








Situation Report

Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergency

Djibouti, Ethiopia, Somalia, Sudan, South Sudan, Kenya, Uganda

Key Figures

	Estimated Total Population	292 million (World Bank)
	Acutely Food Insecure Population	46 million (IPC 3+)
	Number of Refugees and asylum seekers	4.5 million (UNHCR)
	Internally Displaced	13.5 million (UNHCR)
	Acutely Malnourished Children (Estimated)	SAM: 2.9 million GAM: 11.9 million (IPC, UNICEF, OCHA)
	Ongoing outbreaks	<ul style="list-style-type: none"> • Cholera: 3 countries • Measles: 7 countries • Mpox: 1 country • Dengue fever: 3 countries • Malaria: 6 countries

◉ The Greater Horn of Africa (GHOA) countries are facing a serious food insecurity crisis due to failed rainy seasons as well as flooding in other areas and various other factors.

◉ The ongoing climate crisis, pre-existing conflicts, and global inflation have put more than 46 million people at risk of acute food insecurity.

◉ Somalia reports 300 cases of cholera a week, three times more than previous two Decembers. Kenya experiences a severe outbreak of cholera, with 3,306 cases since October, whereas cases in Ethiopia increased by 30% in December compared to the month before.

◉ Although measles vaccination campaigns are implemented, large outbreaks in multiple areas remain prevalent across all seven GHOA countries.

◉ An estimated 8.3 million people (48% of the total population assessed) across Somalia are expected to face IPC Phase 3+ food insecurity between April and June 2023,

◉ The total estimated acute malnutrition burden in Somalia is expected to reach approximately 1.8 million children, through July 2023.

◉ Due to the poor harvest season in Uganda and reduced rains, it is projected that the region is likely to experience a resurgence of high acute malnutrition cases.

◉ The drought situation in Kenya remains critical in 22 of the 23 arid and semi-arid counties due to the late onset and poor performance of the October - December 2022 short rains.

◉ WHO continues to provide support by coordinating the efforts of health sector partners, in addition scaling up its assistance to the seven countries to enable them to detect and respond to disease outbreaks. WHO has also deployed funds, personnel, technical expertise and supplies.

◉ Various donors maintain the provision of financial support. However, as of 31 December, only 43% of the USD123.8 million WHO appeal for 2022 has been funded. A total of US\$ 165.3 million is pledged in the outbreak and crisis response appeal for the Greater of Horn in 2023 [1]. Sustained humanitarian assistance will be essential to address the needs beyond 2022, and a rapid identification of additional funding and resources is needed to mitigate unprecedented morbidity and mortality.

1 Overview of the crisis

The climate crisis in the Greater Horn of Africa (GHOA) is likely to deepen with the projected underperforming rainy seasons for the upcoming March-May 2023 rainy season, whereas in some areas above-average precipitation is expected [2]. Somalia, Kenya and Ethiopia continue to battle the worst drought in 40 years. More than 46 million people are projected to be food insecure (Figure 1) across the GHOA, and the numbers of both severe and moderate acute malnutrition admissions are increasing rapidly. Immediate actions are required to prevent the crisis from escalating further in 2023.

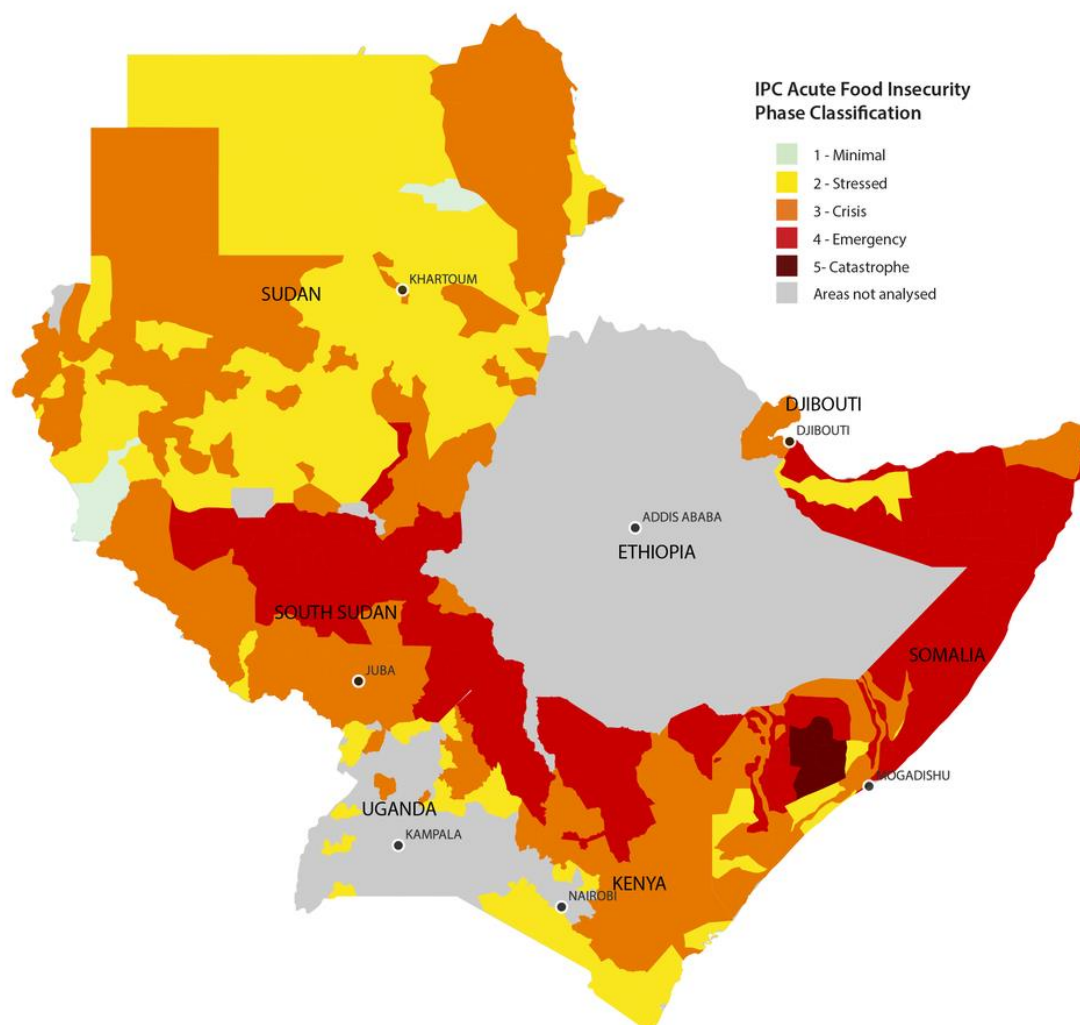


Figure 1: Food insecurity projection for the GHOA region, October 2022 to January 2023 Djibouti: July to December 2022 (released on 4 May 2022); Kenya: October to December 2022 (released on 28 September 2022); Somalia: October 2022 to June 2023 (released on 13 December 2022); South Sudan: October 2022 to July 2023 (released on 3 November 2022); Sudan: October 2022 to February 2022 (released on 21 June 2022); Uganda: September 2022 to January 2023 (released on 24 November 2022) [Source: IPC projections, GHOA countries]

The humanitarian crisis in **Djibouti** is expected to worsen in 2023 with an estimated 192,000 people likely to be food insecure (IPC Phase 3 or worse). The country continues to face the impact of the climate crisis (drought) and subsequent poor economic conditions. Despite the unfavourable conditions, severe and moderate acute malnutrition admissions (SAM and MAM) showed a decreasing trend in the last quarter of 2022. WHO continues to provide support to health sector partners to better prepare for and respond to disease outbreaks, as well as to strengthen the provision of

emergency health and nutrition services for those affected 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 severe acute malnutrition [3]. WHO also supports most drought-affected areas with the implementation of polio vaccination campaigns in all the affected regions [3].

Due to the prolonged drought in **Ethiopia**, the food security situation in the country continued to deteriorate. WFP's (World Food Programme) Regional Food Security & Nutrition Update reported that more than 22.6 million people are food insecure mainly in the southern, south-eastern and eastern parts of the country. A total of nearly 29 million need humanitarian assistance in 2023 as the situation is deteriorating [4]. The drought-affected areas continue to be affected by cholera outbreaks with close to one million people being at risk in the 10 worst-hit woredas [5]. The government is working closely with other partners to scale up health and WASH activities in priority areas, with a particular focus on internally displaced persons (IDP) sites. An allocation of approximately US\$4 million from the Central Emergency Response Fund (CERF) was approved recently to support the ongoing response to disease outbreaks [6].

Twenty-two of the 23 arid and semi-arid (ASAL) counties in **Kenya** are affected due to the ongoing drought as of December 2022 [7]. The general food insecurity situation shows an increasing trend into December 2022, with nine ASAL counties experiencing alarming levels of drought-induced impacts [7]. According to the Integrated Food Security Phase Classification (IPC) projections from February to May 2023 nine counties are due to reach Phase 4 [8]. The projected number of people affected is likely to increase compared to the current situation (4,354,545 people are living above IPC3+ classification) [4]. Reasons for this include an increase in cases of acute malnutrition across the counties in December 2022. Outbreaks of cholera, and measles were reported during the month of December 2022 [9].

Somalia is experiencing one of the worst droughts in its history due to persistent failed rainy seasons. --An estimated 7.6 million people are in need of urgent humanitarian assistance [10] The total estimated acute malnutrition burden in Somalia is expected to reach approximately 1.8 million children by July 2023 [11]. Increased incidences of waterborne diseases, especially cholera and acute watery diarrhoea (AWD), have been reported among drought-affected populations. By December 2022 Somalia had reported multiple ongoing disease outbreaks including measles, cholera and dengue fever [12].

As of October 2022, severe flooding in **South Sudan** continued to impact people across the country with over one million affected in 36 counties and Abyei Administrative Area. A recent assessment conducted in December 2022 reported 17,000 newly displaced people sheltering in three locations in Pibor town, following armed clashes that broke out in the Gumuruk area in Pibor County [8]. The severe flooding caused 62 deaths and affected 52 health facilities and 111 nutrition facilities that have either been destroyed or rendered inaccessible [13]. Armed fighting in Mangala Payam displaced over 5,000 people and an estimated 3,000 people moved to islands on the Nile River. As of 31 December, the number of new IDPs arriving at the Malakal Protection of Civilians site from Kodok/Fashoda amounted to just over 3,000 people [13]. IPC projections were that over half (6.6 million people) of the population in South Sudan is experiencing high levels of acute food insecurity (IPC Phase 3 or worse) in October and November 2022 (Figure 1). The situation is expected to worsen during the lean season, April-July 2023, with an estimated 7.8 million people (63% of the population) likely to face IPC Phase 3 acute food insecurity or worse [9].

In **Sudan**, a total of 141 localities (75%) were identified as being at high risk of severe food insecurity and malnutrition. [14]. An estimated 11.7 million people are food insecure (IPC 3 or more) as of December 2022, among them 3.1 million people are in IPC 4 and 8.5 million are in IPC 3 [14]. In November 2022 about 32,800 people were displaced by conflict in West Kordofan and Central Darfur [15]. Since the beginning of 2022, almost 300,000 people were displaced by conflict, about 900 were killed and another 1,100 were injured [15]. The overall prevalence of GAM in Sudan is 13.6% and around 40% of localities exceed the 15% emergency threshold (as identified by WHO) for GAM rate [16].

In **Uganda**, 19 districts are affected by the drought and food insecurity crisis [17]. Since the end of the rainy season in September 2022, nomadic pastoralists in the region of Karamoja migrated in search of pasture and water. A below-average harvest followed the poor rainy season and thus the region is likely to experience a resurgence of high acute malnutrition. During the current reporting period the outbreak of Sudan Ebola Virus (SUDV) was on the verge of being

declared over, with the last case of SUDV reported on November 2022. The measles outbreak in Lamwo district is ongoing, as of December 2022, and a total of 103 cases were reported so far [18].

2 Public health risks and concerns

2.1 Population in need of health services related to food insecurity

In **Djibouti**, more than 192,000 people are facing food insecurity in December 2022. Approximately 20% to 45% of the population, with the exception of Djibouti-Ville and urban Dikhil (IPC Phase 2), are acutely food insecure. -

More than 20 million people are in need of humanitarian assistance and over than 5.5 million require immediate medical attention due to the ongoing drought in **Ethiopia** (as of November 2022) [19]. A total of 110 woredas have been affected by the drought, according to an assessment carried out in November 2022. An estimated 9 million people across the conflict-stricken regions of Tigray, Afar and Amhara lack access to adequate food.

In **Kenya**, the long rains assessment conducted in July 2022 estimated that 4.35 million people would require relief assistance by December 2022 [20]. The impact of the October-November-December (OND) “short rains” has been insignificant to local livelihoods as it only provided limited relief mainly in water access for some parts of the ASAL counties [21]. The January-March 2023 dry season is likely to reverse any recovery the ASALs may have made ahead of the next long rains. In terms of refugees, the camps have more than three times the intended capacity [22]. Fifty-five measles cases have been diagnosed in Dadaab refugee camp as of 22 December 2022, an increase in cholera cases has also been reported in the camp (a total of 504 cases reported) [23]. Furthermore, an outbreak of measles has been reported in Kakuma refugee camp where an additional 20,000 refugees arrived recently [23].

In **Somalia**, approximately 8.3 million people across the country are expected to face acute food insecurity (IPC Phase 3+) between April and June 2023 [9]. The projected numbers are higher than the previous estimates in some areas including six districts in South West State and in five districts in Banadir Region, projected to be IPC 5. With an estimated 6.7 million people already in need of urgent humanitarian assistance and protection [24], an additional 3.2 million IDPs and 752,000 newly displaced persons are expected [12]. Women and children continue to endure adverse health and nutrition effects the most. The total estimated acute malnutrition burden in Somalia is expected to increase in 2023, with an estimated 1.8 million children likely to be severely malnourished through July 2023 [25].

The recent IPC figures for **South Sudan** projected a worsening of the food insecurity situation during the lean season, April-July 2023 [9]. During this period an estimated 7.8 million people (63% of the population) will likely face IPC Phase 3+ level food insecurity, with 43,000 people likely to be in IPC Phase 5 level food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State [9].

By early 2023, about 15.8 million people across **Sudan** are likely to require humanitarian assistance, marking the fourth year of record numbers of people in need. This is about 1.5 million people more than in 2022 [16]. Of the 15.8 million people in need, 11 million require emergency assistance for life-threatening situations related to critical physical and mental well-being, a 21% increase compared to the previous year [26]. Sudan in December 2022 witnessed a significant increase in the prices of food and other commodity due to a reduced harvest, continued conflict, high inflation and political instability [27]. Many poor households continue to face IPC level 2 and 3 outcomes in Darfur, Blue Nile, Kordofan, Kassala, and Red Sea states. This comes as food prices remain well above last year while inter-communal clashes disrupt access to income earning opportunities [28].

In **Uganda**, an estimated 41% (517,850 people) of the total population in the Karamoja region are facing food insecurity IPC Phase 3+ (August 2022-February 2023 projections) [4]. Of those, about 89,900 are facing IPC Phase 4 [9]. The projection done by FEWNET in December 2022 showed that high food prices and below-average crop production will limit food access in early 2023 [29]. Although across bimodal areas (areas that experience long and short rainy seasons), the number of people facing acute food insecurity is falling due to the increased availability of food from the last harvest at the end of 2022, the number is expected to start rising again in the first months of 2023, especially in areas where production was relatively poor [29].

2.2 IDP/ Refugees

The GHoA region is hosting approximately 4.4 million refugees and asylum-seekers [30]. The majority are from South Sudan (2.21 million) [30]. Approximately 13.5 million people are internally displaced as a result of conflict and drought, among other factors (Figure 2).

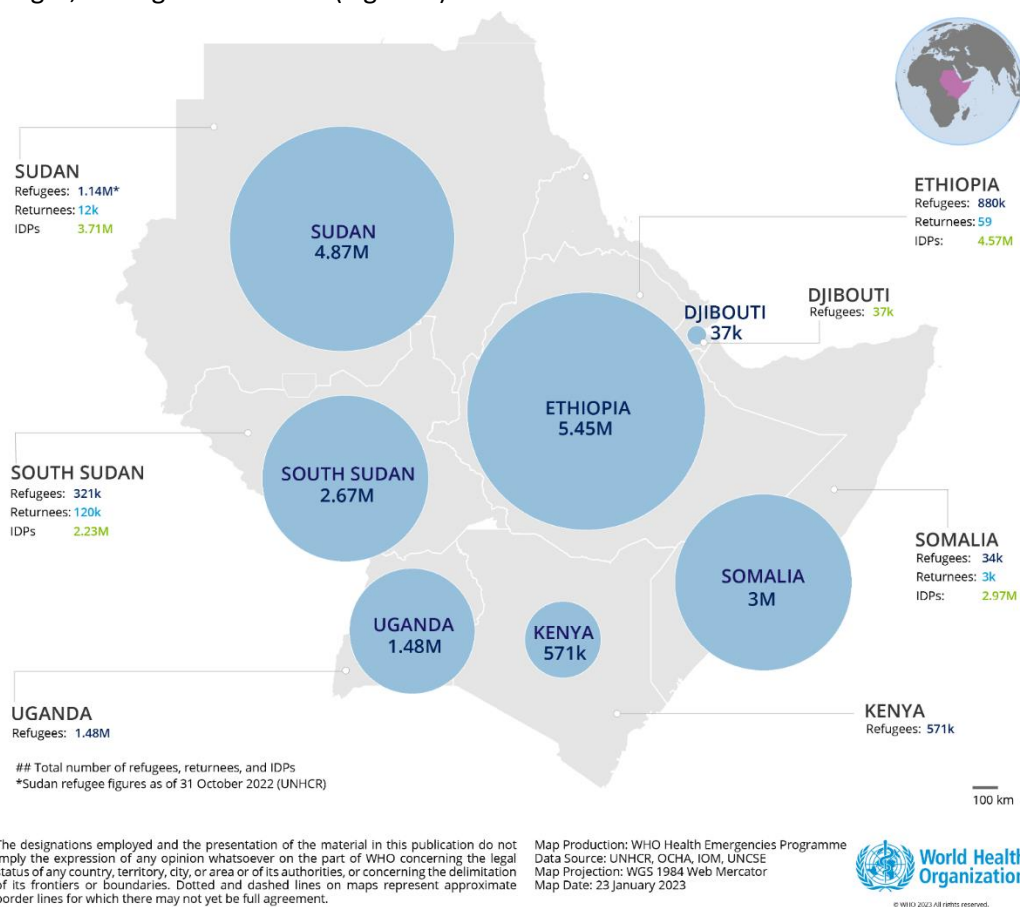


Figure 2: Internally displaced people, refugees and returnees in the GHoA region as of 30 November 2022 [30]

The drought along with subsequent economic factors forced pastoralists and nomads to leave their localities and to relocate to other parts of **Djibouti**. This has led to increased pressures and competition with host communities for scarce resources. As of November 2022, at least 6,086 persons were internally displaced at over 618 locations throughout Djibouti (Figure 3) [24]. The regions of Tadjourah and Dikhil have the largest numbers of IDPs (Figure 3) [24]. The drought in combination with subsequent economic factors forced pastoralists and nomads to leave their localities and to relocate somewhere else in Djibouti. This has led to more economic burden on the host communities competing over scarce resources. As of November 2022, at least 6,086 persons have been internally displaced at over 618 locations throughout Djibouti (Figure 3) [31]. The regions of Tadjourah and Dikhil have the largest number of IDPs (Figure 3) [31].

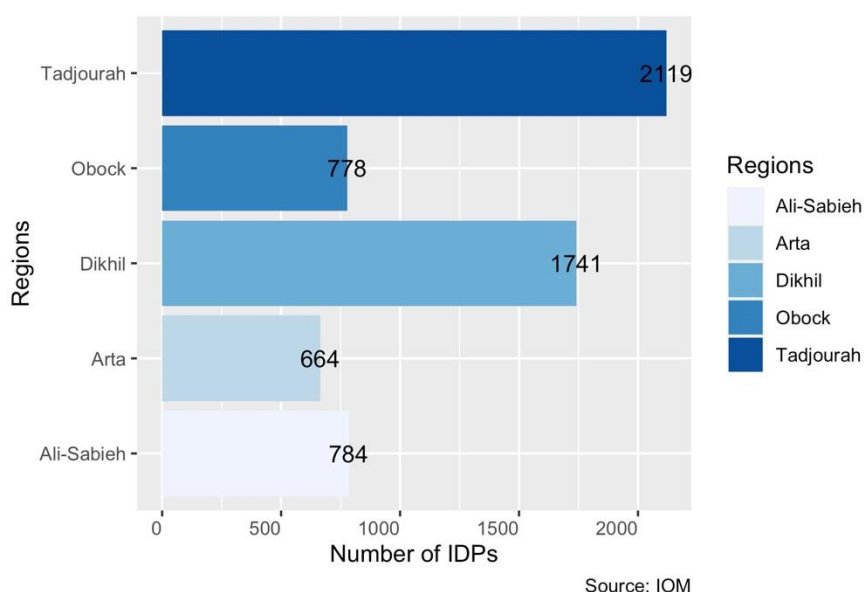


Figure 1: Number of internally displaced populations in Djibouti in 2022 [31]

According to the International Organization for Migration (IOM), an average of 712 African migrants, most of whom are Ethiopian (37%), reach the Djibouti border every day [32]. In November 2022, about 1,506 migrants affected by the drought were stranded at 82 locations in Djibouti and needed humanitarian assistance [32]. UNHCR estimates the number of refugees in Djibouti to be about 35,000, of whom 35% are asylum-seekers mainly from Somalia, Ethiopia, and Yemen [30].

Ethiopia is currently hosting 4.57 million IDPs [30]. As the third largest refugee hosting country in Africa, Ethiopia registered a total of 880,000 refugees (as of 30 November 2022) [30]. Access to adequate shelter remains below standard with only 46% of camp-based refugee families living in suitable dwellings [33].

Currently, 571,000 refugees are living in **Kenya** [23]. The number of newly arrived refugees is expected to increase to 121,300 by April 2023 [14]. Dadaab refugee camp is facing an increase in the number of disease outbreaks that need urgent attention. Refugees in Kenya are reported to experience challenges in accessing healthcare, and there was no major difference in access between those in rural camp complexes like Kakuma/Kalobeyi and Dadaab or in urban areas [27].

In **Somalia**, as of December 2022 approximately three million IDPs/refugees/returnees are registered, encompassing 2.97 million IDPs, 34,000 refugees and 3,000 returnees [23]. These numbers make Somalia among the most challenging mass displacement situations in the world. Even then, the lack of improvement in drought conditions in 2023 could result in even larger numbers. [29]. The Somali refugee crisis is one of the most challenging mass displacement situations in the world, which makes it prone to drought-related worsening into 2023 [34]. Approximately three million IDPs/refugees/returnees are currently registered including 2.97 million IDPs, 34,000 refugees and 3,000 returnees [30].

In **South Sudan**, an estimated 2.67 million IDPs/refugees/returnees are registered as of 30 November 2022. Among these, 2.2 million are IDPs, 321,000 are refugees and 120,000 are returnees. [23]., as of 30 November 2022 [30].

In **Sudan**, an estimated 3.87 million IDPs/refugees/returnees are registered. They encompass 3,714,377 IDPs, 1,122,598 refugees and asylum seekers, and 2,060 returnees [30]. On 23 December 2022, armed groups attacked seven villages, resulting in 11 deaths and 18 injuries and a large influx of newly displaced civilians fleeing towards four localities [35]. The scale of the displacement, according to IOM estimates, is between 25,000 to 30,000 individuals [35].

In **Uganda**, no refugees/IDPs are recorded in the 19 drought-affected districts. Uganda hosts 1,447,463 refugees and 33,304 asylum-seekers as of 30th November 2022 [36].

3 Diseases surveillance and health information

3.1 Epidemiology overview

Multiple disease outbreaks are ongoing in the GHoA region (Figure 4). In **Djibouti**, these include measles, malaria, dengue, and AWD. As of November 2022, 546 suspected cases of measles were reported. Various vaccination campaigns have significantly interrupted the transmission of the disease, resulting in the decreased infection rate by the end of 2022. Guided by the National Strategic Plan 2020-2024 and supported by WHO, the Ministry of Health (MoH) implemented various preventive and curative intervention activities. This included implementation of integrated vector control measures, such as the distribution of insecticide-treated bed nets (ITNs), indoor residual spraying (IRS), and the destruction of breeding sites during the month of December 2022.

The risk of further disease outbreaks remains high in **Ethiopia** which is currently in the grip of cholera and measles outbreaks in drought-affected areas. As of 14 December, 669 cholera cases (of which 191 IDPs) were reported, with 24 associated deaths (CFR 3.59%) [37]. The total cholera caseload increased by 30% in December 2022 and new patients were admitted in multiple areas daily. Cases were mainly in eight woredas in the Bale, Guji and West Arsi zones of the Oromia region. There were also two woredas in the Liben Zone of the Somali region [5]. The caseload of those affected increased by 29% in December 2022 and close to one million people are at risk in the 10 affected woredas. Intensified health and WASH activities are ongoing to support the ongoing response to the outbreak. A total of 13,294 suspected measles cases were reported (from July to December 2022), including 8,222 confirmed cases and 76 deaths. As of week 50, 2022, 114 confirmed measles outbreaks have been reported. According to MoH data from December 2022, 34 woredas (from six regions) are currently experiencing active measles outbreaks [38].

Measles outbreaks in **Kenya** have been reported from six counties - Marsabit, Wajir, Nairobi, Turkana, Garissa, and Mandera. A total of 392 cases, encompassing 85 confirmed cases and two deaths (CFR 0.5%) have been reported (from 26 June to 31 December 2022). In response to the measles outbreak, the county departments of health have been working to enhance case searches in all facilities in the affected sub-counties. Kenya is also experiencing an ongoing cholera outbreak (3,306 cases and 60 deaths) that was first reported in October 2022. It has since spread across 12 counties as of December 2022. In the last week of 2022, 223 cases with four deaths were reported. As of 31 December 2022, a total of 2,147 cases (1,965 confirmed and 10 deaths) of visceral leishmaniasis, both suspected and confirmed, have been reported. The outbreak is active in West Pokot county, from Pokot North, Pokot South as well as West Pokot sub counties.

Health Risks – Disease outbreaks

Sudan			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
COVID-19	122,779 (63,702)**	4,995 (7.8%)	13/03/20-30/12/22
Dengue	5,214 (840)**	36 (0.7%)	28/07/22-30/12/22
Hepatitis E virus	2,698	24 (0.9%)	16/05/21-30/12/22
Malaria	2,785,829	262 (0.01%)	01/01/22-30/12/22
Measles	3,310 (1,262)**	0.40%	01/01/22-25/12/22
Monkeypox	186 (18)	1 (0.5%)	29/07/22-30/12/22

South Sudan			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Anthrax	141 (8)**	5 (3.5%)	13/03/22-04/12/22
Cholera	424 (56)	1 (0.2%)	21/03/22-20/11/22
COVID-19	18,368 (18,368)**	138 (0.8%)	03/01/22-15/12/22
Hepatitis E virus	3,679 (104)	26 (0.7%)	01/01/19-04/12/22
Malaria	1,117,138	232 (0.0%)	01/01/22-22/05/22
Measles	2,471 (243)**	31 (1.25%)	01/01/22-04/12/22

Uganda			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Anthrax	48 (6)**	2 (3.9%)	16/05/22-16/10/22
COVID-19	169,715 (169,715)**	3,630 (2.1%)	03/01/20-23/12/22
Malaria	1,664,722		
Measles	95	—	26/09/22-27/11/22
Sudan Virus	164 (142)**	55 (39%)	19/09/22-21/12/2022
Yellow fever	398 (2)	0 (0.0%)	02/02/2022-29/11/22

Ethiopia			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Anthrax	54 (2)**	0 (0%)	XX-04/12/22
Cholera	692 (15)**	24 (3.5%)	27/08/22-11/12/22
Chikungunya	161	—	01/08/22-01/11/22
COVID-19	495,348 (495,348)**	7,572 (1.5%)	03/01/20-23/12/22
Dengue	25	—	XX-04/12/22
Measles	13,294 (8,222)**	76 (0.6%)	XX-18/12/22
Malaria	2,560,207**	—	XX-11/12/22

Djibouti			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Malaria	68,917	—	01/01/19-29/01/22
Measles	45	—	26/06/22-11/09/22
COVID-19	15,690 (15,690)**	189 (1.2%)	03/01/20-09/06/22

Somalia			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Cholera	13,430 (893)**	73 (0.5%)	XX-04/12/22
COVID-19	27,300 (27,300)**	1361 (5.0%)	03/01/2020-23/12/22
Dengue	5350**	18 (0.3%)	XX-10/11/22
Malaria	263,624 (8,882)	—	XX-30/09/22
Measles	16,880 (629)**	—	01/02/22-17/12/22

Kenya			
Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Anthrax	180 (1)	—	30/06/22-30/10/22
Chikungunya	291 (5)**	1 (0.3%)	13/02/22-06/11/22
Cholera	2,959 (105)**	55 (1.9%)	16/10/22-24/12/22
COVID-19	342,470 (342,470)**	5,688 (1.7%)	03/01/20-24/12/22
Measles	392 (85)**	2 (0.5%)	26/06/22-05/12/22
Yellow fever	141 (3)	11 (7.8%)	12/01/22-24/12/22

NA: not available

† Total reported cases with known confirmed cases shown in parentheses.

§ Reporting period indicates outbreak start date and date of last received data [as reported by Country Sitrep/bulletin, AFRO bulletin, and EMRO bulletin].

** Confirmed ongoing outbreak.

Figure 2: Disease outbreaks in the Greater Horn of Africa region (as of 26 December 2022). Sources: WHO and MoH situational updates November – December 2022

In **Somalia**, increased incidents of waterborne diseases, especially cholera and pathogens causing AWD, have been observed among the drought-affected populations. As of December 2022, the country is experiencing multiple disease outbreaks including measles, cholera and dengue fever. Cholera hotspots were identified in Jubaland in December 2022. The rapid response taken by WHO in collaboration with the MoH and other health partners has contributed to the reduction of cases (by 13%) in the last two weeks in December compared to the first two weeks [12]. In Dhobely/Afmadow, cases were reduced by 60% in the last two weeks of December compared to the previous two weeks with no deaths reported. In Kismayo, cases were reduced by 57% by the end of December compared to November [12]. By the end of 2022 a total of 15,653 cases of cholera, including 88 deaths (CFR 0.6%), were reported across Somalia.

South Sudan has reported sustained cases of measles, and hepatitis E. The increase in measles cases continues across most of the states in South Sudan and confirmed cases have been reported from 15 counties since the beginning of 2022. In various states, an active outbreak is ongoing and new cases have been reported in the last weeks of 2022. Additionally, suspected measles outbreaks have been investigated in Guit, Mayendith, Koch, Panyijjar and Nyirol counties during the month of December 2022. So far, a total of 1,621 cases and 21 deaths (CFR 1.3%) have been reported. Reactive vaccination campaigns have been implemented in 11 counties and there are ongoing campaigns in Juba and Terekeka counties in December 2022 and additional campaigns are planned in Rubkona and Leer counties. A total of 18,368 confirmed cases and 138 deaths (CFR 0.75%) were reported in South Sudan as of 31 December 2022 [39].

In **Sudan**, as of December 2022 only 45% (2,672 of 6,300) of the total health facilities remain functional with inadequate resources (staff, supplies, medicines) and only 34.4% of the total health facilities (2,168 of 6,300) are represented in the sentinel surveillance [35]. A total of 2,842 suspected cases of hepatitis E including 24 deaths (CFR 0.84%) were reported as of 30 December 2022. In the last week of 2022, six suspected cases were reported from Gedaref State, in Tunaydba Refugee Camp. As of 25 December 2022, a total of 3,310 suspected cases and 1,262 confirmed cases of measles were reported with ongoing measles outbreaks in Kassala State. As of 31 December 2022, more than 5,000 suspected cases of dengue including 36 deaths (CFR 0.7%) and a test positivity of 43% were reported from 70 localities in 11 states. This is despite a decline in cases and deaths in the previous months (Figure 5). Most cases were reported from North Kordofan (28%), North Darfur (26%), and West Kordofan (21%).

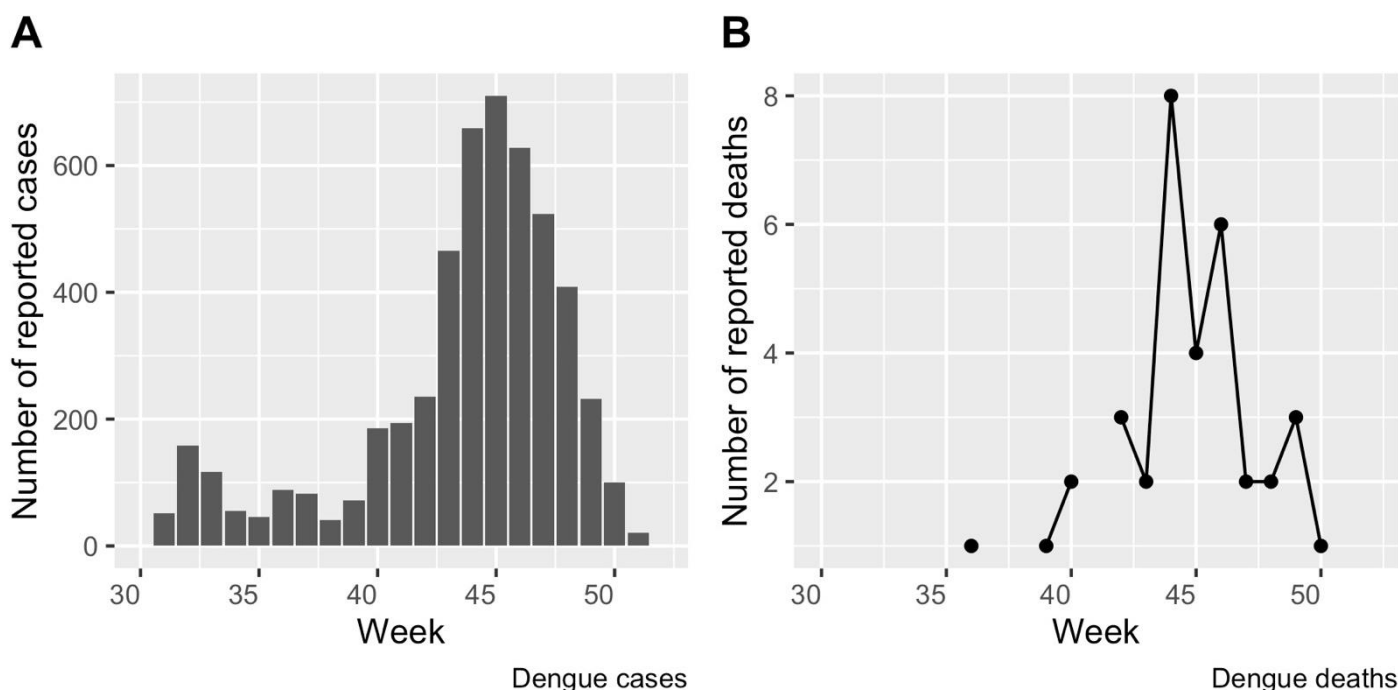


Figure 5: Epidemiological graph of reported dengue cases and deaths in Sudan in 2022; A: Reported dengue cases; B: Reported dengue deaths. Source: MoH disease bulletin Sudan, December 2022.

As of 10 December 2022, a total of 2,624,002 cases of malaria and 262 deaths (CFR 0.01%) were reported in **Sudan**. Improved access to diagnosis and treatment and a strengthening of Risk Communication and Community Engagement (RCCE) is currently underway in response to the reported cases. Additionally, integrated vector control measures, including the distribution of ITNs and the use of indoor residual spraying (IRS) is underway in high-risk areas in December 2022.

In **Uganda**, the risk of outbreaks of cholera and measles remains high in the drought affected Karomoja region. In the Lamwo district, an outbreak of measles is ongoing and a total of 103 cases have been reported [18]. As of 31 December 2022, a total of 142 cases and 55 reported deaths were ascribed to SUDV. No new cases were reported since 29 November 2022. Comparing the months of November and December 2022, the weekly surveillance reporting rate for Karamoja region improved from 96.1% to 100%. The district-specific reporting rate for the two periods is illustrated in the figure below.

4 Health service availability, utilisation and disruptions

4.1 Vaccination campaigns

In **Djibouti**, WHO maintains support for the most drought-affected regions and is implementing a polio vaccination campaign in all regions. From December 2022, WHO is working in close collaboration with the MoH and conducted the fourth round of the polio vaccination campaign in all of the country's ix regions. A total of 156,194 children under the age of five were targeted and 180,395 children were vaccinated with the oral polio vaccine type 2 (nOPV2), with an overall administrative coverage of 115% (Figure 6). An independent monitoring survey was conducted after the vaccination campaigns and the results showed coverage to have been 96% [3]. A nationwide catch-up measles vaccination campaign is planned for March 2023.

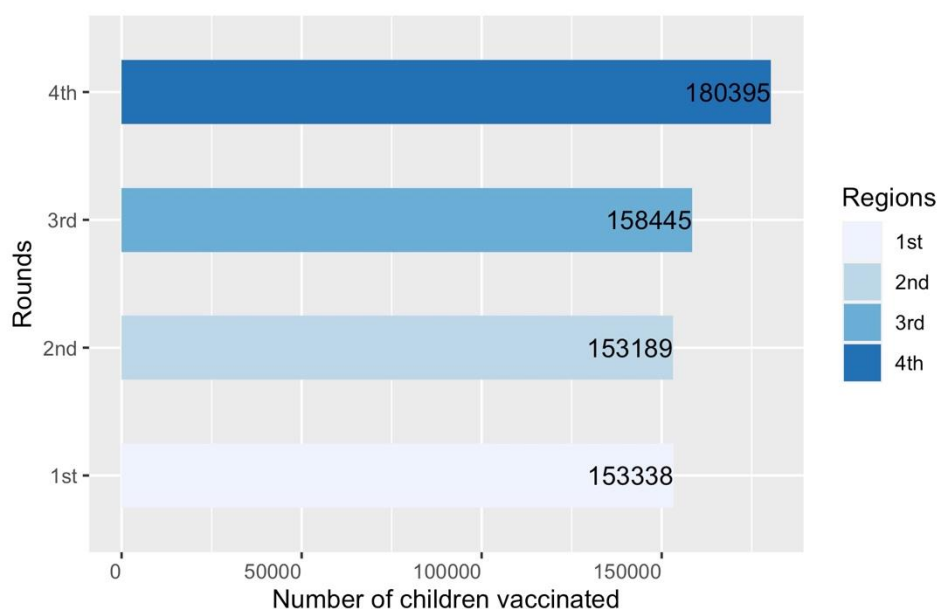


Figure 3: Number of children under five years that were vaccinated against polio, during four rounds in 2022 [3]

Ethiopia is planning to conduct an OCV campaign in early 2023 for the ongoing cholera outbreak which started in August 2022. There are currently active measles outbreaks in 25 woredas for which reactive vaccination campaigns were conducted in 55 affected and high-risk areas, including the Somali and Oromia regions. Additionally, a nationwide integrated measles vaccination campaign was initiated, targeting 15 million children as part of an outbreak response intervention [40].

In **Kenya**, the WHO county office provided targeted technical assistance and support to MoH counterparts (both national and county) during the measles/rubella outbreak response (OBR) vaccination exercise that was implemented from 9-18 December 2022. The national cumulative coverage for the OBR campaign was 85% and all counties recorded over 80% coverage, except for Marsabit (52%) and Mandera (79%). As part of the outbreak response, measles Supplementary Immunization Activities (SIA) in seven drought and food insecurity-affected counties were conducted in December 2022, with support from WHO and other health partners. The recent cholera outbreak has affected 12 counties. The MoH is planning to conduct a reactive OCV campaign in most affected counties, including Nairobi and Garissa counties by early 2023.

In **Somalia**, outreach services were set up across 54 districts in December 2022 to strengthen routine immunization, screening for malnutrition, as well as primary health care consultations, and the distribution of micronutrient supplements. Additional outreach teams are to be mobilized in the Banadir region. One million doses of OCV vaccine have been requested for the campaigns scheduled for January 2023 in 10 districts. The vaccines are expected to arrive towards the end of January 2023 in Mogadishu. An integrated immunization campaign was carried out against polio and measles in November 2022. It also incorporated the distribution of vitamin A and deworming tablets (Figure 7). During this campaign, more than 2.6 million (91%) children under the age of five received the polio vaccine and more than 2.3 million (90%) children were vaccinated against measles. A similar integrated campaign was carried out in Somaliland by UNICEF [12].

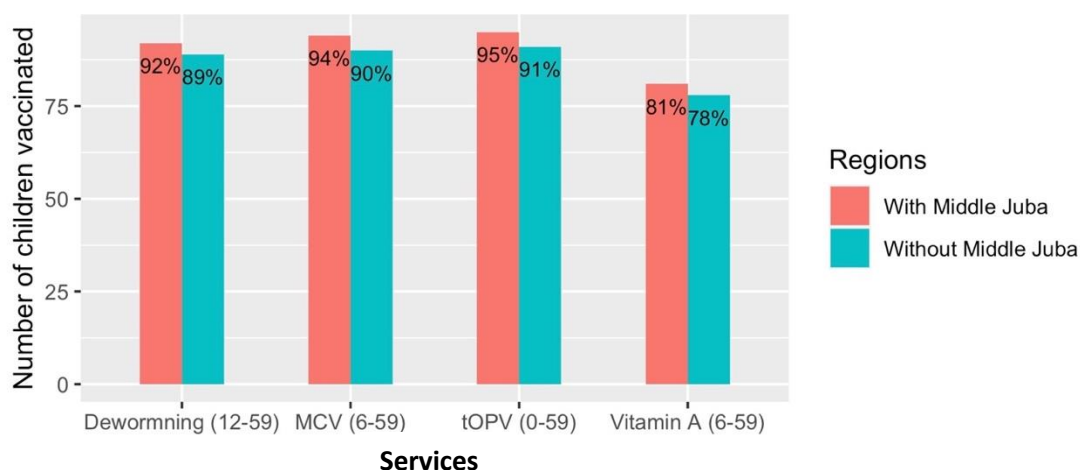


Figure 7: Immunization coverage of integrated vaccination campaigns in Somalia [12]

In December 2022, the COVID-19 immunization team reached 40% of the target in various areas, including Somaliland and Banadir. A total of 8,726,329 doses of the available vaccines were administered with 2,196,521 people receiving their first dose and 6,529,808 people receiving the two doses (fully vaccinated) [12].

In response to the recent upsurge of measles cases in **South Sudan**, reactive measles vaccination campaigns have been implemented in 11 counties, reaching 588,153 children aged 6 months to 14 years, as of December 2022. Additional vaccination campaigns are planned for the first months of 2023.

In **Uganda**, WHO conducted targeted supportive supervision at 10 health facilities within Moroto, Kotido and Abim districts in the Karamoja region. These facilities were prioritised for support because of the low immunization coverage observed in September 2022. The districts were supported to develop action plans to improve immunization coverage as well as to develop a workplan and budget for sourcing additional resources to support integrated outreaches. There was an observed improvement in the measles immunization coverage for children under one year in the three districts.

4.2 Attacks against healthcare

During the month of December 2022, only one incident of attack on health care was reported from **South Sudan** [41]. The incident took place on 24 December 2022 and impacted the health facility, the healthcare workers, patients and medical supplies [41]. In **Uganda**, there have been no recent attacks on healthcare facilities however, there have been reported threats to health workers of Moroto Regional referral hospital, Matany Hospital and Karenga districts.

5 WHO Response

5.1 Coordination and leadership

In the GHoA region, there are four active health clusters (Ethiopia, Sudan, South Sudan, and Somalia) and more than 45 sub-national hubs where WHO is taking a leading role in humanitarian response. WHO is supporting the countries to develop the Humanitarian Response Plan (HRP) for the upcoming year (2023). The Sudan and South Sudan HRPs for 2023 were published on 24 December and 20 December 2022 respectively [16,42].

WHO in **Djibouti**, has continued to work closely with WFP, UNICEF, other UN agencies and partners in responding to the outbreak, drought, and food insecurity situation. In addition, WHO is supporting drought response activities, including vaccination campaigns, outbreak investigations and the management of complicated cases of severe acute malnutrition. WHO is also working closely with the Djibouti National Statistics Office, WFP, UNICEF and other UN agencies in the design of the malnutrition assessment survey (FSNMS) methodology, questionnaire and sampling; and will work on the survey analysis plan in the coming days.

WHO and the MoH in **Ethiopia** are working closely to strengthen the humanitarian response. In response to the recent increase in reported cholera cases, WHO is supporting the MoH in a house-to-house active case-finding and referral system in the most affected woredas [37]. Additional cholera kits were distributed in December to the cholera treatment centres in the affected areas [37].

The WHO country office in **Kenya** continues to participate in the monthly Kenya Humanitarian Health Partners coordination meeting as the health sector lead also responsible for health sector partners coordination. As part of health systems strengthening (as of December 2022), the incident management support teams (IMSTs) at both national and county levels continue to hold weekly coordination meetings to coordinate responses to possible health risks.

In **Somalia**, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) were drafted at the end of 2022 prioritising the Baidoa and Banadir regions with response plan. WHO is developing a Strategic Preparedness and Response Plan (SPRP) for 2023 regarding the drought response in Somalia that would also be aligned with regional response strategies. In reaction to the recent surge in cholera cases in Jubaland, WHO is supporting additional training and has deployed a team to assist with case management. Cholera cases are managed in the WHO-supported cholera treatment centres (CTCs) that feed into Oral Rehydration Points (ORPs) [12]. All suspected cholera alerts are investigated with the help of community health workers (CHWs) and further verification is conducted by rapid response teams (RRTs) based at the district level. In addition, water quality surveillance is also ongoing in the most affected areas. WHO is supporting health partners to improve maternal and newborn care services and is also in the process of creating a referral system with UNFPA [12]. A guidance document outlining the referral process between WHO community-based activities and UNFPA is under review.

In **South Sudan**, WHO is continuing its support to health partners in order enhance response coordination at national and sub-national level. This is done through weekly cluster and inter-cluster coordination meetings. Technical officers were deployed in December 2022 to conduct needs assessments and to support sub-national coordination in emergency locations.

In Eastern Darfur and Gedaref, WHO **Sudan** participated in the dengue fever, nutrition and malaria task force meetings. In central Darfur, during the recent intercommunal conflict, WHO was one of the first responders, who - along with the Federal Ministry of Health (FMoH) - provided essential medical supplies. Also in December 2022 WHO led the first interagency coordination meeting to begin interventions in northern Abyei, proposing a conceptual framework for

a coordinated response to be implemented in collaboration with the FMOH and other partners from both Sudan and South Sudan, which will be led by OCHA.

In **Uganda**, WHO led an assessment of storage and onsite logistics management capacities of the drought-affected areas. Following the assessment, drought response supplies were located to the Moroto warehouse for distribution. WHO's nutrition team is intensifying its collaboration with UNICEF to improve the nutritional response. Additionally, WHO in collaboration with the MoH, conducted data collection for a Health and Nutrition Quality of Services assessment in 150 health facilities in Karamoja region and the neighbouring districts of Acholi, Lango, and Teso.

5.1 Prevention and control measures (including WASH)

In **Ethiopia**, there is a major need for WASH interventions in IDP and returnee sites across the affected regions. Nevertheless, funding constraints are impacting on the required response. WASH partners are supporting some 45,000 people through water trucking activities. As of 14 December 2022, conditions are deteriorating across the 10 drought-affected woredas in the Oromia region, with severe water shortages reported [37]. Only 17 of the 213 water trucks required are currently in operation. The Ethiopian Public Health Institute (EPHI), the Oromia and Somali Regional Health Bureaus (RHBs), WHO, UNICEF and other partners have continued supporting the scale-up of health and WASH activities in priority areas, with a particular focus on IDPs sites [37].

In **Kenya** the WHO country office, along with partners, supported risk-based assessments, preventive and control planning in public spaces, targeting health facilities including mobile water quality surveillance, health waste management, disinfection and sterilization and hand washing. The WHO country office also supported food safety interventions, including an assessment of food premises and medical examinations for food handlers. The WASH team conducted targeted household disinfections, including health education pertaining to hand washing, water storage and safety. They also distributed soaps in the affected areas. These activities were carried out by CHWs while county health departments conducted public awareness activities with the help of a service provider, FilmAid [43].

In **Somalia**, the health and WASH clusters are working closely to prevent the spread of waterborne diseases, especially in the areas where cholera hotspots were identified. Preventative measures, including water quality surveillance, have also been taken to reduce the transmission of the disease. Additionally, WHO distributed hygiene kits in the affected areas. Water trucking is also underway in collaboration with the WASH sector, and additional latrines are being constructed. A cholera strategy developed in 2019 is undergoing an update, jointly implemented with the health and WASH clusters.

In **South Sudan**, a multi-cluster response targeting hepatitis E by the hepatitis E Task Force commenced in November 2022. As of December 2022, the health and WASH cluster partners continue to conduct active case searches in locations with confirmed or suspected cases. Targeted WASH interventions, including the distribution of WASH supplies and health promotion, are being rolled out.

In the state of East Darfur in **Sudan**, WHO continued to support water quality monitoring activities to ensure the provision of safe drinking water to the most vulnerable in refugee and IDP camps, in Elneem (Ed-Daein), Elnimir (Assalaya), Kario (Bahar alarab), El Firdous and Abu Jabra.

5.2 Nutrition Response

In Djibouti, an estimated 6,000 children under the age of five will require nutritional assistance by early 2023 [44]. The number of children with SAM and MAM admitted to nutrition programmes continued to decline in September and October 2022 (Figure 8). Significant increases were observed in July 2022 but declines were observed in September in all areas (Figure 8).

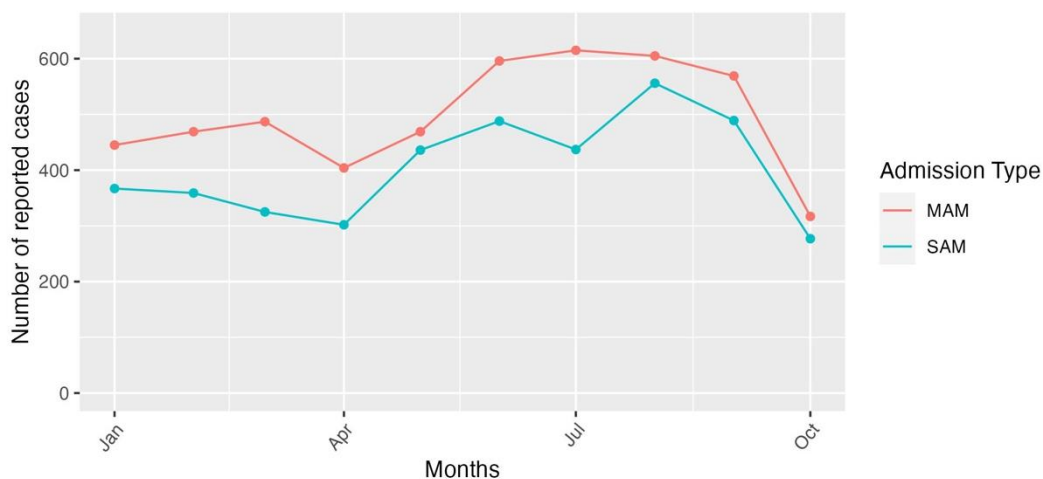


Figure 8: Number of MAM and SAM admission in Djibouti in 2022. Source: MoH Djibouti Situational update November 2022.

A total of 277 children with SAM were admitted to nutrition programmes in October 2022, with most (48%) reported from Djibouti-Ville followed by Obock and Tadjourah [3].

In **Ethiopia**, admissions of children with SAM increased by more than 40% in the last week of December compared to November 2023. An estimated 4.7 million children under five will require nutritional assistance across the country, including more than 1.2 million children with SAM and 3.5 million children with MAM [6]. In the Amhara region, 3.2 million children under five were screened for acute malnutrition, more than 31,500 were severely malnourished and more than 217,300 were moderately malnourished as of the end of December [37]. The rapid nutrition assessment report prepared by the regional nutrition cluster was due to be published in January 2023 and may guide the scale-up of interventions in the affected areas. In Amhara region, malnutrition levels are alarmingly high in the conflict-affected zones [5]. Nutrition data from December 2022 indicated that at 15.7% and 18% respectively, the global acute malnutrition (GAM) rate in North Wollo and Wag Hamra zones is above the emergency threshold. Meanwhile, GAM rates in North Gondar and South Wollo zones are also high, standing at 13.6% and 12.7% respectively [37]. A total of 73% of all reported cases of SAM admissions were reported from the drought-affected areas. A total of 64,824 cases of SAM admissions were reported in 2022, significantly higher (29%) compared to the number in 2021.

In **Kenya**, high numbers of children at risk of malnutrition were reported in drought-affected counties. Middle-Upper-Arm-Circumference (MUAC) measurements below the long-term average (LTA) were reported in most of these counties (Table 1). Other counties recorded a worsening trend in December. Table 1 shows the proportion of children at risk of malnutrition across ASAL counties based on the MUAC test. Data from the ASAL states on the admission of children aged 6-59 months suggests that both the SAM and MAM admission rates are increasing and are significantly higher than in previous years (Table 1). A nutrition campaign discovered MAM in 16.6% of the children involved, while 5.2% of the children had SAM.

Indicator	Current status			Trend		
	Above LTA	At LTA	Below LTA	Improving	Stable	Worsening
MUAC	Baringo Nyeri Kajiado Tharaka Nithi Isiolo Wajir Mandera Tana River Makueni Marsabit Garissa Narok	Embu Kwale Meru Samburu	Kilifi Kitui Laikipia Lamu Taita Taveta Turkana WestPokot	Embu Kitui Marsabit Tana River West Pokot Tharaka- Nithi Wajir Kwale Samburu Makueni Isiolo Turkana TaitaTaveta	Baringo Garissa Kajiado	Kilifi Laikipia Lamu Mandera Meru Narok Nyeri

Table 1: Malnutrition situation in counties of Kenya, by December 2022 compared to the LTA (long-term average) and by trend. Source: Kenya National Drought Management Authority

In **Somalia**, the total estimated acute malnutrition burden is expected to reach approximately 1.8 million children, including 513,550 children who are likely to be severely malnourished, through July 2023. IPC projections for April-June 2023 suggest that the highest food insecurity phase could be reached in the Baidoa and Burhakaba districts of the Bay region and among IDPs (in Baidoa town of Bay region, Southwest State, and in Mogadishu). Effective from December 2022, WHO Somalia is conducting an assessment of stabilization centres to evaluate existing gaps and subsequently the support needed. WHO Somalia has also commenced a collaboration with UNICEF to map out the currently available nutrition services. WHO also hired a nutritional technical officer to support the ongoing nutrition response.

In **South Sudan**, WHO is closely working with the MoH and other health partners to strengthen nutritional response activities, in addition to providing capacity-building training. A total of 50 health workers were trained on the nutritional response in December 2022. Twenty-five received training on inpatient management of SAM cases with medical complications and of them 25 were trained in nutrition surveillance and reporting to support an emergency nutrition response.

Sudan has scaled up its nutritional response activities in the past months. Over three million children under the age of five are suffering from wasting; over 611,000 children have SAM and another 2.4 million suffer from MAM [16]. Nutrition activities were undertaken in White Nile state in close collaboration with the MoH. In December WHO conducted a seven-day training course on SAM inpatient management for 32 participants from seven stabilization centres across six localities in the state facilitated by national actors.

The malnutrition situation in **Uganda** improved during the recent harvest season (Figure 9). Nevertheless, due to the poor harvest in the drought-affected areas, the situation has yet again become precarious (figure.9). The WHO nutrition team participated in nutrition emergency review meetings held in December in Karamoja, with UNICEF providing support to improve the nutritional response. The team provided technical capacity to develop the District Nutrition Action Plan (DNAP) in the Kaberamaido and Amuria districts. This plan will guide the MoH and other health partners to better plan and implement nutrition actions. WHO is also supporting family-led MUAC capacity-building training in various food-insecure districts (A total of 222 health workers and community leaders and 353 caretakers were accommodated at health facilities).

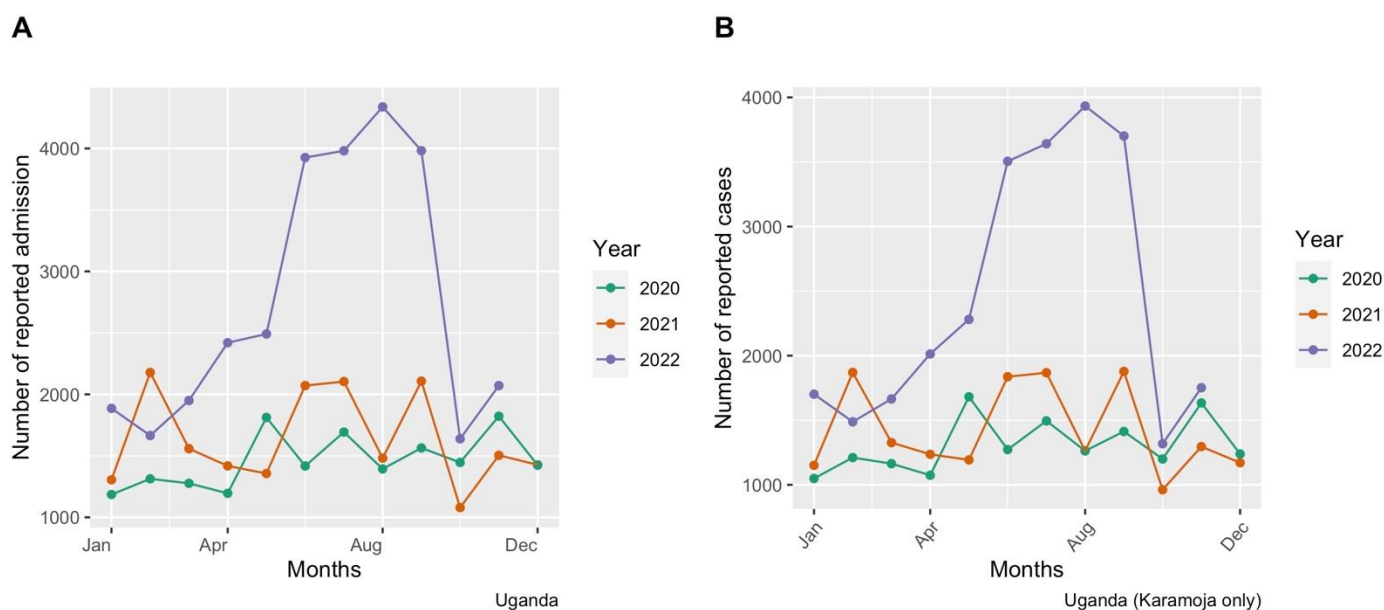


Figure 9: SAM admission trend in Uganda from 2020 to 2022; A: SAM admission trend in Uganda; B: SAM admission trend in Karamoja [18]

5.3 Essential health services delivery

In **Djibouti**, WHO supported ongoing outreach programmes in drought-affected areas and provided life-saving vaccines and vitamin supplementation, as of November 2022. WHO is also planning to distribute 13 SAM KITs in Djibouti-Ville, covering migrant and refugee clinics in Obock, Ali-Addeh and Hol-hol and Ali Sabieh respectively during the first quarter of 2023. WHO supported capacity assessment in five hospitals for sentinel surveillance of Severe Acute Respiratory Infection (SARI). The assessment involved collecting both routine surveillance data and assessing laboratory capacity. The current SARI sites have integrated COVID-19 testing into the existing platform. During December 2022, WCO also supported MoH counterparts to scale up the rollout of surveillance training to sub-national levels.

In **Somalia**, WHO has been involved in several service delivery activities, including the deployment of 160 outreach teams to support essential health services activities in 150 villages across four states. In total, these outreach teams have conducted 63,653 outpatient consultations between 15 November and 31 December. In addition, WHO delivered 58 tons of supplies for drought response activities, including 672 boxes of oral rehydration salts, 461 types of cholera kits (drugs, equipment, and other supplies), 82 other emergency medical kits and laboratory supplies.

WHO delivered 341 Interagency Emergency Health Kits (IEHK) in **South Sudan**, along with an additional 85 kits for severe acute malnutrition, and 170 cholera kits to food-insecure and flood and conflict-affected locations to ensure uninterrupted access to services. WHO distributed 69 emergency health kits supporting up to 55,300 people for three months (including 54 IEHK kits, 11 cholera kits, and 4 severe acute malnutrition (SAM/MC) kits to five flood-affected and food-insecure counties [14]. Overall, WHO has delivered 85 SAM kits to stabilization centres in IPC4+ locations as well as 341 IEHK kits, 70 pneumonia kits, and 170 cholera investigation and treatment kits to health facilities and implementing partners in priority locations [14]. In IPC 5 areas WHO country office team began supporting 11 static and mobile health facilities in collaboration with implementing partners.

In a recent intercommunal conflict that started in central Darfur in **Sudan**, WHO was the first responder along with the FMOH. WHO support included but was not limited to the provision of trauma and surgical kits. Also provided were 10 IEHK kits, malaria preventive kits and medical support.

In **Uganda**, WHO provided in-kind contributions of medical supplies to the MoH to address the health impact of the drought and food insecurity affecting 19 districts in the Karamoja, Lango, and Teso regions. WHO is also supporting the MoH to conduct a baseline assessment of health and nutrition services in 150 health facilities from the drought-affected district. The findings will assist in planning for service delivery. Furthermore, WHO conducted targeted supportive

supervision of health facilities in Abim, Moroto, and Kotido in the Karamoja region. The districts were assisted to develop action plans to improve immunization coverage, along with a work plan and budget to secure additional resources for integrated outreach activities .

5.4 Training and technical expertise

In **Djibouti**, the recently recruited nutritional consultant is delivering technical training and guidance on SAM and MAM case management. The guidelines on SAM/MAM management were updated and the partners will be trained to provide better preventive and curative care to children at risk and/or affected by malnutrition.

In **Kenya**, WHO supported a five-day training on 'Integrated Management of Acute Malnutrition' (IMAM) for 35 county health workers and INGOs staff from 12 to 16 December in Turkana County. The country office also supported the MoH to roll out surveillance activities. Training was provided at the sub-national level where a total of four clusters of seven counties, each with 35 participants, participated. Under the nutrition response programming, a meeting was held with the MoH to understand the nutrition response to the drought-affected counties. The MoH lauded WHO support and it was agreed that MoH will share a concept note with the associated budget highlighting the areas for WHO contributions in 2023. The MoH also assured their support to the regional training on IMAM planned by WHO in February 2023.

In **South Sudan**, WHO in December trained 150 health workers (90 clinicians and 60 Boma Health Workers (BHWs)) on case management of common diseases in flood-affected and food-insecure counties. Overall, 257 frontline health workers received case management training while 180 BHWs received refresher training in locations affected by acute food insecurity, flooding and conflicts [14].

In **Sudan**, the health system is impacted by the unstable political situation across the country. Only 2,672 out of 6,300 (45%) health facilities remain functional but with inadequate resources (staff, supplies, medicines), while 2,168 out of the total 6,300 health facilities (34.4%) are under the sentinel surveillance coverage. An estimated 70% of the total health facilities lack essential life-saving medicines [35]. In the Blue Nile state, a training on community-based surveillance (CBS) was conducted in December where 70 people participated. The immunization team at the country office also conducted training for supervisors and team leaders. This was followed by a vaccinators' Training of Trainers (ToT) training. In South Kordofan, 40 health workers from five localities attended a MoH and WHO training on mental health and psychosocial support for [35].

A total of 68 health workers from the Karamoja region in **Uganda** were trained on the IMAM. An additional 67 members staff from seven points of entries in Karamoja were trained on surveillance. WHO supported a harmonization meeting with government ministries on Protection Prevention from Sexual Exploitation, Abuse and Harassment (PRSEAH) guidelines. A total of 59 participants from the Agago and Kaabong districts trained on PSEAH and gender mainstreaming. Logisticians from WHO conducted a field visit to medical storage facilities in districts under the Karamoja region to prepare them for receiving response supplies. Additional training was provided for 53 data collection assistants who supported data collection for a baseline assessment. WHO deployed one bio-statistician and four health staff in Kotido to strengthen SUDV surveillance activity and to improve weekly surveillance reporting.

6 Gaps and challenges

The quality of data remains a challenge in **Djibouti** due to limited resources and local capacity. Access to DHIS 2 is restricted for the moment.

In **Kenya**, inadequate resources to facilitate critical response pillars limit response capacity in detecting, investigating, and following up on cases. There is an immediate and critical shortage of laboratory reagents. There are also competing priority needs due to drought and other disease outbreaks across the country. Some counties do not have emergency operation centres (EOCs). Others had inadequate infrastructure for cholera case management including cholera treatment centres (CTCs). The HCWs are always well trained to identify and manage symptomatic cholera cases. Moreover, inadequate stocks of Personal Protective Equipment (PPEs), essential drugs for cholera management and infection prevention and control in treatment structures are major issues in some areas. The country also lacks RDTs for various

infectious diseases in peripheral facilities, with insufficient funding for labs. Overall, there is inadequate cross-border surveillance in the GHoA region including Kenya.

Somalia faces many challenges regarding security and a lack of funding. In newly liberated areas, affected populations usually become a priority for services but resources are often inadequate. In addition, security issues make it difficult to closely supervise activities in a high-security setting.

In **South Sudan**, the operational response has been affected by several challenges. These include limited funding to respond to numerous emergencies and needs, weak coordination mechanisms at the sub-national level, disruptive security incidents and inaccessibility in conflict-affected counties. The level of operational costs measured against available donor funding, coupled with inadequate human resources, often hinder response activities.

In **Uganda**, there are few health workers trained in the management of malnutrition. As a result, nutritional surveillance is performed at a sub-optimal level. Access to health facility coverage is also very low with inadequate anthropometric tools such as height boards and Z score charts. The lack of IMAM guidelines is also a major issue. In some areas, especially in Teso, the nutritional screening capacity is very low.

7 Funding status of WHO’s Greater Horn of Africa food insecurity and health response



Figure 10: Total July-December 2022 funding requirements with the current gap for the response

8 Priority Actions, recommendations and next steps

Djibouti is experiencing a humanitarian crisis due to prolonged drought, leading to food insecurity as well as multiple outbreaks of diseases. There is a major need to continue advocating for access to routine data and indicators relevant to the crisis. Data is one of the key components in food insecurity, surveillance and outbreaks in order to formulate an appropriate response. Thus, efforts need to be put in place to access reliable data to guide response measures.

Kenya is working to strengthen multi-sectoral coordination of the drought and food insecurity emergency. WHO is supporting the County Steering Groups (CSGs) to effectively coordinate response activities, including enhancing integrated disease surveillance at all levels. WHO will be supporting in strengthening county-level coordination to enhance the submission of reports on a timely basis, with the aim of boosting, among others, early warning systems, contact-tracing and screenings at the points of entry, especially in Liboi in Dadaab sub-county. WHO is also focusing on strengthening the health sector’s coordination capacity but is placing special efforts in coordination mechanisms, performance reviews and supportive supervision in the affected counties.

Uganda requires additional trained health workers on IMAM, along with data management support. Another priority is the provision of anthropometric tools and IMAM guidelines to health facilities.

In **Somalia**, the WHO is closely working with state level implementers to ensure proper monitoring of nutritional, surveillance, and health operation activities. In addition, WHO is responding to outbreaks of cholera in the southern region of the country and closely collaborating with cross-border teams to prevent as well as contain transmissions national boundaries.

9 Advocacy message

Health response actions are essential to avert morbidity and mortality in a food insecurity crisis. WHO is focused on preventing avoidable deaths resulting from the health consequences of food insecurity. Thus, there is need to continue advocating at various levels for enhanced partnerships and collaborations for the provision of essential medical equipment, supplies, vaccines along with training and early warning mechanisms. Critically, more resources are needed to implement 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 and essential health actions.

Due to the likely protracted nature of the crisis, it is essential to build on and strengthen existing systems. There is a need to integrate in-country surveillance systems with a robust health information system, that will enable faster actions to facilitate a timely response to outbreaks, along with efficient management of detected cases.

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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