Greater Horn of Africa Food Insecurity and Health
Grade 3 Emergency

SITUATION REPORT as of 23 AUGUST 2022

Highlights

- The Greater Horn of Africa Region continues to face a dire food insecurity crisis driven by several evolving factors such as extreme weather events (floods, droughts), conflict, the impact of the war in Ukraine and the COVID-19 pandemic.

- All countries in the region (Somalia, Sudan, South Sudan, Kenya, Djibouti, Uganda, and Ethiopia) are facing outbreaks of epidemic prone diseases.

- Significant population movements continue as people seek food and water for themselves and their livestock.

- Substantial flooding in some countries (Sudan and South Sudan) as well as droughts in others (Somalia, Ethiopia, Djibouti, Uganda) are limiting population’s access to safe water, further increasing the risk of epidemics.

- WHO is ramping up its response in all 7 affected countries through coordination of health sector partners, scaling up its support to countries to prepare for and respond to outbreaks, release of its Contingency Fund for Emergencies (CFE) to strengthen provision of emergency health and nutrition services to those most affected.

- The Global Health Cluster launched a cross-sectoral Helpdesk which provided national clusters with regular technical support and advice and advocated for united action to respond to different scenarios in the Horn of Africa and beyond.

Key Figures

<table>
<thead>
<tr>
<th>Category</th>
<th>Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Population (GHoA)</td>
<td>294 million</td>
</tr>
<tr>
<td>Acute Food Insecure Population</td>
<td>28.7 million (IPC 3+)</td>
</tr>
<tr>
<td>COVID-19 Cases/Fatalities</td>
<td>971,249/23,520</td>
</tr>
<tr>
<td>Number of Refugees</td>
<td>4.3 million</td>
</tr>
<tr>
<td>Internally Displaced</td>
<td>11.1 million</td>
</tr>
<tr>
<td>Acutely Malnourished Children (Estimated)</td>
<td>11 million</td>
</tr>
</tbody>
</table>
1 Thematic Focus: Outbreaks

Epidemics continue to pose a substantial threat to the food insecure populations in the Greater Horn of Africa region. Even in the absence of the current food insecurity crises, outbreaks of infectious disease contributed significantly to the mortality and morbidity of populations in the region. However with the onset of the food insecurity crises and its driving factors, the scale and number of outbreaks continues to increase.

**Vector borne**

Significant increases of Malaria cases continue to be reported across the region with 52,885 cases reported in Ethiopia. In Uganda, a surge has been noted in 67 districts including across the highly food insecure Karamoja region. In Somalia a total of 84,411 clinically diagnosed cases of malaria have been reported since the beginning of 2022, a decreasing trend attributed to improved preventative measures. In South Sudan, 3 counties reported Malaria outbreaks including Aweil Centre, Torit and Jor River. In Sudan, 1,281 suspected cases of Dengue Fever with 4 associated deaths (CFR = 0.3) have been reported in 34 localities across 8 States.

**Vaccine preventable disease**

All GHoA countries are currently dealing with outbreaks of epidemic prone disease. Ongoing outbreaks of measles have been reported in several countries including 19 cases in Wajir and Marsabit counties of Kenya. Approximately 6,542 cases have also been reported across several regions of Ethiopia including in the Oromia, Afar, SNPP and Somali regions (CFR=0.7%). In South Sudan there have been 535 cases nationwide with significant numbers in the Northern-Bahr el Ghazal region. In Somalia there have been 11,972 suspected cases of measles primarily in the Bay, Bari and Banadir regions since January 2022. This increase has largely been driven by poor vaccination coverage amongst children under 5.

In Sudan, 951 measles cases were reported with associated 4 deaths (CFR=0.4%). The affected states are Gedaref, West Kordofan, Red Sea, and River Nile with continuous outbreaks reported in South Darfur and East Darfur. In Djibouti, there have been 50 suspected cases of measles with 12 confirmed cases as of 23 June 2022.

**Cholera** outbreaks continue to take a toll in populations in several of the countries including in South Sudan with overall 305 cases and 1 death overall (CFR= 0.3%). Cases were reported primarily amongst Bentiu IDP camp and wider Rubokna county. In Somalia there have been 8,278 cumulative suspected cholera cases and 40 deaths (CFR 0.5%) since the beginning of 2022. This is a large increase compared to previous years due to deteriorating safe water access and hygiene and is primarily in Banadir, Bay and Lower Shabelle regions. In Kenya, cholera outbreaks are ongoing in Nairobi, Kisumi and Kiambu counties with 319 cases and 2 deaths reported (CFR 0.6%). **Meningitis** outbreaks have also been reported in the Northern Bahr El Ghazal region of South Sudan with a cumulative 326 cases and 26 deaths (CFR 8.0%). In Sudan, 80 suspected meningitis cases have been reported as of May 27,2022 including 4 associated deaths (CFR=5%). In Ethiopia 14 cases of suspected AFP/Polio have been reported while in Somalia a total of 179 cases of acute flaccid paralysis were reported since the beginning of the year. In 2022, two circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) were isolated.
from acute flaccid paralysis cases, two circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) from environmental samples (ES) while one Vaccine Derived Poliovirus type 2 (VDPV2) was isolated from an environmental sample.

There has been a total of 971,249 confirmed COVID-19 cases across the GHoA countries. All countries in the region lag behind the global target to fully vaccinate 70% of the population by 2022.

Two cases of Monkey Pox have also been confirmed in West Darfur Sudan and investigation is underway. In South Sudan, Bentiu IDP camp also reports persistent transmission of Hepatitis E Virus outbreak with a total of 3,003 cases and 25 deaths (CFR 0.83%). In Sudan 2,395 suspected Hepatitis E Virus cases including 24 associated deaths have been reported (CFR: 1.0%).

These epidemics are driven by several underlying factors including:

- Increasingly displaced populations including approximately 918,000 displaced in Somalia and more than 300,000 in Ethiopia.
- Increased movement of pastoralists across borders seeking after pasture for their herds across longer distance in many countries of the region including Somalia, Ethiopia, Kenya Uganda and South Sudan
- Insufficient resources for early warning, disease surveillance, case investigation and essential care in the region increasing the risk of a widespread outbreaks in countries and across borders
- Poor WASH conditions, and the overcrowding within and outside IDP camp settings
- Low vaccination coverage (see table)

<p>| Table 1: Country-level vaccination coverage showing low coverage in dark red to high coverage in dark green¹ |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>BCG</th>
<th>DTP1</th>
<th>DTP3</th>
<th>HEPB3</th>
<th>HEPBB</th>
<th>Hib3</th>
<th>IPV1</th>
<th>MCV1</th>
<th>MCV2</th>
<th>PCV3</th>
<th>POL3</th>
<th>RCV1</th>
<th>ROTAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djibouti (Projection July – Dec 2022)</td>
<td>1,002,197</td>
<td>1,181,675</td>
<td>574,741</td>
<td>414,767</td>
<td>179,778</td>
<td>12,390</td>
<td>-</td>
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<tr>
<td>Ethiopia² (Projection Jul – Sep 2021)</td>
<td>117,876,226</td>
<td>5,961,747</td>
<td>526,747</td>
<td>1,037,478</td>
<td>2,193,953</td>
<td>1,802,111</td>
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<tr>
<td>Kenya (Projection March – June 2022)</td>
<td>54,985,702</td>
<td>15,152,179</td>
<td>5,961,984</td>
<td>5,087,940</td>
<td>3,002,100</td>
<td>1,100,155</td>
<td>-</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Somalia (Projection June – Sep 2022)</td>
<td>16,359,500</td>
<td>Not Reported</td>
<td>Not Reported</td>
<td>4,060,200</td>
<td>4,730,510</td>
<td>2,127,580</td>
<td>213,180</td>
<td></td>
<td></td>
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<td>South Sudan (Projection April – July 2022)</td>
<td>11,381,377</td>
<td>12,348,961</td>
<td>1,700,000</td>
<td>2,901,000</td>
<td>4,765,000</td>
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2 Ongoing Public health risk and concerns

2.1 Population in need of health services related to food insecurity

<p>| Table 2: Populations by integrated phase classification status. |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Population (2022)</th>
<th>Population Assessed³</th>
<th>Phase 1 – Minimal</th>
<th>IPC 2 - Stressed</th>
<th>IPC 3 - Crisis</th>
<th>IPC 4 – Emergency</th>
<th>IPC 5 – Catastrophe</th>
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¹ Immunization coverage by country available at https://data.unicef.org/topic/child-health/immunization/ for 2021
² The population assessed by the IPC during the latest classification. This number may be higher or lower than the official population of a country due to limited geographic coverage of an analysis or inclusion of populations residing in refugee camps.
³ Estimates for Ethiopia have been amended from FEWSNET to IPC in order to align with official IPC estimates for the remaining GHoA countries.
- **Kenya**: The severe drought crippling north-eastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe. The SMART survey carried out over the June - July 2022 period show a marked deterioration as compared to previous years with Garissa and Mandera recording the highest GAM rates on record. Seven (7) counties namely Marsabit, Mandera, Wajir, Samburu, Isiolo, Baringo and Turkana are in Alarm drought phase while Nine (9) counties-Garissa, Kilifi, Kitui, Kwale, Laikipia, Lamu, Meru (North), Nyeri (Kieni) and West Pokot are in Alert drought phase. The remaining six (6) counties-Kajiado, Narok, Makueni, Tharaka Nithiand Embu (Mbeere) and Tana River are in Normal drought phase.

- **South Sudan**: an estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods. 2.22 million people are internally displaced people as of 30 June 2022.

- **Uganda**: At least 517,850 people (41% of total population of the Karamoja region) are estimated to face high levels of acute food insecurity (IPC Phase 3 or above) during August 2022-February 2023. About 89,900 of those are IPC phase 4 (emergency) and 427,950 are in IPC phase 3 (crisis). An estimated 20,000 children are severely acutely malnourished, a substantial increase from early 2022.

- **Djibouti**: Based on the May 2022 IPC analysis, an estimated 132,000 Djiboutians are facing acute food insecurity due to the severe drought. 34,596 children under 5 would suffer from severe and moderate acute malnutrition. Among them, 6,000 were observed for severe acute malnutrition (SAM) and 11,000 for moderate acute malnutrition (MAM).

### Table 3: Populations in need of health services.

<table>
<thead>
<tr>
<th>Country</th>
<th>Djibouti</th>
<th>Ethiopia</th>
<th>Kenya***</th>
<th>Somalia</th>
<th>South Sudan</th>
<th>Sudan</th>
<th>Uganda *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in need of Health (million)*</td>
<td>Not available</td>
<td>13.1</td>
<td>3.1</td>
<td>6.8</td>
<td>5.4</td>
<td>10.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Population* Targeted (million)</td>
<td>Not available</td>
<td>7.1</td>
<td>1.3</td>
<td>2.2</td>
<td>3.4</td>
<td>6.4</td>
<td>1.2</td>
</tr>
</tbody>
</table>

* Source: Health Cluster dashboard

** Source: UNOCHA Drought Response Dashboard

- **Somalia**: Admission and treatment outcome of severely acute malnourished children with medical complications are reported from 53 stabilization centres across the country supported by WHO. A total of 11,193 were admitted from January 2022 with an 85% cure rate.

- **Sudan**: Almost a quarter of Sudan’s population are estimated to be facing acute food insecurity from June to September. In addition to the 2.9 million existing IDPs and refugees an additional 65,000 newly displaced people recorded in May to July across Sudan as a result of armed conflict and civil unrest. All these combine poses a substantial hazard to population health.

### 3 Health service availability and utilization

The functionality of health services differs amongst the GHoA countries according to Health Resources and Services Availability Monitoring System (HERAMS). In Somalia 93% of health facilities are reported fully functioning with 5% non-functional. In Sudan, 82% of health facilities are reported fully functioning with only 1% of facilities as non-functional with health actors reporting inadequate resources (staff, supplies, medicines). Up to 70% of health facilities are reported as lacking essential life-saving medicines while the disease surveillance system suffers from fragmentation with only 2,168
out of 6,300 total health facilities (34.4%) reporting to the Sentinel Surveillance system. A recent major challenge is the strike of health workers in 9 out of 18 states due to low salaries.

In Ethiopia only 41% of health facilities are fully functioning while 13% are non-functional. in South Sudan 77% of health facilities are fully functioning while 15% are non-functional.

In South Sudan, returnees and IDPs in Warrap, Jonglei and Upper Nile are particularly challenged by access to health services with between 34-47% living in settlements more than 5-kilometeres from a functional facility.

In Ethiopia only 41% of health facilities are fully functioning while 13% are non-functional. In South Sudan, 77% of health facilities are fully functioning while 15% are non-functional. In South Sudan, returnees and IDPs in Warrap, Jonglei and Upper Nile are particularly challenged by access to health services with between 34-47% living in settlements more than 5-kilometeres from a functional facility.

In South Sudan, health facilities are functional across the entire Karamoja region, health service hours and community outreaches are limited in some areas due to insecurity. Additionally, Karamoja regional lags behind national performance in vaccination coverage. Within Djibouti, UNICEF reported there were approximately 980 IDPs living in settlements in Bakare and Galangaleh without access to health facilities (structure, staff, medicine, and supplies). Among the IDPS, all the children under 5 did not have a vaccination status or record at Bakare (244) and Galangaleh (180), respectively.

4 WHO Response

4.1 Coordination and leadership

In South Sudan, WHO works closely with the Ministry of Health and under the leadership of the Vice President contributes to the COVID-19 response. WHO also supports biweekly national and sub-national health cluster coordination meetings and weekly, Cholera taskforce meetings and inter-cluster coordination meetings.

In Uganda, WHO maintains a regional hub in Moroto district from where all response activities in the region are coordinated. This hub has been scaled up to respond to the magnitude of the situation in the region. In addition, WHO regional hubs in Soroti and Gulu have been scaled up with additional human resources and logistics. WHO country office has repurposed 14 staff and undertaken further recruitment to support the public health response in Karamoja and surrounding districts to support the IMST structure. The WHO field team are participating in the weekly coordination meeting for Moroto district. In Sudan, the WHO Country Office (WCO) and Federal Ministry of Health (FMoH) continue to increase public awareness and communication through posters, radio, and group discussions and embark on active case search in states and localities where diseases like Monkey Pox have been confirmed.

Inter-sectoral collaboration and Multisectoral Approach

In Ethiopia, the national Agriculture, Food Security, Health, Nutrition and WASH clusters have developed a concept of operations with a commitment to work together towards a unified goal of reducing the mortality rate from malnutrition, disease, and food insecurity. The Global Health Cluster (GHC) deployed a support mission to Ethiopia that helped the five clusters develop an evidence-based package of integrated services with a phased implementation approach for Somali and Oromia regions; a concept notes to mobilize resources from the Ethiopian Humanitarian Fund and a draft strategy to shape cross-sector collaboration and multi-sector approach during the response. Additionally, GHC advocated for meaningful community engagement, strengthened coordination at the subnational level, quality of services, and collaboration with the Protection cluster. The lead agencies of the five national clusters as well as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR) and the Regional Health Office of Afar issued a joint note of appeal asking for USD 7.3 million to strengthen cross-sectoral collaboration to scale up the response in the region.
In South Sudan, terms of reference for a Cross-Sector Collaboration Advisor have been advanced to develop, coordinate, and monitor an evidence-based and impact-focused multi-sector response in close collaboration with other clusters. In Somalia, the Camp Coordination and Camp Management (CCCM), Food Security, Health, Nutrition and WASH clusters have drafted a joint famine prevention and mitigation strategy with a unified goal to leverage existing actions and comparative advantages for enhanced impact of inter-sectoral famine prevention and response. The five clusters anticipate the implementation of this joint strategy and strengthen joint monitoring at the subnational level. GHC has maintained regular contact with Djibouti, Kenya, and Uganda to promote a multi-sectoral approach and close collaboration with other sectors when responding to current food insecurity crises.

4.2 Health operations and technical expertise

In South Sudan WHO distributed approximately 2.5 metric tons of health emergency kits sufficient for the needs of 19,100 people. These kits include Interagency Emergency Health Kits and Pneumonia kits distributed to food insecure counties of Mayendit, Leer and Fangak sufficient for 12,000 people for 3 months. Furthermore, the Liyra Payam mission was supported with Inter Agency Emergency Health Kits and Pneumonia kits for 7000 people. WHO South Sudan also conducted OCV campaigns in four of the 20 cholera hotspot locations including in Rubkona, Leer, Juba and Yirol East administering a total of 903,409 doses since early 2022. WHO has also conducted reactive measles campaigns in eight countries including Torit, Maban, Tambura, Gongrial West, Aweil Centre, Aweil West, Aweil North, Raja, and Aweil North targeting children between 6-59 months.

In Sudan, WHO has procured more than $1 million of emergency kits (IEHK trauma kits, nutrition kits and Lab diagnostics) internationally in addition to local procurement to support vector control, EPI and WASH programmes. WHO is also supporting IDP needs in Sennar with mobile health clinics, RRT training and strengthening of surveillance.

In Somalia WHO is supporting outreach services to drought affected districts and has reached 17,661 children with ORS and Zinc for diarrheal diseases. WHO has also conducted 113,599 outreach patient consultations within these districts.

In Djibouti, in collaboration with the Ministry of Health, WHO continues to advocate for free healthcare access and quality to women and newborns. WHO has initiated the integration of delivery and caesarean kits within the health centers. This will allow each woman to receive a kit during consultation.

4.3 Prevention and control of epidemics

In Somalia WHO has focused on strengthening the early warning (EWARN) systems and response for communicable disease outbreaks, and ensuring that essential lifesaving drugs, medical and laboratory supplies are available. Since March 2022, 177,225 children reached with essential childhood vaccines (Penta1, Penta3, IPV1, IPV2, MCV1, MCV2) including 56,940 children reached with Penta1 and Penta3 vaccination.

In response to the cholera outbreaks in South Sudan, WHO interventions include surveillance, case management, community mobilization and risk communication, and enhancing of hygiene and sanitation facilities including access to safe drinking water.

4.4 Nutrition Response (CMAM, GAM, SAM management)

In South Sudan WHO distributed 8 severe acute malnutrition with medical complication kits (malaria module) to support treatment of 1,200 children admitted in Bentiu hospital, Nyal, Ganyiel and Pibor PHCC stabilization centres in counties affected with severe food insecurity for 3 months. WHO has also supported breastfeeding promotion and awareness to mothers/care givers with more focus in severe acute food insecurity counties during breastfeeding week in collaboration with the ministry of health, UNICEF, and partners.

In Uganda WHO has conducted a rapid situation analysis of the Integrated Management of Acute Malnutrition services in Karamoja and found several gaps including insufficient stock of nutrition supplies, inadequate human resources for the management of the high caseload of malnourished clients and lack of food for the for caregivers in ITCs.
In Somalia, more than 73,547 children within drought affected districts were screened for malnutrition since March 2022 by community health workers with 18,505 found to be moderately acute malnourished and 9,312 severely acutely malnourished. Furthermore, more than 169,396 lactating mothers were reached with IYCF education, and 113,599 outpatient consultations were delivered. WHO Somalia supports 53 stabilization centers across the country, admitting 11,193 children with SAM and achieving 85% cure rate.

4.5 Essential health services delivery

In South Sudan, WHO works with the Health Cluster comprised of approximately 100 partners including 62 humanitarian response plan (HRP) partners to deliver about 450,000 consultations in the month of June. In Uganda, WHO has planned training of District Rapid Response Teams (RRT) for the 9 districts of Karamoja and PRSEAH training for field team and partners. WHO Uganda is fast tracking the relocation of the mobile container from Soroti RRH to Moroto RRH to serve as a patient admission ward and is following up with National Medical Stores to replenish stock of routine vaccines at health facilities in Napak district.

5 Gaps and challenges

Countries in the GHoA response have reported several common challenges including the availability of emergency stocks. In Uganda, there are recurrent stockouts of nutrition supplies as well as routine immunization vaccines in Napak. In South Sudan, the delays in arrival of emergency kits and supplies are leading to low stocks of SAM kits. Additionally, there have been limited resources including adequate vaccine doses to support the response to the numerous outbreaks including measles and cholera. The global shortage of OCV vaccines has led to shortage in the availability within some countries including South Sudan. Limited admission space in key health facilities including in Moroto RRH has also been a challenge in Uganda.

Access to populations has been a challenge in some parts of the region due to localized conflict such as in Unity state in South Sudan, Blue Nile in Sudan, as well as Tigray in Northern Ethiopia. Floods in South Darfur and Sennar regions of Sudan and some regions of South Sudan are also expected to hamper access to health services.

6 Recommendations and key advocacy messages

Across the GHoA the focus is to prevent avoidable mortality as a result of epidemic-prone diseases caused by limited access to safe water, food and proper sanitation and hygiene. Disruptions in access to health care can further increase morbidity and mortality and must be addressed.

In South Sudan there is need for operational support to fast track delivery of emergency health kits and SAM kits. There is also support needed for OCV procurement given the ongoing epidemics and the global shortage. Lastly there is a need to support advocacy towards long-term malaria prevention and control. In Uganda, there is a capacity building need to train more health workers on Integrated management of Acute Malnutrition as well as the procurement of anthropometric equipment and nutrition supplies needed to screen and deliver care at health facilities.

7 Funding status of the food insecurity response

The World Health Organization (WHO) is asking for US$ 123.8 million to respond to the rising health needs in the Greater Horn of Africa until the end of 2022. A significant funding gap exists and more financial support is required to fill this gap.

8 Focal Points / Contact

Incident Manager ghoa_incident_manager@who.int

Health Information Management team GHoA_FI_HIM@who.int

Further Information: Drought and food insecurity in the greater Horn of Africa (who.int)