**Key Highlights**

- The greater Horn of Africa is facing a major humanitarian crisis due to rising food insecurity driven by a toxic mix of extreme weather events (drought, flooding), conflict, the COVID-19 pandemic and the impact of the war in Ukraine.

- It is estimated that between 37 to 50.1 million people are in IPC phase 3 or above and approximately 7 million children under the age of five are acutely malnourished in the region.

- While providing food and safe water is a high priority, ensuring a strong health response to the emergency is needed to prevent morbidity and mortality.

- Rising food insecurity contributes to increased health risks and needs: In the areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern at present, especially considering the often low immunization rates.

- In the many of the affected areas, safe drinking water is scarce with increased risk of water borne diseases. As people move to find water, food and pasture for their animals, living conditions and sanitation of the community will likely decrease, further contributing to health risks.

- Loss of livelihood and food insecurity are also contributing to increased risky behavior to obtain the resources that are needed, while violence over scarce commodities increases the risk of trauma and injury.

- WHO is coordinating the health sector to ramp up its response to avert the worst effects of food insecurity and to give people access to the health services they need. Along with countering the consequences of malnutrition, WHO is helping countries to prepare for and respond to outbreaks of diseases like cholera, measles, and malaria.
Global Food Insecurity Situation

The 2022 edition of the State of Food Security and Nutrition in the World (SOFI) report, which is jointly published by the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF), the UN World Food Programme (WFP) and the World Health Organization (WHO) presents updates on the food security and nutrition situation around the world.

The numbers paint a grim picture:

- After remaining relatively unchanged since 2015, there was a 10% increase in the number of people affected by hunger from 2020 to 2021.
- The estimated number of people facing hunger has increased from 679 million in 2019 to 782 million in 2020 to 828 million in 2021.
- The gender gap in food insecurity rose in 2021 - 31.9% of women in the world were moderately or severely food insecure, compared to 27.6% of men – a gap of more than four percentage points, compared with three percentage points in 2020.
- An estimated 45 million children under the age of five were suffering from wasting (low weight-for-height), the deadliest form of malnutrition, which increases children’s risk of death by up to 12 times. Furthermore, 149 million children under the age of five had stunted growth and development due to chronic undernutrition and a lack of essential nutrients in their diets.

This situation is being exacerbated by the ongoing war in Ukraine, involving two of the biggest global producers of staple cereals, oilseeds and fertilizer, reducing the availability and pushing up the prices of grain, fertilizer, energy, as well as ready-to-use therapeutic food for children with severe malnutrition. This comes as supply chains are already being adversely affected by the ripple effects of COVID-19.

Intensifying conflict, extreme weather events owing to climate change and economic shocks are other major drivers of food insecurity.

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Food insecurity in the greater Horn of Africa

The Greater Horn of Africa (GHoA) is especially vulnerable to rising food insecurity due to history of climate driven extreme weather events, including a widespread and persistent **multi-season drought, especially in Somalia, Ethiopia and Kenya**. It is estimated that the March-May season could have been the driest on record. The latest forecasts indicate that there is a risk that the October-December (OND) rainy season could also fail. This while both Sudan and South Sudan are experiencing flooding. In South Sudan, an estimated 40% of the country is still underwater for the third consecutive year.

**Conflict and instability** have contributed to large-scale population displacement and disrupted poor households’ livelihoods. Limited humanitarian access has exacerbated the situation. Major conflicts have been occurred in the Tigray region in northern Ethiopia (ongoing since November 2020), South Sudan, and Somalia.

In the seven countries (Djibouti, Ethiopia, Somalia, Sudan, South Sudan, Kenya and Uganda), projections for populations in Integrated Food Security Phase Classification (IPC) 3 range from 37 million to 50.1 million in the coming months with projections being readjusted to higher numbers as expectations of a fifth failed rainy season looms. The IPC provides classification provides differentiation of levels of severity of acute food insecurity. IPC3 means the population will at best only marginally be able to meet minimum food needs by depleting essential livelihood assets or through crisis-coping strategies and even then, they have food consumption gaps that are reflected by the more than 7 million children facing acute malnutrition.

**Impacts of food insecurity on health**

Rising food insecurity contributes to increased health risks and needs, including the need for preventive and curative health care services in the affected population. As communities face severe food insecurity, many have left their homes in search of food, water, and pasture for their animals. Such

2 IGAD Regional Focus of the Global Report on Food Crises 2022 - Somalia | ReliefWeb
large-scale displacements are often accompanied by a deterioration in hygiene, sanitation and health indicators and thus increased risk of illness, disease outbreaks and death.

The reduction in resources caused by food insecurity also means people must make the impossible choice between food and healthcare, resulting to disruption in the provision of essential services such as long-term treatment for TB or HIV and other routine health service provisions. This is likely to further increase the risk of adverse outcomes.

The crisis is also increasing the risk of gender-based violence, sexual exploitation and abuse while also hampering children’s access to education. This can increase the rates of unwanted pregnancies, with reports already indicating that child marriages are on the rise, due to families marrying off young girls to get money for food and lessen demands on their own resources.

Conflict over limited resources is also expected to rise with families leaving their homes to compete for limited resources. Conflict-induced trauma and deaths are therefore likely to increase in areas where competition is high.

Routine immunization in the affected regions could be affected leading to risk of vaccine-preventable disease. This will likely make the already bad situation worse. Vaccination coverage is low in the GHoA, with many areas well below the recommended 95% to prevent outbreaks. The situation is worst in Somalia, with 42% coverage of Diphtheria, Tetanus, and Pertussis third dose (DTP-3), 46% of Measles-containing-vaccine first-dose (MCV1)\(^5\). In 2020, MCV2 was not yet part of the routine immunization schedule in Somalia. In the areas affected by food insecurity, outbreaks of epidemic diseases are one of the major public health concerns at present, especially considering the relatively low immunization rates and the insufficient health service coverage.

### Table 1: Country-level vaccination coverage.

<table>
<thead>
<tr>
<th>Country</th>
<th>BCG</th>
<th>DTP1</th>
<th>DTP2</th>
<th>HEPB3</th>
<th>HEPB4</th>
<th>HIB3</th>
<th>IPV1</th>
<th>MCV1</th>
<th>MCV2</th>
<th>PCV3</th>
<th>POL3</th>
<th>RCV1</th>
<th>ROTAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djibouti</td>
<td>77</td>
<td>76</td>
<td>70</td>
<td>70</td>
<td>77</td>
<td>70</td>
<td>70</td>
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<td>60</td>
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<td>70</td>
<td>72</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>70</td>
<td>76</td>
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<td>71</td>
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<td>60</td>
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<td>74</td>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>92</td>
<td>94</td>
<td>89</td>
<td>91</td>
<td>89</td>
<td>91</td>
<td>88</td>
<td>49</td>
<td>90</td>
<td>89</td>
<td>88</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>37</td>
<td>52</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>52</td>
<td>51</td>
<td>49</td>
<td>49</td>
<td>49</td>
<td>39</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>92</td>
<td>96</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>86</td>
<td>68</td>
<td>90</td>
<td>90</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>91</td>
<td>94</td>
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</tr>
</tbody>
</table>

Surveillance for epidemic-prone diseases could also be hampered due to the scattering of communities in very remote areas, as people leave in search of life-saving resources. The region has been grappling with multiple emergencies, and response activities such as surveillance are likely to be affected by the food insecurity situation. Table 3 summarizes the ongoing outbreaks in the GHoA countries. Mortality rates primarily reflect deaths in facilities and are likely to be higher in communities with lower access to health facilities.

### Table 3: Ongoing outbreaks of infectious diseases linked to food insecurity and malnutrition:

<table>
<thead>
<tr>
<th>Country</th>
<th>Measles</th>
<th>Cholera</th>
<th>Meningococcal meningitis</th>
<th>Hepatitis E virus</th>
<th>Leishmaniasis</th>
<th>Yellow fever</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>CFR</td>
<td>Cases</td>
<td>CFR</td>
<td>Cases</td>
<td>CFR</td>
</tr>
<tr>
<td>Djibouti</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>6,542</td>
<td>0.70%</td>
<td></td>
<td></td>
<td>2,066*</td>
<td>0.5 %</td>
</tr>
</tbody>
</table>

\(^5\) Immunization coverage by country. 30 June Available at [https://data.unicef.org/topic/child-health/immunization/](https://data.unicef.org/topic/child-health/immunization/)
FAO estimates that 7 million livestock died in the Horn of Africa (Kenya, Somalia and Ethiopia), which means that milk production from domestic animals is expected to decline by 80%, and as a result, millions of children are likely to miss their daily glass of milk in the region.

The lack of adequate access to food has an immediate impact not only on the nutritional status of household members but also on access to and on the utilization of health services. Potential barriers may be financial as food-insecure households may not be able to afford the direct and indirect costs of health care due to competing needs, leading to a change in health-seeking behaviors because of other more pressing needs.

The deterioration of care practices and the decrease in access to health care mean that danger signs of malnutrition and accompanying illnesses may not be promptly detected or prioritized. As food insecurity crises are often associated with factors such as conflict, insecurity or extreme weather events, these factors may also contribute to discouraging or preventing people from accessing health care despite their increased health risks and needs.

While the health impacts are significant and likely to increase, unfortunately, health systems in the regions which are very weak even during normal times, are unlikely to be able to cope with the rising demands, making the situation worse and further increasing the probability of preventable deaths.

Country situational health overview and response

Djibouti

Approximately 11% of the population in Djibouti is estimated to be acutely food insecure (IPC Phase 3 and 4). In addition, the country has an ongoing measles outbreak mainly in Agna Yoboki, Dikhill region. There are concerns about the changing epidemiology of malaria in the country, with cases increasing from 1,684 cases in 2013 to 72,000 in 2020. The national malaria program is working on a strategic framework to mitigate any adverse outcomes.

Ethiopia

More than 16.5 million people in Somali, Oromia, SNNPR and South-West regions are currently affected by food insecurity, of which more than 7.2 million people need food assistance and 4.4 million people need water assistance. In addition, the country is grappling with an ongoing measles outbreak in the Amhara, SNNPR and Somali regions since January 2022. In the Tigray region, Health Resources and Services Availability Monitoring System (HeRAMS) data shows that just 22% of health facilities are fully functioning, with 75% only partially functioning and 3% not functioning at all. Furthermore, there is limited health partner presence at the district level, with 56% of drought-affected districts without an active health partner.

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Kenya
In Kenya, 19 of the 23 arid and semi-arid counties are bearing the brunt of the failed rainfall. Following a vaccine-derived outbreak of polio in Garissa and Marsabit counties, the government and partners implemented two supplemental immunization campaigns in mid-2021. A yellow fever outbreak in Isiolo county also prompted the ministry to roll out vaccinations in the at-risk populations. Kenya is currently still dealing with several active outbreaks including measles in endemic areas of west Pokot and Garissa, as well as an outbreak of cholera in Isiolo county which has since spread to more densely populated Nairobi and Kaimbu counties.

Somalia
With an estimated 5.3 million people being in crisis or worse (IPC Phase 3 or higher), Somalia is on the brink of famine. The country is also grappling with other diseases. With a measles outbreak since February 2022. WHO supported integrated 239 outreach sessions in 33 districts. Additionally, there have been recurrent cholera outbreaks in drought-affected districts since 2017 with a particularly sharp increase in 2022. A cholera response task force has been initiated with the leadership of FMOH, WHO and UNICEF, to help reduce mortality and morbidity. The country has reported attacks on health services through the surveillance system for attacks on health care (SSA) latest being on 23rd March 2022. Analysis of functionality status in 346 facilities in Somalia shows that 97% of facilities are functioning, 2% are partially functioning and 1% are not functioning.

South Sudan
In South Sudan, failed rainfall has affected most of the Great Equatoria regions of the country since the early 2022 season, with some areas receiving half of the expected rainfall by mid-May. South Sudan is also facing other shocks such as sub-national violence, economic crises, multiple infectious disease outbreaks (cholera, measles, meningitis), and seasonal flooding with 40% of the country being flooded for the 3rd consecutive year (May-November rainy season). With the outbreak of measles and cholera being prominent in the country, reactive vaccination campaigns are ongoing in Torit region, while the activation of a national Public Health Emergency Operating Centre (PHEOC) for cholera prompted the launch of reactive oral cholera vaccination campaigns and rapid response teams being dispatched for active case finding. Seven attacks on health facilities have already been reported in 2022. Data show that these attacks are often very serious, leaving 10 people dead and 33 injured. The country also has low vaccination coverage in 2020, with the rates being lower than 60%. In South Sudan, 80% of health care is provided by global healthcare partners, and a 30% reduction in funding for these health partners would lead to the closure of around 200 health facilities and several referral hospitals. Access to health services is a major challenge and where populations can access health facilities, functionality and quality of care remain low.

Sudan
In addition to food insecurity, the country is also grappling with socio-political instability, increasing violence, and high inflation. The country is also grappling with measles and meningitis outbreaks that have affected nine and five counties respectively. A Hepatitis E outbreak is also ongoing in the country. In addition, 18 attacks on health services have been captured. Analysis of the HeRAMS data in eastern

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Sudan in Gedarif shows that 80% of facilities are functioning, 18% are partially functional and 2% are not functional. Sudan is a key transit country for migrant populations and hosts over 1.1 million refugees, who are at increased risk of epidemic prone disease.

Uganda
The latest data from the Integrated Food Security Phase Classification (IPC) indicates that all nine districts in the Karamoja region are classified in IPC Phase 3 (Crisis) with 520,000 facing significant food insecurity. In response, UNICEF completed a nutrition mass screening in Moroto and Kaabong in early June 2022, which found that some 1 in 5 children are malnourished. Integrated outreach efforts have been launched in these two districts and will also be used to identify necessary therapeutic care. The country is also grappling with a yellow fever outbreak since January 2022 with 376 suspected cases reported so far, with 1 confirmed true positive and 3 cases with high evidence of Yellow Fever pending the verification of vaccination status. The Karamoja continues to experience upsurge in malaria cases and an increase in acute diarrhea cases.

WHO response to the emergency
The health impact of increasing levels of food insecurity, hunger, and malnutrition is expected to result in substantial excess mortality unless the humanitarian health response is scaled up accordingly. While the absolute priority is to bring food and safe water to these populations, we should ensure that the health response gets the attention it deserves. Following a grading exercise in May 2022 in which the situation was assigned the highest grade, Grade 3, WHO will be responding to reduce excess mortality and morbidity in the GHoA region. Consistent analysis of the situation to direct the response efficiently, develop response plans and support advocacy will be essential.

Along with countering the consequences of malnutrition, WHO is helping countries to prepare for outbreaks of diseases like cholera, measles, and malaria. This includes improving surveillance systems for communicable diseases to identify and respond to new outbreaks quickly among the affected populations. WHO will also work to ensure that essential health services like those for sexual and reproductive health, treatment for chronic infectious diseases such as tuberculosis and HIV, as well as mental health services as people are at high risk of violence and distress can continue without disruption. The multifaceted response will be done through five main strategic domains and objectives that are explored separately but are interlinked and complementary:

Table 2: WHO Strategic Domains

<table>
<thead>
<tr>
<th>WHO Strategic Domains</th>
<th>Strategic Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sectoral and multisectoral coordination and collaboration</td>
<td>Enhanced national and subnational coordination and collaboration among partners and sectors for stronger agreement about strategic priorities and effective operationalization.</td>
</tr>
<tr>
<td>Health and nutrition information</td>
<td>Increased collection and use of timely and accurate health and nutrition data for early warning, IPC-CH classification, assessment of service delivery capacities and barriers, guidance for decision-making, prioritization, planning and enabling monitoring and evaluation of interventions.</td>
</tr>
<tr>
<td>Outbreak prevention and control</td>
<td>Effective prevention and control of additional and interdependent epidemics and other health emergencies, including seasonal increases in morbidity that are likely to occur during food-security crises.</td>
</tr>
</tbody>
</table>


Mainstreamed availability of essential nutrition actions

- Increased and integrated availability of essential nutrition actions for effective prevention, detection, and treatment of malnutrition.

Essential nutrition actions

- Capacity of priority health services scaled up and adapted to the increased health needs, risks, and access barriers to health care in food insecurity crises.

**Partnerships and coordination**

WHO has established a seven-country, bi-regional incident management team to coordinate with partners in the health sector and beyond to ramp up its response. In addition, the incident management team will coordinate the response and organize the purchase of life-saving medical supplies to where they are needed most. These supplies include medicines as well the equipment needed to treat children who are severely malnourished. Other than providing these critical supplies, WHO is working with ministries of health in the affected countries to set up robust disease surveillance systems to be able to quickly detect and respond to disease outbreaks.

At both the regional and country levels, WHO is collaborating with other important actors including UN partners (UN OCHA, UNICEF, WFP, etc.) and the Intergovernmental Authority on Development (IGAD).

**Information resources and 4W (What, Where, When, Who)**

Four countries (Ethiopia, Somalia, South Sudan and Sudan) of the seven GHoA have a health cluster in place. All are being coordinated by WHO with the co-coordinators being the Ministry of Health in Ethiopia, Save the children in Somalia and South Sudan, and ALIGHT in Sudan.

**Table 3: The composition of health cluster teams by country is shown in the Table below.**

<table>
<thead>
<tr>
<th>Country</th>
<th>Team</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>National team: 4&lt;br&gt;Coordinator: 1 FT&lt;br&gt;Information management officer: 2 FT&lt;br&gt;Public health officer: 1 FT&lt;br&gt;Communications officer: 0&lt;br&gt;Subnational hubs: 15</td>
<td>Partners: 48&lt;br&gt;International NGOs: 26&lt;br&gt;National NGOs: 9&lt;br&gt;UN agencies: 4&lt;br&gt;National authority: 1&lt;br&gt;Donors: 6</td>
</tr>
<tr>
<td>Somalia</td>
<td>National team: 3&lt;br&gt;Coordinator: 1 FT&lt;br&gt;Information management officer: 2 FT&lt;br&gt;Communications officer: 0&lt;br&gt;Other: 0&lt;br&gt;Subnational hubs: 14</td>
<td>Partners: 135&lt;br&gt;International NGOs: 33&lt;br&gt;National NGOs: 86&lt;br&gt;UN agencies: 4&lt;br&gt;National authority: 1&lt;br&gt;Donors: 6</td>
</tr>
<tr>
<td>South Sudan</td>
<td>National team: 4&lt;br&gt;Coordinator: 1 FT&lt;br&gt;Information management officer: 2 FT&lt;br&gt;Public health officer: 1 FT&lt;br&gt;Communications officer: 0&lt;br&gt;Subnational hubs: 10</td>
<td>Partners: 107&lt;br&gt;International NGOs: 30&lt;br&gt;National NGOs: 57&lt;br&gt;UN agencies: 6&lt;br&gt;National authority: 1&lt;br&gt;Donors: 11</td>
</tr>
<tr>
<td>Sudan</td>
<td>National team: 3&lt;br&gt;Coordinator: 1 FT&lt;br&gt;Information management officer: 1 FT, 1PT&lt;br&gt;Public health officer: 0&lt;br&gt;Communications officer: 0&lt;br&gt;Subnational hubs: 8</td>
<td>Partners: 45&lt;br&gt;International NGOs: 22&lt;br&gt;National NGOs: 2&lt;br&gt;UN agencies: 5&lt;br&gt;National authorities: 2&lt;br&gt;Donors: 6</td>
</tr>
</tbody>
</table>
FT: Full Time

For more information on the health clusters and 4Ws see the links below.

Ethiopia Health Cluster - Health | HumanitarianResponse

Somali Health Cluster - Health | HumanitarianResponse - 4Ws Live Dashboard | 2022

South Sudan Health Cluster - Health | HumanitarianResponse

Sudan Health Cluster - Health | HumanitarianResponse

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