The humanitarian crisis in the Greater Horn of Africa (GHoA) continues as a large part of the region is battling the worst drought in at least 40 years, while other parts face flooding and conflict.

In the Horn of Africa, a 5th consecutive season of drought has been set in motion by a poor start of the October - December rainy season, and below-average rainfall is also considered likely to continue during the March - May 2023 season.

Immediate global action is required to prevent the highest level of food insecurity in the GHoA. More than 46 million people are estimated to be food insecure in the GHoA and out of those more than 361,000 people are facing IPC phase 5 (Somalia and Kenya).

Rapidly rising numbers of both severe and moderate acute malnutrition admissions are recorded into nutrition programs; a dramatic increase compared to previous years.

Analysis of the seven countries in the GHoA recorded 39 reported outbreaks, flooding and other acute public health events between 1 January and 30 October 2022.

Numerous disease outbreaks are continuing or newly reported, with multiple countries dealing with active measles and cholera outbreaks.

Other outbreaks of concern include mpox (monkeypox), anthrax, Sudan Ebola Virus (SUDV) and hepatitis E. Countries are conducting vaccination campaigns to control outbreaks. Elevated caseloads of malaria are reported in areas with above average rainfall in various countries.

Although vaccination coverage for children under 5 years is not optimal in many areas of the GHoA, countries are making an intensified effort to scale up population immunization through routine administration and additional campaigns, in particular for vulnerable populations due to the food insecurity crisis.

WHO continues to provide support through coordinating the work of health sector partners, scaling up its support to countries to detect, prepare for and respond to disease outbreaks, and by strengthening the provision of emergency health and nutrition services for those affected. WHO is deploying funds, personnel, technical expertise and supplies.

Donors continue to provide financial support. However, as of 14 November, only 39% of the 123.8M WHO appeal for 2022 has been funded. Continued humanitarian assistance will be required to address the needs beyond 2022, and a rapid identification of additional funding and resources is now needed to mitigate morbidity and mortality.
1. Thematic Focus: Vaccination coverage, and vaccination campaigns

1.1 Routine Immunization

Vaccines are a key component of primary health care programmes and have played a crucial role in improving population health outcomes through the prevention and control of infectious disease outbreaks. As a result of regular vaccinations, immunization prevents more than three million lives from various infectious diseases. In recent years, intensified efforts have been made to improve immunization programs globally to prevent the spread of vaccine-preventable diseases. Gaps in vaccination coverage see large numbers of people at a higher risk of infectious disease and of worse outcomes as a consequence of the food insecurity crisis. In the face of the current health and food insecurity crisis in the Greater Horn of Africa (GHoA), there have been numerous outbreaks of vaccine-preventable and other communicable diseases (measles, yellow fever, cholera, hepatitis E virus). Currently, there is an ongoing outbreak of measles in six out of seven GHoA countries affected by the health and food insecurity crisis, resulting in increased numbers of severe medical complications. Ensuring adequate vaccination coverage is essential to avoid high morbidity and mortality.

![Image of vaccination coverage estimates for GHoA countries](image)

**Figure 1:** Vaccination coverage estimates for GHoA countries for children under the age of 1 year. A) Coverage of the third pentavalent vaccine dose, Pentavalent coverage 2019-2021 and B) Coverage of the first measles containing vaccine (MCV) dose, 2019-2021. Source: MoH data from DHIS2 as of November 2022

Vaccination coverage estimates for the third dose of the pentavalent vaccine (Penta 3) and the first dose of the meningococcal conjugate vaccine (MCV 1) are displayed in Figure 1. The WHO Reaching Every District/Community Strategy (RED/REC) sets a goal of 95% vaccination coverage with a minimum of 80% vaccination for community protection. As per the WHO country estimates for the national immunization coverage at the end of each of the three previous years, Kenya, Ethiopia and Sudan reported to have >80% coverage both for Penta 3 and MCV 1 vaccination in the routine immunization program for children under five years old (Figure 1A and 1B). In Uganda, the vaccination coverage was estimated to be 90% after 2019. Somalia increased its coverage for both vaccines from around 75% in 2019-2020 to 79% for MCV 1 and 80% for Penta 3 in 2021 (Figure 1). South Sudan reported a coverage for MCV1 and Penta 3 of 50-60% in previous years but in 2021 coverage reached 80%. Djibouti reported an opposite trend to South Sudan, in which coverage for both vaccines has been below 80% after 2019. The pentavalent and MCV vaccines provide...
protection to a child from 5 life-threatening diseases – Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib (diphtheria, pertussis, tetanus, hepatitis B, Hib and meningococcal infection), and low vaccination coverage can have dramatic outcomes with high morbidity and mortality. Currently, there is an ongoing outbreak of measles in six out of seven GHoA countries affected by the health and food insecurity crisis, resulting in increased numbers of severe medical complications.

**Figure 2:** Cumulative coverage (children <1 year old) of essential vaccinations in Ethiopia, Kenya, Somalia, and South Sudan against the yearly target in 2022. A) Coverage of the first measles and rubella (MR1) vaccine dose against the yearly target in 2022. B) Coverage of the first Pentavalent vaccine dose against the yearly target, 2022. The light and dark green bars indicate the 95% and 80% coverage target at the end of the year. Source: WHO and MoH data from DHIS2 as of November 2022

Vaccination data of Ministries of Health (MoH) show that vaccination coverage for the first dose of the measles and rubella vaccine (MR 1) and the third dose of the pentavalent vaccine (Penta 3) has been steadily increasing, though at varying rates, in Ethiopia, Kenya, Somalia, and South Sudan. In Ethiopia and Somalia, the trend from October 2022 indicated that the coverage target for MR1 would be achieved by the end of the year (Figure 2A). A coverage trend achieving the target by the end of the year has been observed on the first measles rubella coverage in Ethiopia and Somalia (as of July 2022) (Figure 2B). This is possibly related to reactive vaccination campaigns during measles outbreaks. In Somalia, the second dose of MR in 2022 has been below 20% according to MoH data - increased efforts to curb this low coverage are crucial since many areas are experiencing measles outbreaks. Among the food insecurity affected populations, Internally Displaced Persons (IDPs), and refugee populations, additional effort is needed to strengthening routine immunization programmes. As of October 2022 in South Sudan, 13% of children who received their Penta 1 vaccines have missed their Penta 3 vaccine, and 32% have missed their 1st dose of their measles rubella (MR) vaccines. Missed childhood vaccinations increases the likelihood for vaccine preventable disease (VPD) outbreaks to occur and results in higher numbers of illness and death during such outbreaks. Priorities include expanding outreach programs, conducting regular supervision of vaccination programmes in the field (cold chain e.g.), and close follow up on vaccination programme performance for timely mobilisation of relevant support and response.
1.2 Vaccination campaigns in response to disease outbreaks

Countries in the GHoA have been experiencing outbreaks of vaccine preventable and other communicable diseases due to an interaction between low routine immunization coverage and the direct and indirect effects of the climate (drought and flooding), health, and food insecurity crises. In affected areas, large numbers of persons are on the move due to food and water scarcity and are in search of new livelihoods in host communities already experiencing high food insecurity and stretched healthcare systems. Displaced communities face challenges related to access to health services and poor sanitation and hygiene conditions, resulting in a higher prevalence of infectious diseases and occurrence of outbreaks.

Throughout the GHoA, immunization campaigns have been ongoing since early 2022 to decrease the susceptible population, and thus reduce the infectious disease related morbidity and mortality. These campaigns, under the leadership of MoH, have been supported by WHO, UNICEF, GAVI and other partners in the field to assist local governments in planning, funding and conducting such campaigns. Currently, six (Kenya, Somalia, South Sudan, Sudan, Ethiopia and Djibouti) out of the seven countries are reporting various measles outbreaks and four countries are dealing with outbreaks of cholera. Both are highly infectious diseases that are exacerbated by food insecurity, water scarcity and subsequent displacement/crowding. WHO is supporting governments in planning, funding, and conducting vaccination campaigns in reaction to these outbreaks as well as other outbreak prone diseases with a high health impact. Additionally, the region has reported circulating vaccine derived polio virus type 2 (cVDPV2) cases triggering the need for additional polio vaccination campaigns.

A total of 588,153 children aged six months to 14 years have been vaccinated during reactive measles vaccination campaigns in 11 affected counties in South Sudan. Additional measles vaccination campaigns are currently underway in Juba and Terekeka counties, and nationwide catchup measles vaccination campaign are planned to take place in April 2023 starting in Rubkona and Leer. Moreover, a hepatitis E vaccination campaign was conducted during which 24,469 (91% of target) people were vaccinated in the first-round in March 2022 and 19,861 (82% of target) were vaccinated in the second round of the campaign in July 2022. A large COVID-19 vaccination campaign was organized early in November 2022 in eight states, reaching a population of 2,647,595 people (86% of target) aged 18 and above. As part of the cholera outbreak response, 1,584,147 OCV doses (94% of OCV doses received by WHO) were administered during the recent vaccination campaigns throughout the country in a period of two rounds. Additional rounds are planned in those areas most affected by climate change and food insecurity.

In Uganda, measles outbreak has been reported in the Palabek Ogilli Lamwo district of Uganda, and as part of a response to control the outbreak, a total of 17,626 (54.6%) children 0-14 years old were vaccinated as of 30 October, 2022.

In Somalia, a polio vaccination campaign was recently conducted in all accessible areas of South-Central States District targeting children under 10 of age; a total of 4,369,029 children were vaccinated with an overall coverage of 92%. Independent monitoring survey results showed a coverage of 99% and 92% respectively. Additionally, in October a second round of polio vaccination was conducted in the same location with the same target age group, vaccinating 4,428,635 children (93% coverage). Moreover, an integrated nationwide polio and measles vaccination campaign was conducted in November. A total of 2,609,791 children under 5 years were vaccinated with polio vaccines (95% of target) and 2,311,076 (94% of target) received measles vaccines, excluding one region where integrated campaign was not possible in November due to security and access. Due to ongoing cholera outbreaks in the country, 897,086 (96% of the target) people during the first round and 888,092 (98.9% of the target) were vaccinated with oral cholera vaccine (OCV) in 4 affected states. A request for 1 million doses of Oral Cholera Vaccines (OCV) has been approved by the International Coordinating Group (ICG).

In Kenya, in response to a yellow fever outbreak, a vaccination campaign was conducted in Isiolo and Garissa counties targeting those between nine months and 60 years in August. The MoH, with support from WHO and other partners, plan to conduct Supplementary Immunization Activities (SIA) for measles in seven drought and food insecurity affected counties (Marsabit, Turkana, West Pokot, Wajir, Mandera, Garissa and Nairobi). As of November 14, a total of 9,928,429 adults (36% coverage) were fully vaccinated against COVID-19, and 1,662,294 adults received booster doses.
Additionally, 770,843 children (10% coverage) from 12-18 years old are fully vaccinated. Currently, all Kenyans 12 years and above are prioritized for vaccination. To increase coverage, an accelerated COVID-19 vaccination campaign was conducted nation-wide and in 24 counties in July 2022. WHO provided technical support in all campaigns in all counties but also financially supported the campaign conducted in three counties.

Measles vaccination campaigns in Ethiopia were conducted in 55 affected and high-risk ‘woredas’, or districts, of Amhara, Oromia, SNNPR, and Somali Regions since 2022 as part of the outbreak response intervention - strengthening the routine immunization service with support of WHO. There are currently active measles outbreaks in 25 ‘woredas’. However, 57 other ‘woredas’ have been able to control outbreaks as of November, in part due to vaccination campaigns.

In Djibouti, a successful vaccination campaign against polio was conducted in all six regions in October 2022 and 158,445 children were vaccinated (101% of target). Moreover, in response to an outbreak of measles in the regions of Arta, Dikhil, Djibouti and Tadjourah, a measles vaccination campaign was conducted over five days in September, vaccinating 39,392 children (86.6% of target) between 6 and 59 months. Vitamin A supplements were also given to 37,000 children as part of this campaign.

2. Public health risk and concerns

2.1 Populations in need of health services related to food insecurity

Table 1 shows the current and projected acute food insecurity classifications for each GHoA country. These data are routinely updated as data become available. Recent projections show that the humanitarian situation in GHoA is continuing to worsen, with over 46 million people in IPC phase 3 or worse (Table 1).

<table>
<thead>
<tr>
<th>Country</th>
<th>Projected food insecurity phases per GHoA country, as of latest figures available on 14 November 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djibouti (July – Dec 2022)</td>
<td>IPC3+ 192K, IPC4 5K, IPC5 0</td>
</tr>
<tr>
<td>Ethiopia (July – Dec 2022)</td>
<td>IPC3+ 20.4M**, IPC4 0, IPC5 0</td>
</tr>
<tr>
<td>Kenya (Oct – Dec 2022)</td>
<td>IPC3+ 4.4M, IPC4 2.3M, IPC5 0</td>
</tr>
<tr>
<td>Somalia (Dec 22 – Mar 23)</td>
<td>IPC3+ 6.6M, IPC4 2.3M, IPC5 61K</td>
</tr>
<tr>
<td>South Sudan (Oct 22 – Feb 23)</td>
<td>IPC3+ 7.7M, IPC4 1.6M, IPC5 0</td>
</tr>
<tr>
<td>Uganda (Aug 22 – Feb 23)</td>
<td>IPC3+ 3.0M, IPC4 36K, IPC5 0</td>
</tr>
<tr>
<td>Total</td>
<td>IPC3+ 46.3M, IPC4 7.2 M, IPC5 361K</td>
</tr>
</tbody>
</table>

Table 1: IPC projected food insecurity phases per GHoA country, as of latest figures available on 14 November 2022. Source: IPC food insecurity data Ethiopia data: OCHA Humanitarian Response Plan 2022.

More than 46 million people are in a ‘crisis’ situation (IPC phase 3) and over seven million people are considered to be in an ‘emergency’ situation (IPC phase 4). Moreover, approximately 361,000 people in Somalia and South Sudan combined are projected to be experiencing ‘catastrophic’ levels of hunger (IPC phase 5). These data indicate that an urgent response is needed to prevent significant mortality.
Figure 3A displays the measured difference in the percentage of rainfall from October and November 2022 compared to the expected rainfall for these months, as reported by the IGAD/ICPAC meteorological data. Countries in the GHoA region were found to be far below their expected rainfall levels. These data on measured rainfall variation patterns closely resembles the geographic areas with high predicted food security levels by IPC (Figure 3B). Moreover, additional meteorological data from IGAD/ICPAC suggest that the current drought will persist into the next rainy season.

**Figure 3: A) Measured difference in percentage of expected rainfall for October and November 2022** Source: IGAD/ICPAC meteorological data  **B) Predicted food insecurity levels based on projection periods in table 1.** Source: IPC food insecurity projections GHoA as of November 2022 over projected periods indicated in Table 1.

The projections in Djibouti from July through December 2022 estimate that approximately 192,168 people (16% of the total population), will be experiencing high levels of food insecurity (IPC Phase 3 or above), with about 5,000 people in Emergency (IPC Phase 4), (Table 1).

In South Sudan, over half of the of the population (6.6 million, 54%) were estimated to experience high levels of food insecurity (IPC Phase 3 or higher) during the period between October and November 2022. Among those in IPC Phase 3 or higher, approximately 2.2 million people were projected to be in Emergency (IPC Phase 4) and an estimated 61 thousand people are in Catastrophe (IPC Phase 5). During this time period, the most food insecure states included Jonglei (68%), Unity (66%), Northern Bahr el Ghazal (62%), Upper Nile (58%), Warrap (57%), and Lakes (57%), where over 50% of each of their populations were expected to be experiencing Crisis or worse (IPC Phase 3 or higher).

The projections in Kenya from October through December 2022 show that nearly 4.4 million people (29% of the population assessed) are classified as being in IPC Phase 3 or higher, with over 1.2 million people in IPC Phase 4. The most affected counties, representing 40% of the total country population in IPC Phase 3 or above, include Isiolo (50% of population in IPC Phase 3 or higher), Turkana (50%), Garissa (45%), Mandera (45%), Marsabit (45%), Samburu (45%), Wajir (45%) and Baringo (40%). The communities in these countries are predominantly pastoral.

From October through December 2022, more than 6.6 million people (41% of the total population) in Somalia were projected to be experiencing high levels of food insecurity (IPC Phase 3 or higher); over 300,000 of these people are projected to be in Catastrophe (IPC Phase 5). IPC Phase 5 was specifically projected to occur among rural residents in Baidoa and Burhakaba districts and displaced people in Baidoa town of Bay region in southern Somalia where malnutrition and mortality levels are already at alarming levels. Two districts of Bay Region and several areas in central and southern Somalia face an increased risk of the highest level of food insecurity from December 2022 onwards if rain predictions of the first 4 months of 2023 are realised.

In Sudan, approximately 7.7 million people (14% of the total population) are projected to be in IPC Phase 3 or higher, with over 1.6 million to be in IPC Phase 4, between October 2022 and February 2023. The situation is worsening due to several factors, including the significant increases in food and other commodity prices, a reduced harvest, and continued conflict. Northern, Western and Central Darfur, Khartoum, Kasala, and White Nile had the highest projections of IPC Phase 3 and Phase 4 during the projection period of June to September 2022.
Nearly 1.1 million (15% of the analysed population) in Uganda are projected to be in IPC phase 3 or higher, with close to 51,000 in IPC Phase 4, from August 2022 through February 2023. In the drought affected Karamoja region, the impact of food and livestock production over the last two years being consistently average or below-average, coupled with a fragile security situation, are causing widespread food insecurity. It is anticipated that the food security situation will slightly improve in the first months of 2023, with a reduction of the population in IPC Phase 3 or above from 518,000 (41%) to 315,000 (25%).

For Ethiopia, no recent IPC classification projections were conducted, instead to reach overall regional figures, we have used recent indications reported by the Government and published in the most recent OCHA Humanitarian Response Plan. About 20.4 million people are projected to be in a situation corresponding to IPC phase 3 or higher.

### 2.2 Internally Displaced Persons/ Refugees

As of October 1, 2022, at least 13.4 million people are reported as internally displaced in the countries of the GHoA (Table 2). Ethiopia and Sudan are the countries with the highest numbers of IDPs in the region. Due to the drought situation, a total of 1.77 million persons have been internally displaced from Somalia and Ethiopia since the beginning of 2022. A total of more than 4.5 million refugees and asylum seekers have been estimated of whom most are hosted in Uganda, Sudan and Ethiopia respectively (Table 2). In Dadaab and Kakuma refugee camps of Kenya, a total of 38,978 new refugees arrived in October and November, most from Somalia and South Sudan. In Melkadida refugee camp of Ethiopia, 15,829 new refugees arrived from Somalia since January 2022. As of September 2022, 2,508 Ethiopian refugees have arrived in Somalia.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Number of IDPs</th>
<th>Number of refugees</th>
<th>Number of returnees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan</td>
<td>3.71 million</td>
<td>1.14 million</td>
<td>2,060 (from Chad)</td>
</tr>
<tr>
<td>South Sudan</td>
<td>2.23 million</td>
<td>341,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Uganda</td>
<td>1.52 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>4.57 million</td>
<td>876,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Djibouti</td>
<td>6,086</td>
<td>37,000</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>2.97 million</td>
<td>34,000</td>
<td>93,000</td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td>566,000</td>
<td></td>
</tr>
<tr>
<td><strong>GHoA total</strong></td>
<td><strong>13,480,000</strong></td>
<td><strong>4,514,000</strong></td>
<td><strong>694,000</strong></td>
</tr>
</tbody>
</table>

**Table 2:** Internally Displaced Persons and Refugee population per GHoA country as of October 1. Source: UNHCR update reports on GHoA populations as of 30 October 2022.

### 3. Disease surveillance and health information

Due to the interconnected complex relationship between the effects of climate change (droughts and floods), food insecurity, displacement, decreased utilization of health services and other reasons many countries in the GHoA are experiencing an increase in outbreaks of measles, cholera, malaria and various other communicable diseases. Many of these outbreaks occur in areas where basic health services are overwhelmed, access to safe drinking water is very limited, and poor hygiene practices and sanitation conditions are prevalent.

In Sudan, as of 13 November 2022, a total of 2,951 suspected cases of measles were reported of which 1,178 have been confirmed. The outbreak is ongoing in Kassala, North Kordofan and Gadarif. Of the reported cases, 58% are under-five years old followed by 30% in 5-9 years, 6% in 10-14 years, and 7% in the >15 years age group. With the support of WHO, the MOH is currently conducting a nationwide measles vaccination campaign combined with Vitamin A supplementation. Active case finding, and case management activities are ongoing. Additionally, as of November 14, 2022, 186 mpox suspected cases were reported of which 18 have been confirmed. The cases were reported from six states and 19 localities, and one person has died. Furthermore, as of November 14, 2022, a total of 2,765 suspected cases (24 deaths) of hepatitis E are reported with a case fatality rate (CFR) of 0.87% (Table 3). WHO supported outbreak response and prevention activities are ongoing, including the promotion of water, sanitation and hygiene (WASH), disease surveillance, and aiding in the procurement of lab supplies for disease diagnostics. In Sudan the rainy season
has commenced, with above-average numbers of malaria cases according to MoH data (Table 3). The current rainy season with above average precipitation may be contributing to a favourable habitat for imported mosquito species.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Item</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><strong>Sudan Virus</strong></td>
<td>Cases</td>
<td>183</td>
<td>6,756(6,320)**</td>
<td>383(76)**</td>
<td>16,314(959)**</td>
<td>1,621</td>
<td>2951(1178)</td>
<td>81(81)</td>
</tr>
<tr>
<td></td>
<td>Death (CFR)</td>
<td></td>
<td>57(0.8%)</td>
<td>2(0.5%)</td>
<td>21(1.3%)</td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Cases</td>
<td>491(15)**</td>
<td>568(48)**</td>
<td>13,383</td>
<td>13,383(238)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death (CFR)</td>
<td>20(4.1%)</td>
<td>15(2.6%)</td>
<td>71(0.5%)</td>
<td>71(0.5%)</td>
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<tr>
<td></td>
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<td>20-Nov-22</td>
<td>06-Nov-22</td>
<td>week 47</td>
<td>27-Nov-22</td>
<td></td>
<td></td>
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<tr>
<td><strong>Monkeypox</strong></td>
<td>Cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>186(18)</td>
<td>1(5.55%)</td>
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<tr>
<td></td>
<td>Death (CFR)</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td><strong>Cholera</strong></td>
<td>Cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26(0.7%)</td>
<td>24(0.87%)</td>
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<tr>
<td></td>
<td>Death (CFR)</td>
<td></td>
<td></td>
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<td></td>
<td>05-Nov-22</td>
<td>14-Nov-22</td>
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<tr>
<td><strong>Hepatitis E virus</strong></td>
<td>Cases</td>
<td>3,592(104)**</td>
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<tr>
<td><strong>Malaria</strong></td>
<td>Cases</td>
<td>68,917</td>
<td>103,595</td>
<td>204,495(6,341)</td>
<td>1,117,138</td>
<td>2,348,996</td>
<td>1,348,247</td>
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<tr>
<td></td>
<td>Death (CFR)</td>
<td></td>
<td></td>
<td>0.00%</td>
<td>232(0.02%)</td>
<td>232(0.01%)</td>
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<tr>
<td></td>
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<td>13-Nov-22</td>
<td></td>
<td>30-Sept-22</td>
<td>22-May-22</td>
<td>11-Nov-22</td>
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<tr>
<td><strong>Yellow fever</strong></td>
<td>Cases</td>
<td></td>
<td></td>
<td></td>
<td>141(3)</td>
<td></td>
<td>398(2)</td>
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<td></td>
<td>Death (CFR)</td>
<td></td>
<td></td>
<td>11(7.8%)</td>
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<td>0(0%)</td>
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<td>15-Nov-22</td>
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<tr>
<td><strong>Anthrax</strong></td>
<td>Cases</td>
<td>40(2)**</td>
<td>180(1)</td>
<td>131(8)**</td>
<td>51(5)**</td>
<td></td>
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<tr>
<td></td>
<td>Death (CFR)</td>
<td>0(0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2(3.9%)</td>
<td></td>
</tr>
<tr>
<td><strong>Dengue</strong></td>
<td>Suspected Cases</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,145(201)**</td>
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<tr>
<td></td>
<td>Death (CFR)</td>
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<td>Death (CFR)</td>
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**Confirmed**

Table 3: Cumulative number of cases and case fatality rate (CFR) of ongoing and controlled outbreaks in the GHoA countries. Source: Ministries of Health as of November 2022

In South Sudan, there is an ongoing outbreak of measles, with 1,621 suspected cases reported as of November 6, 2022 from 6 counties (Rubkona, Leer, Bor IDP camp, Raja, parts of Juba and Wau). Reactive vaccination campaigns were conducted in 12 counties and are ongoing in Juba and its bordering county, Terekeka. Moreover, there is a nationwide measles catchup campaign planned for April 2023. A total of 424 cholera cases were recorded as of early November 2022. As part of the response, an OCV vaccination campaign was conducted, targeting 1,218,763 people in the states affected most by the current emergency. Lastly, a total of 3,592 hepatitis E virus cases were reported as of November 2022. The current above average rainy season is resulting in an unusual upsurge of malaria according to MoH figures. Malaria is the leading cause of mortality and morbidity, with more deaths than all other disease combined (Table 3).
In Uganda, the MoH declared an outbreak of Sudan ebolavirus (SUDV) after a case was confirmed at Mubende Regional Referral Hospital in Mubende district through confirmatory testing at the Uganda Virus Research Institute. As of November 14, 2022, 141 cases have been confirmed among nine districts, including 55 deaths, resulting in a case fatality rate of 39%. The MoH is leading the ongoing response with support from WHO and other partners. Apart from SUDV, a measles outbreak in Lamwo district with 94 suspected cases has been under control since late October 2022. Measles vaccination campaigns are ongoing in the affected district targeting children aged six months to 14 years. Malaria cases have additionally been rising in the northern region of Karamoja.

In Somalia, there are multiple hotspots with ongoing outbreaks of cholera and measles; 13,383 cases of cholera (238 confirmed) and 15,619 cases of measles (926 confirmed) have been reported. Though the overall number of measles cases has been decreasing throughout this year, likely due to effective vaccination campaigns, the total number of measles cases reported as of week 45 (November 12, 2022) is the highest number of recorded measles cases since 2020 (Figure 4). In response to these outbreaks, another nationwide integrated measles, polio, Vitamin A, and deworming campaign was initiated on November 12, 2022, covering 91% of the target population for the polio vaccine and 90% for measles.

![Figure 4: Reported measles cases in Somalia, 2020 to 2022. Source: MoH Somalia as of November 2022](image)

Cholera cases this year in Somalia have surpassed previous years’ case reports (Figure 5). WHO and partners are providing support with case management, surveillance, WASH activities, and OCV campaigns. 897,086 persons were vaccinated (96% of the target) in first round and 888,092 (98.9% of the target) in the second round with oral cholera vaccine (OCV). One million doses of OCV have been approved by the International Crisis Group (ICG), and WHO helped establish nine cholera treatment centres in outbreak areas.

In Kenya, as of November 14, 2022 a total of 383 measles cases (76 confirmed) were reported; 62 of these cases occurred in the October. The MoH is planning supplementary immunization activities (SIAs) in the seven affected counties. In late October, two separate cholera outbreaks were declared, totalling 568 cases (48 confirmed) as of November 6, 2022. There has additionally been an increase in chikungunya cases over the last month with 291 cases (5 confirmed) thus far. As of November 14, there have been 141 cases of yellow fever (3 confirmed). Although the outbreak was controlled in September, a yellow fever vaccination campaign targeting children and adults nine months to 60 years was performed in the affected counties of Isiolo and Garissa.
In Ethiopia, measles and cholera cases continue to be reported in the Oromia and Somali regions, although at a lower rate. In October, more than 60 cases were recorded per week; in November, weekly numbers reduced to 13 cases. Cholera cases were additionally reported within four ‘woredas’ of Oromia and two in Somali, resulting in 491 cases (15 confirmed) and 20 deaths with a case fatality rate of 4.1%. Moreover, 161 suspected chikungunya cases have been reported from the Somali region. As of week 45, a total of 6,756 measles cases have been reported in five regions of the country with four regions (Oromia, Somali, Amhara and Afar) experiencing active outbreaks, specifically in the areas affected most by drought and food insecurity. More than 300 cases were confirmed in each of the past weeks. Oromia and Somali are the regions that also report high numbers of cholera which, similar to measles, is often linked to crowding in IDPs. As seen in Sudan and South Sudan, the number of malaria cases reported from week 35 to date continues to increase. Most cases are reported from Amhara, Southern Nations, Nationalities, and Peoples’ Region (SNNP), South-west and Oromia regions. Data from the MoH in Ethiopia estimate that the case numbers are nearly double compared to the same period in 2021.

In Djibouti, suspected measles cases are being reported on a weekly basis. The MoH is strengthening the surveillance system especially in relation to polio and measles cases. Efforts are made to accelerate and intensify surveillance for more rapid detection of the polio virus and measles, with WHO and the MoH continuing to collect environmental sampling as part of the enhanced surveillance activities.

4. Attacks against health care

There are various conflicts ongoing in the GHoA, with Ethiopia having seen a truce between fighting parties in Tigray. Also, in Somalia various large security events (attack on a bus and a hotel) with casualties reported in the public domain. Through the WHO Surveillance System for Attacks on Healthcare, as of 14 November, in South Sudan there have been seven attacks on health care facilities in 2022 killing 10 people and injuring 33 others (Table 4). In Sudan, a total of 30 health care attacks were reported with seven deaths and nine injuries. Most recently, eight attacks were reported in October-November 2022. In Somalia, one attack was reported which resulted in the death of 48 people and 3 injuries, earlier in 2022.
5. WHO Response

5.1 Coordination and leadership

In Sudan, there is ongoing support of WHO to the FMOH in the preparedness and response to the mpox outbreak in the country. A One Health Platform was established on 22nd of September 2022 and joint missions were conducted to Kassala, Gedaref, North Darfur and West Darfur states.

WHO South Sudan supported partner and response coordination at national and sub-national through weekly cluster and inter-cluster coordination meetings. Furthermore, technical officers were deployed to conduct needs assessments and support sub-national coordination in emergency locations.

In Uganda, support was provided by WHO to a workshop organized for 142 political and technical leaders from Lango, Acholi and Teso, districts surrounding Karamoja to optimize coordination on challenges around malnutrition. Additionally, WHO also supported a workshop for functionalization and institutionalization in the region for various health topics. The WHO team participates in partners coordination for Karamoja region drought and food insecurity response, led by the Government.

The WHO team in Somalia is enhancing its communication and coordination in the health cluster to be able to streamline the data management and subsequent response activities. Under the integrated response framework endorsed by the HCT, the country office is working closely with other UN agencies and partners to respond in a coordinated fashion to the drought and food insecurity situation, including malnutrition management and diseases control in vulnerable groups like IDPs.

Kenya continues to participate in the monthly Kenya Humanitarian Health Partners coordination meeting in the capacity of the health sector lead and that includes the health sector partners coordination. Moreover, the country office has adopted the COVID-19 IMST which meets weekly to review the status of the response dynamics at both national and select affected counties of the ASAL region with the aim of further strengthening the MOH structures and partners with harmonized response to the drought and food insecurity emergency. At the sub-national (regional) level there are District Health Systems Officers assigned to a cluster of counties who are the field level response focal points (WHO front face-looking) working closely with County Health Departments in coordinating the drought response, ensuring that local data and evidence continue to be generated to inform WHO and other health partners’ response.

In Ethiopia, WHO is working closely with other UN agencies and partners in responding to the outbreak, drought, and food insecurity situation by providing regular updates and coordination of the response activities including vaccination campaigns and the management of complicated cases of infectious diseases and due to SAM. Weekly drought response coordination meetings are an important platform for WHO to conduct coordinated actions in the drought affected regions. Besides, WHO supports most drought affected regions with the implementation of reactive measles vaccination campaign in the regions. An Infection Prevention and Control (IPC) assessment at Semera health center in Afar region was conducted, mentoring health care workers on improvement of health care waste management and other key IPC measures.

In Djibouti, WHO together with UNICEF continued to support the MoH through regular coordination meetings with the aim to intensify vaccinations efforts against polio. The Stop Polio team continues to support the planning and implementation of vaccination program, particularly in the areas of surveillance, field and laboratory, information collection, analytics, and coordination.

5.2 Prevention and control measures

WHO Sudan is providing technical support needed in the preparedness for SUDV. Response capacity and prevention control measures are provided to the numerous outbreaks in the country including measles, hepatitis E, mpox, dengue fever and malaria. In response to the hepatitis E outbreak, the team is supporting the improvement of WASH practices and capacity, water quality monitoring and water chlorination activities. Additionally, the country office team is supporting the hygiene promotion messages (food handling, hand washing) as well as in strengthening of surveillance and lab, RDTs prepositioning, capacity building sessions). Likewise, a microplanning exercise has been completed in
order to conduct a measles vaccination campaign with Vitamin A supplementation. A COVID-19 vaccination campaign has started on the 27th of October 2022 in 18 states. In response to the dengue outbreak and high number of malaria cases being reported, an integrated disease and entomological surveillance system is established in high-risk localities and WHO is supporting the access to diagnosis and treatment. WHO Health Emergencies program in collaboration with Federal Ministry of Health conducted Ebola preparedness and risk assessment exercise in all 18 States.

In South Sudan, WHO supported the MoH to vaccinate 41,600 people during the first round of the pre-emptive oral cholera vaccination campaign in Malakal County and Malakalin October 2022. Overall, a total of 1.6 million doses of oral cholera vaccines were administered in six cholera hotspot locations in 2022. Moreover, WHO supported in enhancing the surveillance, routine reporting, and monitoring of weekly trends of priority diseases in emergency locations. Due to the ongoing Measles outbreak, 588,153 children aged six months to 14 years have been vaccinated during reactive measles campaigns. A hepatitis E Vaccination campaign was also conducted which reached 24,469 (91% of target) people were vaccinated in the first round and 19,861 (82%) were vaccinated in the second round of the campaign.

A measles outbreak in Lamwo district in Uganda with 94 cumulative cases was controlled recently. Since Karamoja region has a previous history of cholera, Meningococcal meningitis, and measles outbreaks WHO supports integrated supportive supervision on epidemiological surveillance and case management in the Nakapiripirit and Moroto districts of Karamoja region. WHO has provided financial and technical support to all district for 2nd round nOPV2 campaign, which started on the 4th November 2022. Field teams are conducting support supervision and holding daily regional coordination meeting and providing their feedback to the national level on the campaign implementation. WHO also conducts a weekly analysis of total alerts received and sample testing for Ebola from the districts. Cumulatively, 4477 tests for Ebola have been conducted with 142 testing positive. Safe and Dignified Burials and swabbing of all deaths occurring in the districts of Kassanda and Mubunde are being conducted. Swabbing of bodies for testing for Ebola has all been extended to all other districts for deaths alerts reported. Cumulatively, the country has conducted 643 safe and dignified burials.

In Somalia, as a response to the ongoing measles outbreak and a high risk for polio, an integrated polio and measles vaccination campaign with Vitamin A and deworming supplementation was in November reaching nearly 2.5 million. The country was granted an extra one million doses of OCV vaccine by ICG and WHO will start an OCV vaccination campaigns to be able to control ongoing cholera outbreaks in the country. Technical support including capacity building (training and workshops) is being provided by WHO to improve the surveillance, case management, data collection and reporting system.

Ongoing support in Ethiopia is being provided in the response to the measles and cholera outbreaks in the different regions of the country. Staffs were deployed to enhance disease surveillance and better and earlier detect suspected cases. Necessary drugs and supplies have also been donated for prompt case management and to be able to provide adequate cures. Moreover, technical support was delivered on how to effectively prepare and reach the population during rounds of nOPV2 campaigns in the security affected areas of Oromia region. Ongoing support is also being provided to the upcoming measles vaccination campaign. The country has requested for OCV vaccines to be able to conduct vaccination campaign as the number of cases continued to increase and timely vaccination campaign is needed.

Social communication micro-plans as part of the polio campaign plan are under preparation and recruitment for social mobilization, vaccinators across the country are ongoing in Djibouti. Additionally, training of social mobilisers and vaccinators is ongoing with further cascading at the community level. Alongside with UNICEF and other partners, from 10 to 14 October 2022, a successful vaccination campaign against polio was held in the six regions vaccinating 158,445 children.
5.3 Nutrition response

In various the GHoA countries, the number of SAM children admitted to nutrition programmes continued to increase over the year. Significant increases recently have been observed in Sudan, Karamoja (Uganda), Somalia and Ethiopia clearly underlining the tragic consequences of the current food insecurity crisis (Figure 6A and B).

In Sudan, the number of children admitted with SAM and medical complication continued to increase, approximately doubling admissions every 3 months. These numbers are also reported to be high compared to the previous year admission rates.16 A total of 27,280 children with SAM were admitted to WHO supported Stabilization Centers (SC) from January to September 2022 (Figure 6B).

Like in other countries in the region the number of SAM cases in South Sudan, admitted to nutrition programs has continued to increase. WHO is providing technical support in terms of adequate management of SAM cases admitted to nutrition programmes as well as in the training of health care workers on Integrated Management of Acute Malnutrition (IMAM).

In Uganda, the malnutrition situation remains to be improved, with a total of 1,081 new SAM admissions in the month of October 2022. WHO team at the regional hub in Gulu conducted a health facility audit of in-patient records at Aber and Kalongo health facility treatment centers in Oyam and Agago districts respectively from 14 to 18 November 2022. The team reviewed selected patient records at the two health facilities and arrived at findings against which they made recommendations to improve in patient therapeutic program at the health facilities. The WHO team on the ground is providing support to the ongoing nutrition response regarding partner coordination, proper case management, supportive supervision, and mentorship. WHO has also provided nutrition kits, appropriate drugs, and nutrition supplies to facilities. Capacity building of the health care workers is also ongoing in order to locally sustain the response. Finally, WHO Uganda is currently conducting a Health and Nutrition Service Quality Assessment in the Karamoja region and neighboring districts The purpose of the assessment is to inform the WHO response to public health consequences to drought and food insecurity in the Karamoja region and neighboring districts.

The number of children admitted to WHO Somalia supported SCs with SAM and medical complications has shown consecutive increment from May 2022 onwards, including the out-patient program. As of October 2022, a total of 21,348 children were admitted to the SC and received treatment (Figure 6A). The recovery and death rates are 91.6% and 2.4% respectively. A total of 330,403 children were screened for malnutrition by WHO supported community health

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**Figure 6**: A+B The trend of SAM admissions to nutrition programmes in the GHoA countries. Source: MoH data as of November 2022
workers using mid-upper arm circumference (MUACs) from March – November 2022 in the drought affected areas. 78,295 children in were found to have MAM and 35,084 were found to be classified as SAM.

A nutrition technical team in Ethiopia and provided technical support for the management of acute malnutrition and aided with the implementation of the necessary guidelines at 40 health centers. Additionally, WHO provided training for 27 CHWs on the management of SAM in Kombolchia, Afar region.

5.4 Essential health services delivery

In Somalia, WHO supported the outreach programs in the drought affected areas and a total of 369,830 children received various vaccinations, 28,845 pregnant women received the tetanus and diphtheria (Td 2) vaccine and 62,357 children 6-11 months and 78,079 with 12-59 months old were supplemented with Vitamin A. Moreover, 31,000 Children were treated with ORS and Zinc for diarrhoeal diseases and a total of 249,978 outreach patient consultations took place. Additionally, a total of 2,070,772 household visits were made by the Community Health Workers (CHWs) including repeated visits from March – November 2022.

During outreach and at health facility level, 115,790 children received deworming tablets, 94,662 pregnant women received iron/folic acid tablets, 15,384 children with respiratory infections were referred to PHCs for better consultation and management. In health facilities supported by WHO, a total of 3,249,269 outpatient consultations were made from January - October 2022. An ongoing support is also provided for the decentralization of laboratory capacity at state level for the confirmation of measles and cholera samples.

WHO South Sudan distributed 69 emergency health kits including 54 inter-agency emergency health kits (IEHK, each supporting 10,000 people for three months), 11 cholera kits, and four severe acute malnutrition (SAM/MC) kits to five flood-affected and food insecure counties during the reporting period. Furthermore, 110 vials of snake antivenom and rabies vaccine were distributed. As of November 2022, WHO has delivered 85 SAM/MC (Severe Acute Malnutrition with Medical Complications) kits to stabilization centres in IPC 4 & 5 locations, 341 IEHK kits, 70 pneumonia kits, and 170 cholera investigation and treatment kits to health facilities and implementing partners in priority locations. WHO supported the provision of primary health services in Leer, Mayendit, Pibor and Fangak (counties with IPC 5 populations) by supporting 11 static and mobile health facilities in collaboration with implementing partners. In Sudan, laboratories supplies, PPEs and other outbreak response supplies were provided to the FMOH.

Laboratory supplies and PPE was donated by WHO Sudan. Also, capacity building sessions in the response to the ongoing mpox outbreak were conducted. In addition, ongoing support is provided to strengthen vector control efforts by Risk Communication and Community Engagement (RCCE) and the implementation of integrated vector control measures like Insecticide-treated bed nets (ITNs) and indoor residual spraying (IRS). Moreover, laboratory supplies and PPE was also supplied to the 5 affected states and localities affected by the monkey pox outbreak.

In Ethiopia, WHO prepositioned additional different cholera kits and items to three cholera affected ‘woredas’ (Oromia)as part of the outbreak response in the country. Moreover, following major flooding in the Somali region a joint technical team assessed the situation in the affected areas and distributed basic items including 350 mosquito nets and four cartons of soap and medical supplies.

WHO Uganda procured medical and non-medical supplies worth 200,000 UDS to support the MoH. In addition, WHO field team conducted supportive supervision on essential health services in Nabilatuk district, and mentored 23 healthcare workers on surveillance, EPI performance monitoring, vaccine management, and labour monitoring. The WHO team conducted onsite supervision visit and mentorship at 44 selected health facilities in the districts of Alebtong, Oyam, Agago, and Pader. Support included the provision of early diagnosis of TB in malnourished children, implementing best practices and reviewing best opportunities to end TB in children and adolescents. A detailed overview of 2020 WHO consolidated guidelines on TB prevention was provided at Aber and Kalong Hospital as well as health centers Alebtong, Agago and Pa-jule.
5.5 Training and technical expertise

A total of 150 health workers were trained by WHO team in South Sudan on case management of common diseases in flood-affected and food-insecure counties. Overall, 257 frontline health workers received case management training while 180 CHWs received refresher training in locations affected by acute food insecurity, flooding and conflicts. In addition, 50 health workers trained (25 on inpatient management of SAM cases with medical complications and 25 on nutrition surveillance and reporting via Early Warning and Response) to support the emergency nutrition response.

In Uganda, WHO field teams conducted onsite mentorship of health workers on management of malnutrition and TB, and on adequate reporting. Additionally, in collaboration with MoH onsite mentorship of health workers on TB management was provided to various hospitals in the drought affected areas. WHO conducted the training of 70 participants from the Karamoja region on the management of children with acute malnutrition in November.

Sensitization on active case search strategies to three measles affected districts in Ethiopia has been conducted in order to more timely detect and report outbreak prone diseases. Moreover, a team has been deployed to west Omo zone for active case search and case management for the ongoing suspected measles outbreak in the SWE region. Supportive supervision was also conducted to 40 health facilities focusing on disease surveillance and national guidelines were distributed in Somali region. As part of the capacity building activities, a total of 27 health care workers were trained on management of acute malnutrition in the Afar region. Technical support was also provided to zones and towns in preparation for the upcoming measles campaigns. Additionally, training was provided to 59 HCWs for first line support in Semera with a technical and financial support of WHO. In Oromia region, WHO teams facilitated meningitis surveillance and case management training for 73 HCWs.

In Djibouti, the STOP polio team continues to support the planning and implementation of vaccination program, particularly in the areas of surveillance, routine and campaign activities, laboratory, information collection, data analytics and coordination activities. Moreover, the team is conducting training for social mobilisers and vaccinators and will further be cascaded at the community levels for the upcoming polio vaccination campaign.

6. Gaps and challenges

All countries in the region are having difficulties in securing adequate funds to respond to the situation in a timely manner.

In Ethiopia, there is limited partner presence for the cholera outbreak response in Guradamole ‘woreda’, Oromia region of Ethiopia which resulted in a delay in timely control of the outbreak and shortage of water treatment chemicals and IPC supplies has been a challenge in the Cholera outbreak response in the Somali region of Ethiopia.

In South Sudan, disruptive insecurity incidents, inaccessibility of conflict affected counties, large operational costs measured against the available donor funds as well as inadequate human resource for health service delivery at sub national level have been reported as a major challenges in dealing with the ongoing drought, food insecurity and health response interventions. Additionally, limited accessibility to basic health services due to insecurity and flooding as well as shortage of basic health kits and supplies are also considered to be major challenges during the response measures in the country.

In Djibouti, the long lead time for results of the environmental samples collected and shipped outside of the country is reported to have affected the ongoing polio surveillance.

In Uganda, Teso is one of the regions having the highest number of children with SAM and some of the target districts do not have an Inpatient Therapeutic Center (ITC) for management of SAM with medical complications, resulting poorer outcomes due to the long delay in reaching to the ITCs. Additionally, stock outs of F-75, F-100 and CMV have been reported at lower health facilities level. Moreover, inadequate anthropometric equipment, and lack of a proper stabilization centers in some of the districts have been affecting the nutrition response activities in the region.

In Kenya, inadequate resources to effectively respond to the multiple reported outbreaks including the effective contact tracing and limited capacity for near real-time data capture and reporting have been pulled as key field-level challenges in the response. Additionally, from over 7,000 health facilities providing routine immunization, only
half of them are providing COVID-19 vaccination. This is attributed to health care workers capacity, and shortage of gadgets and data bundles. WHO is in the process of procuring over 3,800 tablets (which has been in the pipeline since early in the year) to support vaccinating health facilities.

In Somalia, the drought crisis is ongoing and not showing a positive trend with an increased number of districts in IPC 3, 4 and 5 and these needs a continuous support to be able to continue and increase WHO responses. A lack of enough UNDSS approved accommodation at state/regional/central level, access restrictions for regular field supervision and monitoring as well as unreliable population figures are also considered as major challenges affecting the response measures in the country.

Shortages of oral cholera vaccines (OCV) continued to be one of the major challenges to the ongoing cholera outbreak response interventions in different countries within the region and across the world. Most of the WHO country offices have reported to have challenges related to delayed deliveries of procured of drugs and supplies.

7. Priority Actions, recommendations, and next steps

The region is experiencing one of the worst humanitarian crises due to the drought, food insecurity, multiple outbreaks, conflict and other causes. A well-coordinated response is needed from national down to field level. There is a need to continuing advocacy at national, regional and global level on the essential role of health in the response to food insecurity crisis. It is essential that sufficient funding is identified to be able to prevent further morbidity and mortality, including engaging all stakeholders across health service delivery levels to enhance uptake of vaccinations. Refugee camps within the drought affected countries need to be given additional attention due to additional vulnerabilities to outbreak prone diseases like cholera, measles which are highly contagious and deadly. Data is one of the key components in food insecurity, surveillance and outbreak response interventions and measures need to be put in place to have reliable data from field to national level which can guide the response. It’s paramount to focus on the 5 pillars of the WHO Food Insecurity and Health Preparedness and Response Strategic Framework to be able to mitigate the health and nutrition risks while strengthening the resilience of the health system.

8. Funding status of WHO’s food insecurity and health response

![Graph showing funding status](image)

9. Advocacy message

Health response actions are essential to avert morbidity and mortality in a food insecurity crisis. Across the GHoA the focus is to prevent deaths resulting from the health consequences of the food insecurity in these countries. This is because of malnutrition, epidemic-prone diseases caused by limited access to safe water, food, and proper sanitation and hygiene, among other causes. Disruptions in access to health care can further increase morbidity and mortality, including through disruption of immunization, and must continue to be addressed.

There is continuing need for advocacy at various levels to enhance partnership and collaboration and for additional health and nutrition partners to support the food insecurity and health response in the region.

There is also a need to continue the provision of essential medical equipment, supplies, vaccines, and medicines including cholera kits, interagency emergency health kits, malaria medicines, paediatric SAM kits, and reproductive health kits, among other supplies, to support essential health services. Crucially, more resources are needed to put in
place a health response across the five pillars of the Food Insecurity and Health Strategic Framework, covering coordination, surveillance and information, outbreak prevention and response, essential nutrition actions and essential health actions. Due to the likely protracted nature of the crisis, it is essential to build on and strengthen existing systems.

10. Focal point / Contact

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

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