawa, Oromia, Amhara, and Somali region). A total of 17 deaths reported (CFR: 0.08%) were reported so far.
- Of the total cases, 59% were from Dire Dawa and 41% from Afar region.

Sudan

- From 15 April to 29 December 2023, a total of 6,942 dengue fever cases and 61 fatalities have been reported (CFR 0.88%). A total of 10 states have reported cases, including River Nile, North Darfur, Gedaref, Gezira, Khartoum, West Kordofan, South Kordofan, North Kordofan, Kassala and Red Sea.
- The largest number of cases, 3,548 cases from Gedaref followed by North Darfur (1,653) and North Kordofan (809).

3.2.5 Other Disease Outbreaks

Anthrax

- In Uganda, a total of 31 cases from the districts of Kazo and Lwengo were reported in which five of them were laboratory confirmed. A total of seven fatalities reported.

Hepatitis E

- Between 01 January 2023 and 28 November 2023, a total of 364 cases with 13 deaths have been reported (CFR: 4.3%) from South Sudan. Hepatitis E transmission is ongoing in Wau and Pibor.
- In Sudan, a total of 341 cases of Hepatitis E have been reported between 15 April 2023 and 29 December 2023.

Pertussis

- A total of 86 suspected pertussis cases have been reported from six states (River Nile, Kassala, White Nile, North Darfur, West Kordofan, and Red Sea) in Sudan as of 29 December 2023. Sennar and White Nile reported the highest number of cases with 28 and 21 cases, respectively.

Rift Valley fever

- In **Uganda**, a total of 181 cases (54 confirmed) were reported across nine districts as of 16 October 2023.
- 13 deaths have also been reported (CFR: 7.18%).
- In November 2023, one case of RVF was confirmed in Kole district. There remains a heightened surveillance for RVF in the country.

Circulating vaccine-derived polio virus (cVDPV2)

- In Kenya, 13 confirmed cases were reported in 2023. Eight cases were from Hagadera refugee camp in Fafi sub-county and three from Dagahaley camp, one from Ifo camp in Dadaab sub-county and one from the Garissa township sub-county in Garissa County, Kenya.
- All reported cases were children under five years of age.
- In Somalia, five cVDPV2 cases have been reported as of 02 December 2023 and response is ongoing.
- In **South Sudan**, the Ministry of Health was informed of a suspected vaccine derived Polio Virus Type 2 (PV2) on 7 December 2023, prompting the ministry of health to declare it as public health emergency on December 22, 2023.

Yellow Fever

- In **South Sudan**, one suspected case of viral haemorrhagic fever was reported on 7 December from Kangura village, Gangura payam, Yambio County (lab confirmed 23 December).
- As of 28 December 2023, 6 cumulative cases (1 confirmed and 5 suspected) have been reported, with 2 suspected deaths.
- An increased risk of further spread to other counties.

4. WHO Response

4.1 COORDINATION AND LEADERSHIP

In **Djibouti**, WCO in collaboration with UNICEF, MoH and other partners have developed a cholera contingency plan in October 2023. Cholera kits are also procured.

In **Ethiopia**, WHO has developed an El Niño contingency plan, which focuses on an early warning mechanism to identify a public health threat through close and frequent monitoring of indicators to predict the risk it poses to the health of the population and the health system. As of 31 December 2023, 28 Health Cluster partners reached 1.1 M people in 152 drought-affected woredas in Oromia, Somali, and formerly SNNP. In addition, 43 Health Cluster partners are delivering health services to 3M vulnerable people in Afar, Amhara and Tigray, which have also been affected by drought. Partners have also been actively involved in cholera response throughout the country, supporting the government with controlling the spread of cholera in up to 255 woredas since the start of the outbreak in August 2022. In **Kenya**, WHO supported an After-Action Review (AAR) meeting for the first phase of the cholera outbreak.

In **Somalia**, WHO in partnership with the Ministries of Health, is leading and organizing the health response at national and sub-national levels and is coordinating district-level coordination mechanisms in the affected areas. At the national level, weekly meetings were held with the incident management team responding to the floods. In addition, more than 60 district health cluster/sector meetings, multi-cluster coordination meetings, incident management team meetings and operational review meetings were held during the reporting period to fine-tune the response and ensure efficient delivery of services to affected people.

In **South Sudan**, WHO supported the ministry of health to activate the public health emergency operation centre (PHEOC) with all pillars to facilitate the yellow outbreak response. Daily meetings with stakeholders and key partners are being conducted at the PHECO and similar coordination meetings are also conducted at state level.

In **Sudan**, in response to the cholera outbreak, national and state level task forces have been activated and meet weekly with all health and WASH cluster partners. National-level EOC meetings are held regularly. Joint coordination between WHO and UNICEF is strengthened through joint cholera outbreak preparedness and response planning across all strategic pillars and weekly meetings. WHO provides updates in national health cluster coordination meetings on a biweekly basis on the epidemiological situation, key gaps and requests from health cluster partners for the ongoing cholera outbreak. In addition, WHO has activated cholera Incident Management System and regular coordination meetings are held on a weekly basis.

In **Uganda**, the WHO team at the Moroto Hub regularly attends meetings of the Moroto Regional Public Health Emergency Operation Centre as scheduled. WHO provided technical support in the development of the annual operational work plan and budget for the preparation of the joint assessment by the Ministry of Health. The WHO Soroti Hub conducted an assessment of the functioning of the District Health Team in Bukedea District and developed actions to improve it.

4.2 SURVEILLANCE AND HEALTH INFORMATION

In **Ethiopia**, eight joint Rapid Response Teams from Ethiopian Public Health Institute, African Volunteers Health Corps of WHO and Africa Centre for Disease control are operating in six cholera affected regions, with additional support for the remaining regions. Activities such as rumor investigation, case detection using standard case definition, active case search and contact tracing (community level) are ongoing. To date, 1,176 stool samples have been sent for confirmation and 90.1% were positive by RDT/culture for cholera. Enhanced water quality monitoring was conducted, and several water sources have been treated.

In **Kenya**, WHO supported integrated case management training in four drought-affected counties (Mandera, Wajir, Marsabit and Garissa) to improve case detection and management of priority diseases in these counties. WHO also supported the Public Health Operation Centre to develop a data collection tool to monitor the health impact of the El Niño rains in the country and to produce a daily situation report on El Niño public health events and interventions.

In **Somalia**, WHO led the health component of a multi-cluster rapid needs assessment to identify needs and gaps for flood-affected people. They trained 22 District Rapid Response Team (DRRT) members from four states to serve as trainers of trainers for community-based surveillance and to support verification of alerts from communities and health facilities. In addition, 75 Rapid Response Teams (RRTs) were deployed to investigate 88% of alerts of suspected cases of cholera, measles, malaria and diphtheria, confirming a cholera outbreak in Beletweyne and other flood-affected districts in Hirshabelle State. Suspected cases of diphtheria were reported in Puntland and Galmudug, prompting investigations by WHO, MOH and health partners, with samples sent for analysis. To strengthen surveillance efforts, 135 health workers in Hirshabelle, Galmudug and Jubaland states were trained to detect, record and report Integrated Disease Surveillance and Response (IDSR) priority diseases using the Android-enabled DHIS2 Tracker Module application.

In **South Sudan**, the MOH, WHO and partners continue to strengthen the surveillance system and response across the country, with particular focus on the twenty-two priority counties. Rapid response teams are deployed to support alert investigation and response, including support for IDSR reporting and capacity building.

In **Sudan**, from epi week 35-2023 to epi week 52-2023, the national EWARS system recorded a total of 821,429 outpatient department (OPD) consultations, including 265,637 EWARS consultations, with 1,066 OPD deaths, including 134 EWARS deaths. Among the immediately notifiable diseases, 1,300 cases of cholera (22 deaths), 13 suspected cases of meningitis (3 deaths), 654 cases of measles (4 deaths), 418 cases of haemorrhagic fever (1 death), 4 cases of acute flaccid paralysis (AFP) and 73 cases of whooping cough were reported through the EWARS system up to week 52-2023. EWARS system also recorded 11 maternal deaths as of the reporting period. WHO developed a cholera outbreak dashboard, which provides daily updates based on the national line list received. Access to the dashboard was provided to all health and WASH cluster partners. In addition to EWARS (which covers only 8% of routine indicator-based surveillance sentinel sites), WHO received weekly aggregated indicator-based surveillance reports from the Federal MOH in parallel and produced weekly maps of about 20 priority diseases for wider dissemination.

In **Uganda**, WHO is providing technical support to the regional public health operation centres for generation of weekly epi-bulletin and VPD surveillance

4.3 OUTBREAK PREVENTION AND CONTROL INTERVENTIONS

In **Ethiopia**, WHO has formulated early warning mechanisms to ensure timely and accurate monitoring of El Niño-related events and prompt activation of response measures. In addition, WHO will develop clear protocols for issuing official El Niño warnings when indicators deviate significantly from normal patterns. Several WASH activities have been implemented. 885 latrines constructed and usage monitored, 35 water points maintained, 156 water points disinfected and ongoing, 21 water points established, 6 EMWAT kits installed (5 in Oromia and 1 Somali), water treatment chemicals distributed, water trucking carried out and ongoing, 69 water tanks distributed, 56,056 Jerricans supported and 30 hand washing facilities constructed in Amhara region.

In **Kenya**, WHO supported counties affected by El Niño with cholera diagnostic kits. It also provided support, in coordination with the water department, to address the challenges posed by the collapse of the water supply system and to ensure access to safe and adequate water supplies. In **Somalia**, to support the ongoing cholera response, WHO trained 60 public health officers from Banadir (30) and Baidoa (30) in water quality surveillance and testing.

In **Somalia**, to support the ongoing cholera response, WHO trained 60 public health officers from Banadir (30) and Baidoa (30) in water quality surveillance and testing. These officers were provided with equipment and reagents to assess water quality, which began in five districts, including Deynile, Banadir. In addition, water chlorination activities are being implemented in the assessed areas in collaboration with the Ministry of Energy and Water Resources and WASH Cluster partners.

In **South Sudan**, WHO is working closely with the MoH and health cluster partners in coordinating the overall emergency health preparedness and response through the existing structures. Tailored interventions on disease surveillance and early warning systems including cross border collaboration, water, sanitation and hygiene (WASH) and risk communication and community engagement activities being conducted in high-risk areas to enhance outbreak prevention and control. WHO Supported the county health department (CHD) to establish County Rapid Response Teams to intensify surveillance and rapidly investigate any AWD alert. In addition, technical support on Cholera Case definition surveillance and awareness raising delivered by MSF-B to 40 community health workers (CHW) staff from health cluster partners.

In **Sudan**, WHO continues to support the cholera response in the outbreak affected states in all response pillars. By the end of December, WHO had provided technical support for the development of a cholera response plan at national and state levels and provided integrated case management/IPC training for 391 health workers. A total of 109,090 households were reached with RCCE messages in cholera-affected states, and 1,022 community awareness sessions were conducted. RCCE messages were disseminated through mass and social media. Zero reporting was also activated in all health facilities in five affected states. Operational support was provided to rapid response teams to respond to cholera alerts within 24-48 hours. WHO also provided technical support to prepare the OCV application for the second phase of the response campaign in two localities in Khartoum State and received approval for 651,635 doses. The OCV campaign in one locality of Khartoum (Karrari) was successfully launched on 19 December and completed with 99.9% administrative coverage. The campaign in a second locality in Khartoum (Sharg El Neel) could not be implemented due to security and accessibility challenges. With technical support from WHO, the phase three OCV response campaign application was also partially approved with 1.9 million doses (country will use 241,000 doses from in-country stock) to implement the campaigns in 5 localities in 3 states (Red Sea, Kassala and White Nile. Phase). WHO also supported the activities of 1 CTC in Gedaref, 2 CTCs in AL Jazirah, 2 in Khartoum and 1 in Kassala State and water quality monitoring (WQM) visits were conducted.

In **Uganda**, the WHO hub in Gulu continues to support the response and surveillance activities following the confirmed case of RVF in Kole district.

4.4 ESSENTIAL NUTRITION ACTIONS

In **Ethiopia**, Children aged 6-59 months admitted with severe acute malnutrition were 34,827 during the month of November 2023 while in December admissions of children aged 6-59 months affected by severe acute malnutrition were 29,200 which decreased by 16.15%. The proportion of severe acute malnutrition was lower in November 2023 (10.8%) compared to December 2023 (14.4%). In both months of November and December 2023 Oromia region admitted more children followed by Somali region and South Ethiopia Region in the drought affected regions (Oromia, Somali, South Ethiopia, Afar, Central Ethiopia and Southwest Ethiopia Peoples). To achieve these WHO had supported the management of complications in children with severe acute malnutrition with complications in the stabilization centers through training of 54 health care workers on management of acute malnutrition and oriented 309 health care workers on SAM case management and referral.

In **Kenya**, WHO supported the renovation and equipping of a stabilisation centre in Garissa County. IMAM training was also conducted in four counties (Marsabit, Isiolo, Garissa and Wajir), and WHO supported the MCAT workshop and reviewed the country's nutrition guidelines.

In **Somalia**, WHO supported stabilization centres that received 5,798 children under five with SAM and medical complications. Of these, 5,394 (95.85%) were cured, 114 (2.10%) were not cured and 91 (1.6%) died, all within globally acceptable standards.

Twenty-four health workers from 14 stabilisation centres in high-incidence states were trained in the clinical management of SAM with medical complications. WHO also provided supportive supervision and on-the-job training to 29 health workers in three stabilisation centres, enabling them to manage cases using updated guidelines. In response to population displacement caused by floods, WHO and nutrition cluster partners reviewed and modified referral pathways to ensure continuity of care for children with SAM and medical complications, as six stabilisation centres became inoperable due to flooding.

In **South Sudan**, WHO continues to strengthen nutrition surveillance in priority locations. As of December 2023, WHO supports 82 nutrition surveillance sites across the country. In addition, some 70 SAM kits were distributed in nutrition stabilization centres during the period under review, reaching 3,500 beneficiaries.

In **Sudan**, WHO continues to support the lifesaving support to severe acute malnourished children with medical complications. WHO has been providing essential medicines and medical supplies to the stabilization centres (SCs) across the country. Through nutrition field experts on the ground, WHO provided technical and mentoring support to nutrition workers in the stabilization centres. A total of 17 SCs were also supported with operation cost by WHO to maintain the functionality of essential nutrition services. More than 25,131 children with severe acute malnutrition received treatment in the stabilization centres for between January and November 2023.

During December 2023, WHO Sudan completed the procurement of anthropometric equipment containing full set of screening equipment such as measuring boards, scales (hanging & uni-scales) and MUAC for children and pregnant and lactating women which will cover 757 health facilities across the country. The equipment will be used for early detection of the acute malnutrition and growth monitoring of children.



Figure 11: Donation of Anthropometric equipment by WHO for SAM management in health facilities of Sudan, December 2023(WHO).

In **Uganda**, the 9 health workers and support staff at Moroto RRH and Matany Hospital were mentored on in-patient therapeutic care, data collection in the integrated nutrition register and in-patient register and reporting tools.

4.5 ESSENTIAL HEALTH SERVICES

In **Ethiopia**, the mobile health and nutrition teams continued to provide health services to drought affected communities mainly in hard to reach areas. The Mental Health and Psychosocial response pillar managed to review their response operations for the past 12 months in collaboration with the national Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG). The team was able to identify what went well and not so well and established how to improve MHPSS activities. During November 2023, the Prevention of and Response to Sexual misconduct (PRS) team supported the WHO country office in the implementation of the second round of the SURGE Flagship initiative using national capacity to deliver a training for a total of 22 service providers from the government and partners. During the same month, the PRS team conducted two Training of Trainers (TOTs) sessions in Tigray. The first session focussed on Workplace Harassment guidelines targeted 25 members of the Ministry of Health team in Mekelle.

The second TOT aimed to train 26 service providers from the Ministry of Health and Women's Affairs Bureau on the Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH). These trainings served as a pilot to adapt AFRO training material to the Ethiopian context and initiate the PRS/FP network in the government counterparts nationwide.

In **Kenya**, WHO supported the provision of essential health services and timely detection and response to outbreaks in areas affected by drought and food insecurity, in counties affected by El Niño and in counties at high risk of cholera. WHO also continued to support the supervision of CTUs already established in the counties, and sensitization of health workers on the detection and reporting of suspected cholera cases.

In **Somalia**, outreach services provided 109,764 outpatient consultations in vulnerable and underserved communities, including flood-affected districts, with more than 40% of these for children under five. In addition, 13,208 pregnant women received iron and folic acid supplementation, and 11,857 children received a third dose of pentavalent vaccine. Community health workers also provided health promotion messages on disease outbreaks, flooding and psychological first aid to 120,544 people.

In **South Sudan**, more than 70% and 58% of health facilities in the country offer routine immunizations of vaccine preventable and basic emergency obstetric and newborn care (BEmONC) services and 64% offer comprehensive emergency obstetric and newborn care (CEmONC) services respectively. Nutrition outpatient treatment programme (OTP) services are available in over 60% of health facilities across the country. WHO provided technical support to improve the essential health service package.

In **Sudan**, WHO is supporting the establishment of 70 Oral Rehydration Therapy (ORT) corners to manage address mild and moderate dehydration cholera cases across three states. The health information and risk assessment team (HIM) is expanding the support to map the Cholera treatment centres with ORT corners.

In **Uganda**, quarterly Integrated Community Case Management (ICCM) supervisor meetings were held in Nabilatuk and Nakapiripirit districts to enhance Voluntary Health Team (VHT) reporting and community case management practices.

4.6 OPERATIONS, LOGISTICS AND SUPPLIES

In **Ethiopia**, EPHI is collaborating with partners and sub-national governments to respond to a cholera outbreak. EPHI's Emergency Public Health Support (EPSS) includes providing case management logistics for all affected regions and facilitating 14 vehicles to support outbreak response activities. An additional 25 vehicles have also been requested from WHO to scale up the response activities. During the reporting period, a total of 95.59 Metric Tons (MT) of assorted medical supplies and equipment were distributed in drought-affected regions, including Afar (3.37 MT), Oromia (4.13 MT), SNNP (16.75 MT), Somali (71.17 MT) and SWER (0.17 MT). In **Kenya**, cholera diagnostic kits have been delivered to several cholera affected counties and especially in areas affected by the flooding.

In **Somalia**, WHO has distributed 18.7 tons of cholera kit modules, diagnostic kits and various medicines to several health facilities in different states, including Baidowa-Bayhaw General Hospital, Marka Hospital and Afgoye Hospital in Southwest State, and Jowhar Hospital and facilities in Beledweyne, Buloburde and others in Hirshabelle State. The supplies will support the treatment of acute watery diarrhea, malaria, pneumonia and other diseases. In addition, 182 pediatric SAM kits were delivered to various states, including Hirshabelle, Southwest, Galmudug, Jubaland, Puntland, Banadir and Somaliland, to help treat malnutrition in children under five, including those displaced by the floods.

In **South Sudan**, WHO provided medical supplies and IPC equipment including VHF 500 PPE Kit of 1 MT to support the affected counties with the yellow fever disease outbreak in Western Equatorial state. Samples collected from the affected areas are transported to the national public health laboratory with support from WHO.

In **Sudan**, WHO distributed cholera kits, including RDT and Cary Blair media, to affected states. Laboratory reagents and supplies were provided to the National Public Health Laboratory in Port Sudan to support ongoing case detection and response activities in the country.

Uganda received drought supplies, i.e. 20 kits of NCDK 2026, basic module 1a, medicines only and 01 cholera kit, module water tool and this was pre-positioned at Moroto Regional Referral Hospital. WHO redistributed nutritional supplies (F-75) from Nabilatuk HC IV to Tokora HC IV.

5. Gaps and Challenges

Ethiopia: The expansion of the drought affected areas to Amhara and Tigray, and the increase of acute malnutrition due to the conflict in Amhara and the temporary suspension of food aid distribution.

Kenya is facing multiple and simultaneous disease outbreaks (cholera, measles) coupled with insufficient resources to support El Niño, flood preparedness and response activities. There have been insufficient staff to support the response, including technical expertise to improve surveillance, case management and data collection at field level. Additionally, the high turnover at district level of staff trained in specific areas continued to affect the response.

In **Somalia**, while there have been improvements in the response at the national and state levels, challenges remain with limited government coordination capacity at the district level. The unpredictable security situation in several areas continues to hamper access to populations in need, particularly in districts where cholera cases have been reported. In addition, there is limited in-country capacity for laboratory diagnosis of priority public health diseases, further hampering response efforts.

In **South Sudan**, challenges include unpredictable terrain that impedes the timely delivery of vaccines, medicines, and surveillance supplies to remote areas. Insufficient up-front long-term funding and resources to support surveillance and response activities.

In **Sudan**, key challenges in responding to the cholera outbreak include insufficient funding, low chlorination index, rapid geographical expansion requiring upscaling of Cholera Treatment Centres (CTCs) and Oral Rehydration Points (ORPs), community death tracing and mild/moderate case detection. The evolving security situation also led to some operational constraints related to accessing the warehouse in AJ Jazira State.

In **Uganda**, there is a lack of funding for the food insecurity response and affected the response measures.

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 26 December 2023, only 22% percent had been pledged and funded.
- The system-wide response to the crisis is globally largely underfunded.
- Considering the elevated levels of food insecurity due to several driving factors and flooding which resulted in increased displacements and vector and water borne diseases, more funding is needed to allow for better preparedness and response actions.

Figure 12: Funding status in GHOA region as of 26 December 2023.

7. Priority Actions, Recommendations, and Next Steps

In Djibouti, given the competing drought emergencies in the region and limited funding to respond to the needs of the most vulnerable populations, the humanitarian effects on people, particularly in rural areas, not only continue to persist but the situation is expected to significantly deteriorate in 2024 (we are already observing an increase in malaria, dengue fever, SAM, and AWD reported cases). Therefore, there is a continued need for advocacy at various levels to enhance partnership coordination and collaboration as well as additional health and nutrition support to respond to the drought and food insecurity in the region. Moreover, we believe that WHO is well positioned to lead the response, however more funding and resources are needed to put in place a health response across the five pillars of the food insecurity and health strategic framework.

In Ethiopia, the priority action on nutrition is related to the continued management of medical complications of children aged 6-59 months affected with severe acute malnutrition in the stabilization centres through the provision of supplies, revision of the National guideline on management of acute malnutrition according to the newly released WHO guideline on prevention and management of wasting and nutritional oedema/Acute malnutrition in infants and children under five years. More focus will be put on the expansion of nutrition in emergencies in drought expanded regions.

In Kenya, the major focus areas are on capacity building of many frontline clinicians to improve cholera detection and case management as well as in the resource mobilisation to support areas affected by El Niño.

In South Sudan, one of the main priorities will be to support the implementation of the Yellow Fever Vaccination campaign planned for Western Equatoria state. The Ministry of Health, in collaboration with WHO and partners, developed a comprehensive micro plan for Yellow Fever vaccination and preliminary vaccine requests were submitted to ICG targeting five counties in Western Equatorial State (Yambio, Ezo, Nzara, Tambura, and Ibba).

In Sudan, support cross border operations with funds and staff, expand the surveillance radar for Darfur with partners, improve monitoring of KPIs to inform risk and action (weekly tracker using line list variables, partner efforts, burn rates for commodities and finances), implement line lists in ORTs to capture mild/moderate cases and vaccination status, support partners to provide cholera stock situation and update 4Ws matrix for health cluster to map cholera response partners.

In Uganda, increased efforts will be made to mobilize the necessary resources to fund the response.

8. Advocacy Messages

The GHOA is 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, more than 50.1 million are in IPC3+ (5.8% increase compared to the last figure – 47.4 million), facing crisis levels of food insecurity including 21.9 million in a crisis (IPC Phase 3), 8.8 million in an emergency (IPC Phase 4), and 25,000 in a catastrophe (IPC phase 5). The level of hunger in the region represents an increase of 31.8% from about 38 million in mid-2022 when the emergency was declared.

In addition, the situation is compounded by the **onset of El Niño**. Since early November 2023; Somalia, Ethiopia and Kenya have experienced excessive rainfall resulting in flooding and overflow of rivers. These floods have caused hundreds of thousands of people to be displaced, hundreds injured, and dozens of fatalities. Moreover, it also affected the road networks, infrastructures including health facilities and bridges as well as significant damage to crops planted.

Influenced by El Niño and positive Indian Ocean Dipole the rainfall went down in Somalia but picked up in most parts of Kenya with more rainfall in December. In Somalia, water is receding in many areas and indicate minimal rainfall across Somalia and the Ethiopian highlands, signaling the end of the dryer season.

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 and/or conflict.

Looking ahead, wetter-than-normal conditions are expected in Uganda, southern South Sudan, much of Ethiopia, Somalia and Djibouti between February to April 2024. 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 recent flooding will 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 is expected to have a 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 22% (USD 39,012,220) 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

For any inquiries regarding the content of this report, please contact us at: ghoa_info@who.int.

For further information on GHoA Drought, Food Insecurity and Health response, visit website:

[Drought and food insecurity in the greater Horn of Africa \(who.int\)](#)