



Greater Horn of Africa (Food Insecurity and Drought)

Executive summary

Population: Inhabitants of eight drought-affected countries in or nearby Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda)

Start date of crisis: Late 2020; Escalation: Quarter 1, 2022

Typology of crisis: Drought, food security, conflict, displacement

Overview of crisis

Countries in the greater Horn of Africa are facing one of the worst episodes of food insecurity seen in decades. The Horn of Africa is experiencing one of its worst droughts in recent history, an estimated 15 to 20 million people are severely affected by the drought in Kenya, Somalia, and Ethiopia – more than 3, 5 and 7 million people in each country, respectively. These people are severely food insecure, with families are taking desperate measures to survive and so many leaving their homes in search of food, water, and pasture.

The unprecedented impacts of multiple failed rainy seasons are threatening to create a humanitarian crisis in a region already negatively impacted by cumulative shocks, including conflict and insecurity, extreme weather conditions, climate change, desert locusts and the negative socioeconomic impacts of the COVID-19 pandemic.

Although the Horn of Africa has experienced climate-induced crises for decades, the impact of the current drought on the arid and semi-arid lands (ASALs) in the region has been especially severe. There is a high risk of famine and malnutrition as the food security situation is deteriorating rapidly.

Pastureland and water points are drying up across the region. Pastoralist and rural communities whose subsistence depend on natural resources are witnessing the death of their livestock and the loss of their livelihoods. Thousands of acres of crops have been destroyed and, in Kenya alone, 1.4 million livestock died in the final part of last year due to drought.

Tens of thousands of families are being forced to leave their homes in search of food, water and pasture, heightening pressure on already-limited natural resources. Drought has also increased the risk of inter-communal conflict, as farming communities and pastoralist communities compete for dwindling supplies of water. Some three million livestock have died across southern Ethiopia and arid and semi-arid regions of Kenya, while in Somalia, up to 30 per cent of households' herds have died since mid-2021.

The impact of the current drought on the health of the population is alarming. Families are currently taking desperate measures to survive, with thousands leaving their homes in search of food, water, and pasture. Rising food insecurity contribute to increase health risks and needs of affected populations determining a greater need for preventive and curative health care services in the

affected population. Increasing levels of under nutrition and micronutrient deficiencies will increase health risks and needs especially of pregnant and lactating mothers, of new-born, of children, of the elderly and of people living with chronic diseases (including TB and HIV) and disabilities. The current crises are fuelling migrations, massive displacements and are contributing to deterioration in hygiene and sanitation. In the areas affected by the drought and floods, outbreaks of epidemic diseases are one of the major public health concerns at present, especially considering the low immunization rates and the insufficient health service coverage. The severe water shortage experienced in the affected areas will affect the access to safe drinking water and sanitation of the community further contributing to deteriorating health conditions of the affected community. Loss of livelihoods and food insecurity are also increasing general risk of morbidity and mortality by increasing engagement into risky activities (including underpaid labour, migration, and prostitution).

Ethiopia

Ethiopia is experiencing a prolonged drought after three consecutive failed rainy seasons since late 2020 affecting 8.2 million people living in several areas in southern and south-eastern Ethiopia, including in Somali (3.5 million people), Oromia (3.4 million people), Southwest (200,000 people) and Southern Nations, Nationalities, and Peoples (SNNP) (1.1 million people) regions. People living in these same areas have barely managed to recuperate from the severe drought in 2017 and conditions have continued to worsen with the successive failed rainy seasons in 2021.

In the North of the country (specifically in Tigray, Amhara, and Afar regions) due to a combination of conflict, blockade, and administrative hurdles, a worrying situation of food insecurity and high level of acute malnutrition in children under 5 years and pregnant and lactating women prevails. A household survey undertaken in Tigray between Nov and Dec 2021 reveals that 83% of the population (4.6 million) are food insecure, with 37% of the population (2 million) severely food insecure (equivalent to IPC4/5). In October 2020, prior to the conflict, an estimated 93% of people said they had no or little experience of hunger. Food supplies sent to Tigray in April cover 8% of the needs. Western Tigray zone is inaccessible, and the proportion of food-insecure people is assumed to be even higher. An IPC assessment undertaken in Tigray and neighboring areas in Amhara and Afar in May 2021 revealed that 61% of the population (5.5 million people) in the area were facing a high level of acute food security: 3.1 million were in Crisis (IPC phase 3) and 2.1 million in Emergency (IPC Phase 4/5).

In Tigray, although some improvement in humanitarian access has led to around 3,400 MT of assistance entering Tigray in April 2022, millions of households still face extreme difficulty accessing sufficient food. Available information from key informants suggests some households are engaging in severe coping strategies, such as begging and migrating in search of food, notably to Amhara. At a minimum, Emergency (IPC Phase 4) outcomes exist in Tigray, with some households in Catastrophe (IPC Phase 5). It is possible outcomes are worse, but given access constraints, information is insufficient to confirm or deny this. In bordering areas of Amhara and Afar, Emergency (IPC Phase 4) outcomes are expected to persist as households have minimal access to food and income, notably among displaced populations.

Across southern and south-eastern areas, Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes exist, and there is a risk of more extreme outcomes – marked by Extremely Critical levels of acute malnutrition and high levels of hunger-related mortality – without sustained, large-scale assistance. The forecast of below-average 2022 *deyr* rains suggests food security conditions will not improve until 2023 at the earliest. Food insecurity is especially pronounced for pastoralist communities, as an estimated 2.5 million livestock have died between late 2021 and mid-May 2022. With limited access to livestock for sale, pastoralists across these areas face extreme constraints in purchasing sufficient food, leading to wide consumption gaps. Emergency (IPC Phase 4) outcomes are widespread, with some populations in Catastrophe (IPC Phase 5)

Food prices, notably for staple food and cooking oil, have significantly increased, associated with poor macroeconomic conditions and the war in Ukraine. According to the Central Statistical Agency (CSA), annual inflation in March was 34.9 percent, 14.3 points percentage higher than in March 2021. While the government is likely to continue subsidizing many imported staple foods and fuel, this is not expected to stabilize prices.

There is a high number of livestock deaths (an important indicator of this alarming situation). According to estimates reported as of April 2022, there have been over 1.5 million livestock deaths across Somali, southern Oromia and SNNP regions, with an additional 2 million livestock at risk. Due to the severe shortage of water, animal carcasses in the open fields, food insecurity with high malnourished children, mothers, and elders, lack of shelter, livestock disease outbreaks, the present human disease outbreaks (measles, chikungunya, and diarrhoea) can cause a tremendous communicable disease outbreak that may compromise the lives of thousands of pastoralists.

Somalia

In Somalia, following three poor rainy seasons and soaring food prices, communities across the Horn of Africa are experiencing one of the most severe droughts in decades, leading to the declaration of a national emergency by the Federal Government of Somalia in November 2021. By the end of the first quarter of 2022, the drought situation has rapidly deteriorated, raising a credible risk of famine in pockets across the country and causing large scale displacements and with the worst water scarcity in 40 years in some parts of the country. According to the latest International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) analysis, drought conditions could imminently displace over 1 million people in Somalia, on top of the 2.9 million already displaced. Alarming projections suggest that up to 1.4 million people could be displaced within the next 6 months.

Based on previous drought displacement patterns in Somalia, affected populations are likely to move from rural to urban centres. Further displacement into major cities will overwhelm critical services such as health care, increasing exposure to infection, and leading to disease outbreaks (i.e. acute watery diarrhoea, cholera) and other major concerns related to lack of health services.

IOM's flow monitoring has recorded an increase in drought-induced movements from Somalia into Ethiopia, possibly to gain access to water and pasture. However, Ethiopia is also suffering the dire consequences of the drought. In southern and south-eastern Ethiopia, drought has eroded the livelihoods of at least 4 million pastoralist and agro-pastoralist communities.

Kenya

In September 2021, the East African state of Kenya declared a drought emergency. Since September 2021, Kenya's northern regions have noted "less than 30% of normal rainfall," standing as "the worst short-rain season recorded in decades," according to the Famine Early Warning Systems Network. This lack of rainfall has led to the loss of livestock and the worsening of existing food and water shortages across the country. The number of people affected by the ongoing drought in the country's Northern Arid and Semi-Arid counties was 2.1 million in January of 2022, the number was projected to increase to 3 million by end of March. More alarming, however, are report indications from climate experts that in most of the 23 counties affected, the March-April-May 2022 rains will equally be inadequate and may not significantly ease the crisis.

The dwindling of vegetation and drying up of water sources has also led to livestock deaths and loss of livelihoods for most pastoral communities. This has forced Kenyan herders to trek longer distances—sometimes as far as Uganda, South Sudan and Ethiopia—in search of water and pasture, increasing the risk of resource-based conflict and family separation, which in turn heightens the risk of gender-based violence.

South Sudan

South Sudan is experiencing extreme levels of food insecurity and malnutrition, affecting two thirds of the country's population. It is expected that at the peak of the 2022 lean season (May-July), an estimated 8.3 million people, including refugees, will be affected by severe food insecurity, an 8% increase from the 7.7 million affected in 2021. This total includes approximately 2.9 million people projected to face emergency-IPC 4 conditions across the country and 87,000 projected to experience

Catastrophic –IPC5 in South Sudan's Jonglei, Lakes, and Unity states and in the GPAA (Greater Pibor Administrative Area).

Individuals in 52 out of 78 counties will experience Emergency levels of acute food insecurity in 2022. In addition, 2 million people, including 1.3 million children under the age of 5, and 676,000 pregnant and lactating women, are expected to be acutely malnourished. Between February and March 2022, 36 counties across the country were classified in Emergency (IPC Phase 4) acute food insecurity and 40 counties were classified in Crisis (IPC Phase 3) acute food insecurity, with only 2 counties classified in Stressed (IPC Phase 2) acute food insecurity.

In the projection period of April to July 2022, which is the lean season, 52 counties are classified in Emergency (IPC Phase 4) acute food insecurity, 23 counties are classified in Crisis (IPC Phase 3) acute food insecurity, and 3 counties are classified in Stressed (IPC Phase 2) acute food insecurity. This situation may be explained mainly by the high incidence of extreme weather events including drought, which have resulted into low agriculture production, food insecurity, and a loss in livelihoods.

The number of people in need of humanitarian assistance is increasing rapidly. In 2021, there was increased population movements, mainly due to conflict, flooding, and food insecurity. According to UNOCHA and UNHCR estimates, 2 million South Sudanese are currently internally displaced across the country, while 2.3 million are living as refugees in neighbouring countries. In 2022, it is estimated that 6.8 million of the most vulnerable people need humanitarian assistance, including urgent lifesaving and protection assistance.

Sudan

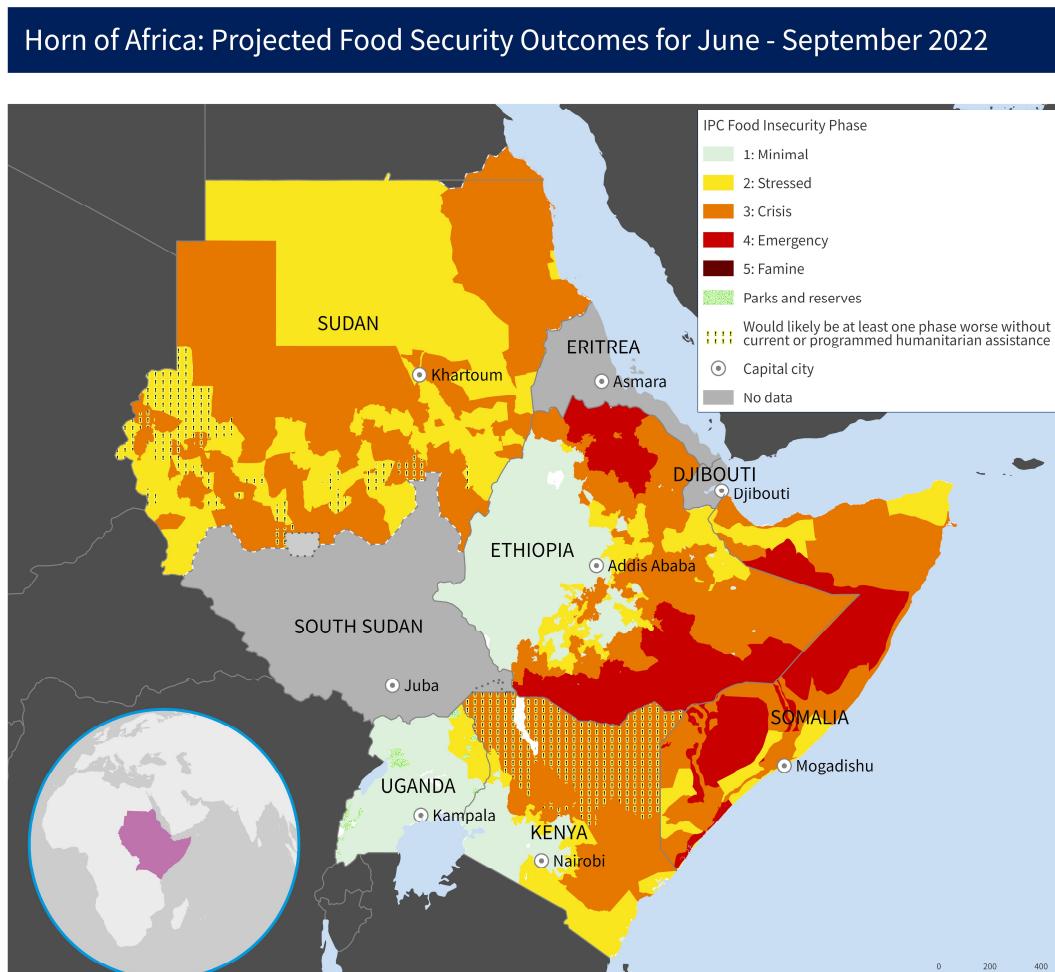
Over 5.6 million people are affected by the combined impact of prolonged dry spells and crop failure in 115 localities in 14 states across Sudan. Overall, 3.1 million people need short to long-term assistance. More than 22 million people (50 percent of Sudan's population) live in the 115 dry spell-affected localities. According to October 2021 to February 2022 IPC projections, out of the 115 affected localities, 37 localities are in IPC-Phase 3 and above phases and 27 localities are in IPC Phase 2. Children and women are the most vulnerable groups affected by the dry spell.

Latest FEWS net analysis (Feb 2022) projected higher-than-normal humanitarian food assistance needs in Sudan during the 2022 post-harvest period (Feb - May): most of Sudan is in this regard categorized under IPC Phase 2 (Stress) while the conflict-affected areas in Darfur and Kordofan, parts of Jebel Marra, South Kordofan, and areas of marginal agricultural production in the Red Sea, Kassala, North Kordofan, and North Darfur states will likely be in IPC Phase 3 (Crisis). An estimated 7.3 million people in Sudan (16% of the population analysed) are in high levels of acute food insecurity (IPC Phase 3 or above) between April and May (current period) and require urgent action. Of these, around 5.5 million people are classified in Crisis (IPC Phase 3) while around 1.8 million are critically food insecure classified in Emergency (IPC Phase 4). The most affected localities of Red Sea State (Halaib and Jubayt-el-maaadin) are classified in Emergency (IPC Phase 4). An increase in localized conflicts triggered population displacement, which, combined with the deterioration of the economy, led to higher than usual levels of acute food insecurity. As a result, the highest prevalence of population in Crisis (IPC Phase 3) or worse are observed in North Darfur (25%), followed by West Darfur (22%), North Kordofan (20%), South Kordofan (20%), Gedarif (19%) and Central, East and South Darfur states, ranging from 17-18%.

Djibouti

Approximately 132,000 people, representing 11% of the population (nearly 1.2 million people), are estimated to be in high acute food insecurity (Phase 3 and 4 of the CPI). It is estimated that 5,000 people (<1% of the population) are experiencing Emergency food insecurity (IPC Phase 4) and approximately 127,000 people (11% of the population) are in Crisis situation (IPC Phase 3). In addition, approximately 423,000 people (36% of the population) are Stressed (IPC Phase 2). Among the 15 zones included in the analysis (five rural zones, seven urban zones and three refugee camps), the three zones of Ali Sabieh Rural, Ali Sabieh Ville and Arta Rural as well as the three refugee

camps (Markazi d'Obock, Ali Addeh and Holl-Holl of Ali Sabieh) are identified in Crisis (IPC Phase 3), with at least 20 to 40% of their population in high acute food insecurity (IPC Phases 3 and 4).



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Famine Early Warning Systems Network
Map Production: WHO Health Emergencies Programme
Map Projection: WGS 1984 Web Mercator
Map Date: 26 May 2022
Request ID: RITM00075

Not applicable



Figure 1 Projected food security outcomes June – September 2022, Horn of Africa. Source of data: FEWS NET (<https://fews.net/east-africa>)

Key health risks

The main immediate health risks for the refugee population are summarized in Table 1.

Table 1. Key health risks over the coming months.

Public health risk	Likelihood	Public health consequences	Level of risk	Rationale
Malnutrition	Almost certain	Major	Red	Drought and ongoing food insecurity has historically had a profound impact on nutritional status of the populations in this region, leading to high mortality. Malnutrition prevalence is already at emergency levels in many countries.
Acute watery diarrhoea, incl. cholera	Likely	Major	Red	Lack of access to safe water and appropriate sanitation, poor hygiene, and overcrowding. Recurrent/ongoing cholera outbreaks in Ethiopia and Somalia.
Measles	Likely	Moderate	Orange	Low vaccination coverage. Ongoing outbreaks in Ethiopia and Somalia.
Malaria	Likely	Moderate	Orange	Large potential for substantial malaria outbreaks across the affected countries. When combined with poor nutrition and other exacerbating factors, potential for high degree of excess mortality.
Sexual and reproductive health	Likely	Moderate	Orange	Extremely high maternal mortality rates occur throughout these countries. Generally poor coverage of perinatal care and skilled birth attendant.
Chronic infectious diseases (TB/HIV)	Unlikely	Minor	Yellow	Low prevalence of HIV, but also low coverage of ART in a number of affected countries. Interruption of treatment likely for displaced populations.
Injury/trauma and sequelae	Likely	Minor	Yellow	Ongoing conflict occurring in some affected areas. Increase in conflict and violence may accompany worsening of the food insecurity crisis.
Mental health	Likely	Minor	Yellow	Population displacement, high mortality, and exposure to violence are risk factors for mental health issues.

Red: Very high risk. Could result in high levels of excess mortality/morbidity.

Orange: High risk. Could result in considerable levels of excess mortality/morbidity.

Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity.

N.B. Further details on the methods used for this risk assessment are available (5)

Detailed assessment

Health status and threats

Population mortality

Despite the dramatic decrease by more than 50% observed since 1990, due the efforts to achieve the millennium and sustainable development goals, the mortality rates remain high in horn of Africa. The rates are higher in Somalia due to several factors, including higher incidence of communicable diseases, malnutrition, socio-economic factors, and others.

The high mortality rate in horn of Africa is also contributed by droughts, considering that malnutrition and diarrhoea are the among the main cause of deaths in those countries. Those conditions are the main health consequences of droughts. According to 2013 country profile, communicable diseases including diarrhoea accounted for almost 50% of all deaths reported in Djibouti (WHO. Djibouti: Health Systems Profile. 2013). The high prevalence of malnutrition after droughts also contributes dramatically for the high mortality in horn of Africa. More than 35% of under-five deaths in Djibouti are related to malnutrition <https://www.unicef.org/djibouti/en/stories/youth-driving-knowledge-reduce-malnutrition-djibouti>).

In 2020, the estimated crude mortality rate in Somalia was 11 per 1000 people, compared to 7 per 1000 people in Djibouti and Sudan (<https://www.worldbank.org/en/home>). The life expectancy was also lower in Somalia (57 years), compared to Djibouti and Ethiopia (67 years) and Sudan (66 years). Infant mortality rate was also higher in Somalia (73 per 1000 live births) compared to Djibouti (47 per 1000 live births) and Sudan (40 per 1000 live births) (UNICEF Data Warehouse. 2022. <https://data.unicef.org/>).

Table 2. Key national mortality indicators, Horn of Africa

Country	Crude mortality rate (per 1000 people):	Life expectancy at birth (years)	Under-five mortality rate (per 1000 live births):	Infant mortality rate (per 1000 live births)	Neonatal mortality rate (per 1000 live births)
Djibouti	7	67	56	47	30
Eritrea	7	67	39	30	18
Ethiopia	6	67	49	35	27
Kenya	5	67	41	31	21
Somalia	11	57	115	73	37
South Sudan	10	58	98	63	40
Sudan	7	66	57	40	27
Uganda	6	64	43	32	19

A study conducted in Somalia in 2010 drought period, suggests that severe food insecurity and famine in southern and central Somalia over a 19-month period in 2010-2012 resulted in a very large death toll, with most excess deaths among children under 5 years old and a peak in excess mortality during mid-late 2011, which coincides with the declared famine period. The study broadly illustrates the potential health effects of drought and large-scale food insecurity in the absence of a timely and adequate humanitarian response. Based on the most plausible set of population denominator data, the study estimated that 258,000 (244,000 to 273,000) excess deaths attributable to the emergency

occurred in southern and central Somalia between October 2010 and April 2012 inclusive, of which some 52% (133,000) among children under 5 years old.

Vaccination coverage

The vaccination coverage is also low in Horn of Africa, below the recommended 95% to prevent outbreaks (<https://data.unicef.org/resources/immunization-coverage-estimates-data-visualization/>). The situation in more dramatic in Somalia, with 42% coverage of DTP-3, 46% of MCV1. In 2020, MCV2 was not yet part of routine immunization schedule in Somalia.



Figure 2: Vaccination coverage estimates for Horn of Africa countries for 2020, derived from WHO/UNICEF estimates.

The low immunization coverage is contributing to the ongoing measles outbreaks reported in Somalia and Sudan. The displaced people due to droughts are more vulnerable to develop complication and death due to high rate of malnutrition among this group of people.

Disease risk analysis

The overall risk of outbreak of diseases in the drought affected areas is very high given that the aggravating risk factors that have propagated past disease outbreaks in the areas are still present and could be worsened by the drought situation with lack of safe water, malnutrition, drought induced displacements, crowded and unsanitary living conditions in temporary shelters, interruption of and lack of access to essential health services etc.

Routine immunization in the affected regions could be affected leading to risk of vaccine preventable disease. Surveillance for epidemic-prone diseases could also be hampered due to scattered communities in very remote areas in search of life saving resources as well as inadequate human resources.

There have been cholera outbreaks in these areas with several cholera hot spots identified in the parts of the regions. Other predisposing factors such as overcrowding in IDP sites, inadequate WASH facilities and open defecation may create ideal conditions for explosive outbreaks of diarrheal diseases

For the last two years COVID-19 pandemic has been ongoing in the country and the drought situation may aggravate the situation especially with the detection of the highly transmissible Omicron variant of concern in the country there is a potential for widespread COVID-19 transmission.

There is a need for capacity building for preparedness and rapid response at the WCO for outbreak detection, verification, investigation, and response.

Epidemic-prone diseases

The overall risk of outbreak of diseases, especially water-borne and water related vector-borne diseases in the affected areas is very high. Outbreak of diseases like cholera, would be likely if preventive measures are not put in place. Access to essential health services is going to be a challenge as roads have been washed away and some locations not accessible due to the flooding.

Surveillance/early warning, alert, and response capacity

Humanitarian emergencies increase the risk of transmission of infectious diseases and increase in the prevalence of other health conditions. An effective disease surveillance system is essential to detecting disease outbreaks quickly before they spread, cost lives, and become difficult to control. With the emergency it is key to quickly establish a surveillance system that can support quick and early detection of suspected disease outbreaks.

Acute Watery Diarrhoea including cholera

The regions affected by the drought situation has experienced multiple cholera outbreaks in the past, with numerous potential hot spots identified. Since April 2019, a cholera epidemic has been ongoing in Ethiopia. A cholera risk analysis carried out as part of the development of a long-term cholera control and elimination plan for Ethiopia. These are areas that have had high incidence and persistence of cholera during the past 5 years. Based on the Federal Ministry of Health (FMOH) Cholera guidelines, cholera attack rates (ARs) could range from 0.2% to 2% depending on the living conditions of the affected communities. However, in densely populated situations such as IDP camps and informal settlements, ARs can reach up to 8%, as observed in Somali region in 2017.

SNNP has experienced cholera outbreaks in recent years (2009 – 2020). A total of 11,774 cases were reported between 2019 and 2020. 36 woredas have been identified as at risk of cholera; hence the impact of the outbreak is expected to be greater than in recent years in SNNP. From August to November 2021, a total of 339 cases and 6 deaths (CFR 1.8%) of cholera were reported from two zones in Oromia and Somali regions.

The likelihood of cholera outbreaks in this region is high because of overcrowded drought induced IDP sites, lack of safe water, poor hygienic and living conditions; the population has reduced access to clean water and sanitation and reduced access to treatment with both increased distances to reach care and fewer resources, including materials available if a health centre is reached.

The World Health Organization (WHO) will need to play a significant role in supporting the national public health capacity to assess, plan, coordinate and implement preparedness and response measures towards a possible outbreak of cholera given that the areas affected by drought are prone to cholera outbreaks. There is need for wide support in strengthening the intersectoral response to cholera and other water borne disease outbreaks to more efficient and effective response and prevention of possible disease outbreaks in this crisis.

Somalia is one of the cholera endemic countries in WHO's East Mediterranean Region. Recurrent cholera outbreaks have been reported in the drought-affected districts of Somalia since 2017, with no interruption in transmission in these districts due to an increasing number of people with limited access to safe water and safe sanitation practice. The current drought has led to severe water shortages and displacement of people to camps where access to safe water, proper sanitation and access to primary health care services is limited. The protracted conflict has also contributed to

weakening of the health system leading to high proportion of people with limited access to primary health care further increasing the risk of repeated cholera outbreaks. Floods that are experienced during periods of heavy rains especially in along the banks of rivers Juba and Shabelle lead to contamination of water sources. Since 2017, 1.8 million (approx. 20% of population at risk) people aged 1 year and above have in 13 high risk districts received at least one dose of oral cholera vaccination. However, response to cholera outbreaks is negatively affected by limited accessibility, lack of essential supplies for proper case management, limited human resource capacity and limited funding for cholera response.

As of 1 January, to 16 April 2022 a total of 3056 suspected cases of cholera with nine associated deaths were reported of which 2030 (66.43%) were children under 5 years. Most affected areas were districts of Southwest and Hirshabelle State and Banadir region.

Measles

In Ethiopia 2021 and 2022, as of 23 January a total of 4,862 suspected cases and 26 deaths reported (Case Fatality Rate (CFR) 0.7%). Out of the 84 suspected cases reported, 57.1% (48 cases) were reported from SNNP region followed by Oromia region (21.4% of the national report) in the week 3 and there is a 34.4% decrease in the number of new measles cases compared to previous week. Measles is among the leading cause of recurrent outbreaks in the SNNP Region that caused a significant mortality and morbidity in recent years. The Region reported a total of 1,133 cases between 2020 and 2021. 10 woredas were affected by the outbreak during this period. The attack rate in 2020 was 0.02%. Most of the cases reported during 2021 with a total of 1037 cases and 16 deaths. Attack rate in this year was 0.3%. Since 2018, the number of measles cases in Sudan was observed to be increasing up until July 2019. Measles cases have been increasing since 2021 reaching 679 cases (compared to 357 in 2020). During January and February of 2022 there were 154 confirmed and 442 suspected measles cases. Between 2 January and 5 March 2022, a cumulative 3509 suspected measles cases were reported from 18 regions in the country, largely from drought-affected districts. Of these 18 regions, six regions including Bay (1194 suspected cases), Mudug (796 suspected cases), Banaadir (559 suspected cases), Bari (277 suspected cases), Lower Shabelle (121 suspected cases) and Gedo (141 suspected cases) reported the highest number of measles cases. Between 2 January to 5 March, a total of 249 samples were collected and tested at four laboratories in the country (in Garowe, Hargeisa, Kismayo, and Mogadishu). Of these samples, 57% (142 samples) tested IgM positive for measles; 81% were less than five years of age.

Currently, there are confirmed outbreaks reported from Oromia, Somali, and SNNP regions. In Oromia region, a measles outbreak of 90 cases has been reported from Abaya woreda of West Guji zone. In Somali region, 319 measles cases were reported from Dollo Ado and Bokolmayo woredas of Liban zone, Somali region.

The drought and ongoing conflict are expected to worsen the food insecurity situation and contribute to an increasing trend of acute malnutrition. This coupled with low routine vaccination coverage will continue to undermine immunity and raise the level of vulnerability to measles. There are ongoing vaccination campaigns conducted in 10 woredas in Somali region and in all affected and high-risk woredas of Oromia and SNNP. At the time of writing, a measles vaccination campaign is ongoing in 10 Woredas (Liben and Afdher zones) of Somali Region. According to the EDHS 2019, vaccination coverage among children aged 12-23 months was just 59% for measles vaccination (MCV1).

Measles is endemic in Somalia and the annual number of cases has varied substantially in recent years. The largest measles outbreak in recent years was recorded in 2017 when 23 039 suspected cases were reported in 118 districts across all six federal states and the Banaadir Regional Administration of Somalia.

Somalia is currently also experiencing measles outbreaks in drought affected regions. In the ongoing epidemic in drought affected districts, a total of 2596 suspected measles cases were reported to WHO in 2020, while a total of 7494 suspected measles cases were reported in 2021.

Repeated measles outbreaks in Somalia are attributed to (i) low vaccination coverage leading to lowered immunity among children below 5 years compounded by the lack of supplemental immunization activities (SIA) as the last SIA was conducted more than two years ago (ii) high levels of malnutrition among children below 5 years (iii) high levels of Vitamin A deficiency. The country has

started the process of implementing a measles vaccination campaign in which over 2 million children below 5 years are expected to receive the first dose of measles containing vaccine later in 2022.

In Somalia there has been an increase in new cases of measles since the third quarter of 2021. starting week 1 to week 13 of 2022, a total of 5 822 suspected cases of measles were reported of whom 85.1% (4 957) are children below five years. The districts reporting the most cases include Baaydhawa, Madina, and Daynile.

Malaria

Malaria cases are reported in Djibouti, Somalia, and Sudan. Starting week 1 to week 13 of 2022, a total of (246) cases have been reported in Somalia. The districts reporting most of the cases are Dolow, Baardheere and Marka. The species Plasmodium falciparum malaria accounts for 59% of all the reported malaria cases.

Malaria is endemic in Ethiopia, with higher prevalence in areas below 2000m altitude (which cover three quarters of the country's land mass, with an estimated population of 52 million)¹. Changes in climate are also likely to lengthen the transmission period of major vector-borne diseases and alter their geographic range. Climate change is projected to cause encroachment of malaria from lower altitudes in the Somali and Afar regions to higher altitudes in the Tigray and the Amhara regions of Ethiopia, with an estimated a 5–7% potential altitudinal increase in malaria distribution. This means that malaria-free highlands in Ethiopia may experience modest changes to malarial conditions because of prolonged drought. The two regions currently most affected by drought (Oromia and Somali) reported a total of 136,403 and 62,163 malaria cases respectively in 2021, demonstrating that malaria remains a major problem in these areas.

Meningitis

There is a direct correlation between drought and the epidemiology of meningitis. This is especially true in countries within the 'Meningitis Belt', which includes much of the Horn of Africa. Countries within the meningitis belt experience the highest endemicity and epidemic frequency of meningococcal meningitis especially during the dry season. Dryness and dust levels of areas that have become more arid are among the risk factors. Recent studies indicate an expansion of certain sero-groups of meningitis beyond areas traditionally included in the meningitis belt (UNCT, 2012). Even though meningitis is a disease of public health importance throughout the Horn of Africa, there are gaps in the capacity to detect and confirm cases, especially at peripheral facilities.

Dengue fever

An outbreak of dengue in Ethiopia in Somali region in recent years was reported to be linked a shortage of public water supplies as the result of the prolonged drought; increased mosquito abundance correlated with widespread household storage of water, with interrupted dengue suppression activities due to population displacements. Given short-range forecasts of climatic conditions projecting increased drying conditions and decreased rainfall in some affected areas from July - December, there is a likelihood of increased use of domestic water storage facilities, used as an adaptation strategy during drought conditions, which may expand the range of Aedes aegypti and create a high potential for dengue transmission in the same period.

¹ http://aho.afro.who.int/profiles_information/index.php/Ethiopia:Analytical_summary_- Malaria

Maternal, newborn, and child health

Malnutrition

The present situation with displacement and destruction of house may lead to immediate challenges with nutrition especially for children. In the coming weeks and months food insecurity and malnutrition may be of concern as it will affect the displaced population. The HNO 2022, revealed that about 74,700 children aged 6 to 59 months are or will be affected by Global Acute Malnutrition (GAM) in January 2022. According to the IPC analysis, nearly 27,400 are projected to be Severely Acutely Malnourished (SAM) and 47,300 are expected to be Moderately Acute Malnutrition (MAM). During same period 22,000 pregnant women and lactating mothers are or will be acutely Malnourished.

The number of children aged 6-59 months requiring treatment for acute malnutrition in Kenya drought hit counties has increased to 755,000 in March 2022, representing a 15.6 per cent increase from 653,000 in August 2021, mainly due to worsening food insecurity, reduced milk production, high morbidity, and poor sanitation and hygiene practices.

Ethiopia continues to be at a very high risk of malnutrition due to food insecurity; recurrent diseases outbreaks; weakened access to health services; floods; and conflict causing population displacements. These adverse events led to a pronounced rise in acute malnutrition and translated in SAM admissions reaching unprecedented levels. SMART nutrition surveys conducted in January in parts of Somali region shows high level of malnutrition: GAM and SAM rates reaching 23.4 % and SAM 3 % in Hargele. Overall, about 0.8M acute malnourished children under five and 0.2M Pregnant and Lactating women (PLW) are estimated to be in need of life saving emergency nutrition services in the drought affected areas throughout the year

Somali region has the highest prevalence of Acute Malnutrition according to 2019 Ethiopia Demographic health Survey (EDHS). GAM stands at 21.1% vs national average of 7.2% while stunting stands at 30.5% vs 36.8% national average (2019 EDHS).

Recent SMART Surveys (Nov-2021) and mass screening in all zones conducted in December 2021 shows GAM prevalence of above 20%. A GAM prevalence of more than 10 percent indicates an emergency according to WHO (2000) requiring immediate interventions.

The region has continued to record high SAM admissions. 110,943 children admitted with SAM treatment in January- December 2021 with monthly average of SAM burden of 9,225 cases/month. A steady increase in new SAM cases is noted from September (9,057), October (9,401), November (9,776) and peaking at 11,328 in December 2021. In Somali region the number of children admitted for SAM was 80,438 in 2020, increasing to 110,943 in 2021.

In Somali region, the nutritional status of drought-affected communities has deteriorated in 2022 due to low milk availability and low income from livestock. A substantial increase (27%) in the SAM caseloads was observed in Somali region from weeks 2-6 in 2022. Over 89,800 children were admitted for SAM treatment from Jan - Oct 2021 in the Somali region: SAM cases are 9% higher than in Sep 2020 and 22% higher than Sep 2019. Out of 93 woredas in the region, 69 are classified as Priority 1 (P1). Some of the regions are starting to see IDPs related to the climatic conditions: over 4,000 drought-induced IDPs have been reported in Adadle and Godey (Somali region), which are already hosting a substantial population of long-term IDPs. Around 2.3 million people need water trucking with an additional 125 trucks required to narrow the gap.

According to the Child Health Days screening data conducted in December 2021 by the Somali Regional Health Bureau (RHB) and partners: (a) 831,092 (95.03%) children (6-59 months') were screened and 19,268 (2.3%) were SAM while 153,506 (18.47%) were MAM (b) Out of the total 222,628 (94.07%) Pregnant and Lactating Women (PLW) screened, 71,973 (32.33%) were acutely malnourished or had Mid-Upper Arm Circumference (MUAC) of less than 23 cm.

In Oromia region, the current drought has affected the pastoral and agrarian communities of Borena, with nearly 73 woredas estimated to be affected by the drought in the zones of West Guji, East Bale, Guji, East Hararge & West Hararge and Bale zones. An estimated 7,594,827 people are affected in

seven zones. The drought situation further worsens the food security situation, with water shortages at the community and health facility levels.

In SNNP region, nearly 40 Woredas are estimated to be affected by the drought. According to the regional DRMC, in 2021, 1,375,361 persons were relief beneficiaries. An additional 100,000 people will need humanitarian assistance due to the drought.

In Tigray and Afar regions, as well as some areas of Amhara region, levels of acute malnutrition among children and PLW are very high. In Tigray, Afar, and Amhara, the average GAM prevalence is above emergency thresholds, at approximately 14%, while the average acute malnutrition rate among PLW is 60% and varies between 2.5% and 80%. In Amhara, according to the Find and Treat (F&T) campaign in conflict-affected areas carried out in March 2022, there was 22.6% GAM and 3.2% SAM—well above the emergency thresholds. In AFAR, the latest F&T screening campaign undertaken in January 2022 revealed 1.6% SAM and 25.4% MAM rates among children, with 50.7% of PLW undernourished.

In Somalia, acute malnutrition is already at Critical levels in many areas of central and southern Somalia and the number of acutely malnourished children being admitted to treatment centres is rapidly increasing, with two to four-fold increases reported in some districts.

Acute malnutrition levels are projected to deteriorate across most of Somalia. Urgent treatment and nutrition support are required for approximately 1.4 million children under age 5, who will likely face acute malnutrition between January and December 2022, including 329,500 who are likely to be severely malnourished. In particular, high levels of acute malnutrition have been reported among new IDP arrivals in Banadir, Baidoa, Gaalkacyo, Baardheere, Belet Xaawo and Belet Weyne. Furthermore, about 10,000 learners have been affected by the closure of 60 schools in Galmudug and Jubaland states due to the drought emergency.

Approximately 1.4 million children, or over 44 percent of the children in Somalia under the age of five are likely to be acutely malnourished, including nearly 329,500 who are likely to be severely malnourished.

In Kenya, reduced food intake and low milk consumption are expected to be the main contributory factors for acute malnutrition. Additionally, high morbidity, including elevated diarrheal illness from drinking inadequate and unsafe water and compromised hygiene and sanitation conditions due to the extended dry conditions, will also aggravate acute malnutrition.

Malnutrition trends have deteriorated in the counties of Mandera, Marsabit, Samburu, Turkana, Tana River, Isiolo, Baringo, and Wajir. In Mandera, the current GAM prevalence of the county is at 34.7% which is considered extremely critical with SAM rate at 7.9%.

A snapshot in South Sudan 2022, around 1.34 million children under five years are expected to suffer from acute malnutrition based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and program admission trends.

The highest burden is from Jonglei, Upper Nile, Unity and Western Bahr el Ghazal States (concentrating 60% of the burden in four states for 2022). Between February and March 2022, a total of 49 (63%) counties were classified in Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4) acute malnutrition situations. Out of this, 23 counties were classified in a Critical situation.

The major factors contributing to acute malnutrition include high prevalence of diseases and inadequate feeding practices of infant and young children. Elevated levels of food insecurity (IPC Acute Food Insecurity Phase 3 or above) in most counties also contribute to acute malnutrition.

At the beginning of the 2022, the Sudan Humanitarian Needs Overview (HNO) estimated that over 3 million children under-fives were acutely malnourished and therefore needed lifesaving humanitarian nutrition assistance. Early in the first of 2022, FSL sector in collaboration with OCHA informed stakeholders in Sudan of the dry spell that was affected 115 localities in 14 States. The impact of the dry spell on food security has been devastating. WFP and FAO estimate that additional 3.7 million people will need humanitarian assistance, increasing the overall those in need from 14.3 million to 18 million as of end of March 2022.

In view of the deteriorating food security and water availability for human and animal consumption, the nutrition sector project an additional increase by 10% on the 2022 caseload. This translates into over 153 000 additional cases of acutely malnourished children of which about 31,000 are severe and 122,000 are moderate as well as 45,606 malnourished Pregnant and Lactating Women (PLW). Of those cases that severely malnourished 4,607 of them are estimated to have medical complications and therefore will need specialized care in the stabilization centres.

Sexual and reproductive health

During any humanitarian crisis, gender-based violence (GBV) is usually a challenge with attending increase in prevalence. This crisis will not be exceptional and has compounded multiple forms of GBV. The drought crisis is having devastating consequences for women and children, heightening the risk of GBV, sexual exploitation and abuse and hampering children's access to education. In some communities, child marriage has reportedly risen, with families marrying-off young girls in order to lessen demands on their own resources and potentially get money that they can use for food and other necessities.

The maternal mortality ratio is extremely high in Horn of Africa, with more than 1000 deaths per 100,000 live births in 2020 in South Sudan. In Somalia, the rate exceeds 800 deaths per 100,000 live births. The droughts can contribute to low accessibility to healthcare for antenatal visits, skilled birth attendant and postnatal care, and consequently increasing the chances of maternal deaths.

In 2020, the percentage of women (aged 15-49 years) attended at least four times Antenatal care visits was below 50% in Horn of Africa, with lower than 20% in Djibouti (<https://data.unicef.org/country/>). Additionally, the percentage of deliveries attended by skilled health personnel was in 31% in Somalia, although the percentage reached 83% in Djibouti.

Table 3. Key perinatal care indicators, Horn of Africa

Country	Postnatal care for mothers (%)	Antenatal care 4+ visits (%)	Maternal mortality ratio (Per 100,000 live births)	Skilled birth attendant (%)
Djibouti	NA	19	248	83
Eritrea	5	57	480	34
Ethiopia	34	36	401	55
Kenya	56	58	342	70
Somalia	10	24	829	31
South Sudan	NA	21	1,150	25
Sudan	26	49	295	77
Uganda	53	57	375	80

Chronic infectious diseases

HIV

According to UNAIDS 2020 data, the prevalence of HIV in Horn of Africa is below 1% (<https://www.unaids.org/en/regionscountries/countries/>). However, the percentage of people living with HIV who are under antiretroviral treatment is below 50%. The lowest percentages are observed in South Sudan (23%) and Sudan (25%).

Table 4. Key HIV indicators, Horn of Africa

Country	Persons living with HIV	HIV prevalence 15 to 49 years (%)	ART coverage (%)
Djibouti	6,800 [5,000 – 9,000]	0.8 [0.6 - 1.1]	30 [22 - 40]
Eritrea	13,000 [9,600 – 16,000]	0.5 [0.4 - 0.7]	73 [55 - 93]
Ethiopia	620,000 [470,000 - 700,000]	0.9 [0.7 - 1.1]	78 [63 - 95]
Kenya	1,400,000 [1,300,000 – 1,700,000]	4.2 [3.7-4.9]	86 [75 - >98]
Somalia	8,700 [7,700 – 9,800]	<0.1 [<0.1 - <0.1]	43 [38 - 48]
South Sudan	180,000 [140,000 - 230,000]	2.3 [1.8 - 2.9]	23 [18 - 29]
Sudan	49,000 [42,000 – 57,000]	0.2 [0.2 - 0.2]	25 [22 - 29]
Uganda	1,400,000 [1,300,000 – 1,600,000]	5.4 [5.1-5.8]	90 [85-98]

Non-communicable diseases

Trauma

Conflicts over dwindling grazing arrears and watering spots leading to increased morbidity and mortality directly related to the conflict or the secondary effect of migration.

In drought, it is expected that communal conflicts increase due to fighting on land and water sources. Thus, leads to increase in mass casualty events and injuries. Accordingly, the need for health care, especially the trauma care will rise.

Somalia is experiencing different types of emergencies, including conflict. In February 2022, 4140 trauma-related injuries were reported from the health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (71%) were non-weapon related injuries, which included burns and road accidents. These injuries represent a 13.28% decrease (634) compared to 4774 injuries reported during the same period in February 2021. The reported cases of injuries were managed in different hospitals in all states. The most affected districts are Afgoye (195 cases), Balcad (207 cases) and Daynile (201 cases).

Mental Health and Psychosocial Support Services (MHPSS)

Displacement of population can be very traumatic especially with associated factors like loss of loved one and properties. The experiences during and after emergencies can lead to mental health challenges requiring the need to visit a mental health expert. Mental health impacts associated with drought are most severe for farmers and their families associated with loss of incomes from the shrunken agricultural activity a risk factor for anxiety, depression and consequent potential increase in domestic violence, abuse, and suicide.

Determinants of health

Water, sanitation, and hygiene (WASH)

Despite initiatives and interventions so far implemented to reduce the vulnerability of the WASH sector, still provision of sustained and reliable access of water supply to drought-prone areas in the lowland pastoral areas of the Somali Region of Ethiopia, Kenya and Somalia remains a huge challenge.

Approximately 45 million people across Ethiopia currently lack access to water, sanitation, and hygiene services. Of these, about 9.3 million are estimated to be living in the drought prone woredas. Lack of access to adequate and safe water coupled with poor sanitation and hygiene practices is often a major contributing factor to diseases during drought. Movements of populations in search for water from protected and/or unprotected water sources and increased water trucking have been observed in the Southern and South-Eastern parts of the country in the recent months. These actions further increase the risk of contamination of drinking water resulting in water-borne diseases. It is therefore critical to ensure that both adequate and safe water is provided to the affected populations.

It is estimated that 95 per cent of water sources in Dawa Zone in Somali region and 82 per cent of water sources in Borena Zone of Oromia region of Ethiopia have dried up leaving some 774,000 people facing critical water shortage across the two most drought-affected zones.

There are 84 non-functional boreholes in Somali region of Ethiopia alone that require operation and maintenance (O&M), over 100 preventive and corrective maintenance of critical strategy boreholes require O&M, 24 sealed schemes (newly drilled boreholes) require post construction services, 14 river intakes and 13 rural piped schemes require O&M. An estimated 2.3 million people need emergency water trucking. Over 100 water trucks are required to narrow the gap in Somali region. In all drought-affected zones, the prices of water sold by private vendors (water trucking and donkey carts) have increased up to 300 per cent with millions without access to clean water.

Djibouti relies mainly on deep underground water tables, usually fed by rainwater infiltration. More than 15% of Djibouti's population practices open defecation due to lack access to improved toilets. This increases the risks of diarrheal and other water-borne diseases (<https://www.usaid.gov/djibouti/global-health/water-and-sanitation>; <https://data.unicef.org/country/>).

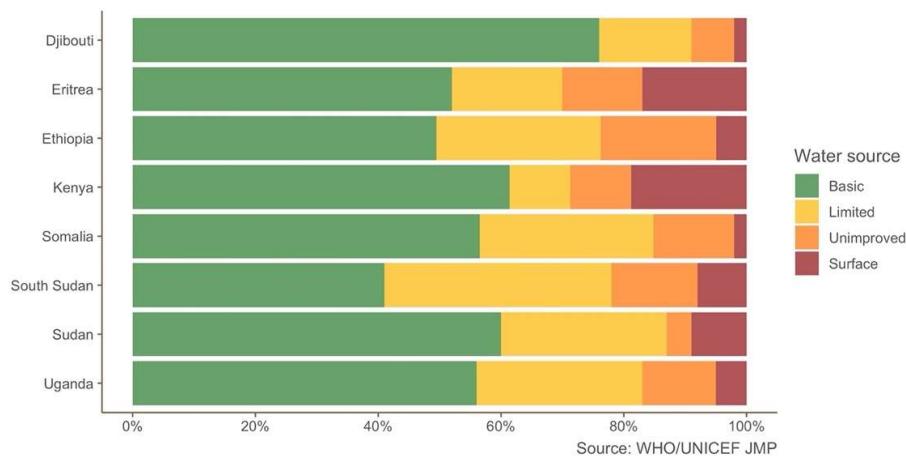


Figure 3: Estimates of use of water service/source for Horn of Africa countries for 2020, derived from WHO/UNICEF estimates.

The levels of groundwater, which is the source of about 95% of all drinking water in Djibouti has decreased due to droughts, increasing the needs of drinking water across the country. Other needs reported are food and water for pasture and animals.

Shelter

Shelter has been a challenge as people leave homes to IDP camps or other location in search of water and food. Lack of adequate shelter is key to prevention of diseases as it is key to easy transmission of diseases as they are easily transmitted due to overcrowding and congestion in camps will increase in prevalence e.g. COVID 19 and Acute respiratory tract infection. Malaria will likely increase due to increase exposure to mosquito bites and inadequate shelter for the displaced population.

Food insecurity

The drought is worsening food insecurity and malnutrition, the surviving animals in the drought-affected areas are very weak and emaciated producing little or no milk, thus jeopardizing the availability of the main source of nutrition for children. The regions face compound hazards with frequent shocks that have negatively impacted food security all a variety of livelihoods. The recurrent disasters (conflict, drought, flood, desert locust invasion and communicable diseases outbreaks) have cause a huge internal displacement.

In Kenya, at least 3.5 million people are projected to face severe food insecurity (IPC 3 and above) from March to June 2022, including 758,000 people in Emergency (IPC Phase 4), according to the latest Integrated Phase Classification analysis. One county (Marsabit) has been classified to be in IPC Phase 4, as 20 per cent of the population is projected to be in IPC 4 from March to June. The number of children aged 6-59 months requiring treatment for acute malnutrition has increased to 755,000 in March 2022, representing a 15.6 per cent increase from 653,000 in August 2021, mainly due to worsening food insecurity, reduced milk production, high morbidity, and poor sanitation and hygiene practices.

For South Sudan, food insecurity is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households' coping capacities, and the loss of livelihoods. Despite significant deployment of humanitarian assistance, between February and March 2022, an estimated 6.83 million people (55% of the population) faced high acute food insecurity (IPC Phase 3 or above), of which 2.37 million people faced Emergency conditions (IPC Phase 4). An estimated 55,000 people were classified in Catastrophe (IPC Phase 5) in Fangak, Canal Pigi and Uror counties in Jonglei State; Pibor County in Greater Pibor Administration Area; Tambura County in Western Equatoria State; and Leer and Mayendit counties in Unity State.

The most food insecure states between February and March 2022 where more than 50% of their populations faced IPC Phase 3 or above acute food insecurity are Jonglei (72.4%), Unity (67.6%), Warrap (62.9%), Northern Bahr el Ghazal (56.8%), Upper Nile (54.2%) and Lakes (52.0%).

In the lean season projection period of April to July 2022, an estimated 7.74 million people (62.7% of the population) will likely face high acute food insecurity (IPC Phase 3 or above), with 87,000 people likely to be in Catastrophe (IPC Phase 5) in Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cuelbet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. During this period, an estimated 2.9 million people are likely to face Emergency conditions (IPC Phase 4).

According to UNICEF in - 31 March 2022 - Food Security and Nutrition Analysis Unit (FSNAU) reports that the severity of Somalia's food insecurity continues to worsen. An estimated 4.8 million people are experiencing severe food insecurity, while 1.4 million children under the age of five are likely to be acutely malnourished, including nearly 329,500 who are likely to be severely malnourished by the end of 2022. Furthermore, more than 6 million people are projected to face crisis or worse (IPC Phase 3 or higher) outcomes between April and June, including 1.7 million likely in an emergency (IPC Phase 4) and over 81,000 likely to be in a catastrophe (IPC Phase 5).

In Djibouti, as of February 2022, 37% of the population was food insecure. Ali Sabieh the highest proportion of food insecure people, followed by Arta. The main reason for increased food insecurity is the current drought and high food prices. As at March, 11% of the population in Djibouti (around 132,000 people) was food insecure because of drought conditions. Around 575,000 were in IPC phase 1, 415000 in phase 2, 2180000 in phase 3 and 12000 in phase 4 (WFP. Drought Impacts in Djibouti – Issue 1 (as of 3rd March 2022). 2022)(RÉPUBLIQUE DE DJIBOUTI. IPC. ANALYSE IPC DE L'INSÉCURITÉ ALIMENTAIRE AIGUË MARS - DÉCEMBRE 2022. 2022).

In Sudan, between April and May 2022, around 7.3 million people in Sudan (16% of the population) are in high levels of acute food insecurity (IPC Phase 3 or above) and require urgent action. Of these, around 5.5 million people are classified in Crisis (IPC Phase 3) while around 1.8 million are critically food insecure classified in Emergency (IPC Phase 4) (Sudan. IPC. IPC ACUTE FOOD INSECURITY ANALYSIS APRIL 2021 - FEBRUARY 2022 Issued May 2021).

Health system status & local health system disruptions

Pre-crisis health system status

The health systems of countries in the horn of Africa, Ethiopian, Kenya and Somalia, are weak and can get overwhelmed, making it difficult to respond adequately to any significant increase in demand for health care services. The supply and demand-side faces significant constraints resulting from multiple emergencies including disease outbreaks, population displacements, conflict etc.

The 2018 SARA survey in Ethiopia showed the national readiness for routine health services provision in a normal situation which was about 55%, with 45% of facilities exhibiting significant gaps in the availability of trained human resources, medicines and supplies, or adequate infrastructure

Demand side barriers are also significant. Approximately 70 percent of women interviewed for the mini-DHS survey in 2019 report showed having at least one problem in accessing health care such as getting money for advice or treatment (55%), distance to health facility (50%), and getting permission to go for treatment (32%). Less than 5 percent of the population is covered by any form of health insurance, and displaced populations need exemptions to access health services as they are not registered in the communities to which they have been displaced, this reflects the health system status in the Horn of Africa.

In-crisis health system status

The capacity of the Ethiopian health system to respond adequately to any significant increase in demand for health care services is limited as the supply and demand-side faces significant constraints resulting from multiple emergencies including disease outbreaks, population displacements, conflict etc. In such a context, significantly scaled-up humanitarian assistance is needed in order to adequately address population health needs in any emergency, but capacity in Ethiopia is spread thin at present, with multiple recurrent and protracted emergencies competing for financial, human and material resources, including the humanitarian crisis in the northern part of the country with over 4.23 IDPs, over 823,000 refugees, 62,790 people affected by floods in Dasenech woreda in SNNPR, epidemics of cholera, measles, chikungunya, dengue fever and malaria ongoing as well as the current COVID-19 pandemic which continues to affect all regions.

The health system in Somalia remains highly fragmented, under-resourced and poorly equipped to provide life-saving and preventative health services. Multiple hazards, including drought, floods, cyclones, and conflict, have weakened Somalia's health system, and this decline has been exacerbated further by the COVID-19 pandemic. Provision of essential health services has been severely affected. The capacity to manage the trauma cases in Somalia is very limited, and there has been a 33% increase in the number of trauma cases since September 2020. Additionally, medical waste management is close to non-existent and imposes significant biohazard risks.

The overall risk of outbreak of diseases in the drought areas is very high given that the aggravating and risk factors that have propagated disease outbreaks in the areas are still present and they are going to get worse due to the possible drought induced IDPs, lack of access and unavailability of essential basic services including health services to be made worse by the ongoing cold dry weather in the Horn of Africa.

If on one hand health risks and needs increase because of decreased access to food and inadequate food consumption, food insecurity and associated factors (increased migration, displacements, conflicts over resources) may then importantly impact on deterioration of health seeking behaviours and on increasing barriers, delay/decrease access to health care, to preventive, diagnostic and curative health services (including EPI for children, ANC and delivery in health facilities, access to family planning and contraception, access to diagnostic and treatment services for STI, HIV and TB, access to services for victims of rape including PEP and safe abortion) leading to increase risks of morbidity, complication and negative health outcomes.

From the point of view of health service availability and quality, health systems may be unable to cope and effectively respond to the increased health risks and needs especially in contexts where health systems are already severely disrupted and under resourced therefore requiring urgent and scaled up emergency response.

Information gaps & recommended sources

Domain of health information	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Supply chain challenges in Ethiopia	Support from WFP, or logistic cluster if available
	Surveillance data in remote areas	Early Warning Alert and Response (EWAR)
	Information about the impact of the drought is uneven between countries	<i>Ad hoc</i> cross-sectional surveys
	Health needs information is limited	Health needs assessments
Health resources & services availability	Founding constrains to cover all the population in need.	HRP workshop and assessments
	Health services disrupted in several health facilities, including	HeRAMS
	Medical and logistic needs in areas such as Puntland, Southwest and Galmudog in Somalia.	HeRAMS
	Limited qualified staff	HeRAMS
Humanitarian health system performance	Gap in health service provision for IDPs in some areas	Support from IOM required
	Health partners Mapping	4W tool
	Displacement figures limited	IOM Displacement Tracking Matrix (DTM) tool

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