







Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	INFORM risk (rank)
 Food Security  Drought  Epidemics  Conflict  Flood  Displacement	Malnutrition Cholera& other water borne diseases Malaria Dengue Rift valley fever Yellow fever Measles and other vaccine preventable disease (VPDs) Maternal, neonatal & child health conditions	Grade 3 (Since May 2022)	INFORM Risk 2024 (0-10) Djibouti: 4.9 (High) Ethiopia: 7 (Very high) Kenya: 6.6 (High) Somalia: 8.5 (Very high) South Sudan: 8.5 (Very high) Sudan: 7.3 (Very high) Uganda: 7 (Very high)

SUMMARY OF CRISIS AND KEY FINDINGS

The Greater Horn of Africa (GHOA) is one of the most vulnerable regions to climate change, appearing through erratic rainfall and rising temperatures, droughts and floods which in recent years have become much stronger and more likely. The historic four-year drought that hit East Africa caused massive displacement and suffering. This was subsequently compounded by extensive flooding between November and December 2023, displacing more than four million people in the Horn of Africa.¹² For the purpose of this report, the countries reported on in the GHOA include Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

The acute food and nutrition crisis has a devastating impact on tens of millions of vulnerable people.³ The greater Horn of Africa region is one of the world's most food-insecure regions with 54 million people in high levels of food insecurity with Sudan, South Sudan and Ethiopia among hunger hotspots of highest concern. Presently, an estimated 10.8 million children under the age of five are experiencing acute malnutrition, with 2.8 million of them classified as severe cases.⁴

At the same time, there is large-scale displacement of people, both within countries and across borders. As of May 2024, there are approximately 24.4 million internally displaced persons (IDPs), refugees and asylum seekers, comprising 19.4 million IDPs and 5.0 million refugees or asylum seekers. Among them, 14.6 million are displaced because of conflict, while 4.8 million have been displaced due to natural disasters. Uganda, Ethiopia, and Sudan host the highest numbers of refugees in the region.⁵ Displaced populations continue to be highly dependent on external assistance for their survival. At the same time, returnees face significant obstacles and often do not benefit from minimal conditions of safety and security.⁶

The increase in deadly climate-related disasters together with conflict has driven large displacements and extremely high levels of hunger. Most countries in the GHOA region have been affected by conflict in at least some areas.

Conflict exacerbates food insecurity and malnutrition crises and disease outbreak risks by driving displacement, disrupting health services and WASH infrastructure, causing shortages of food and non-food items (NFI), disrupting immunization, surveillance, and vector control efforts, and impeding humanitarian access and delivery of aid.⁷ The surge in disease outbreaks including cholera, malaria, measles, rift valley fever, yellow fever, polio and anthrax can be directly linked to extreme climate events and conflict, with severe impact on illness and loss of life.⁸

The region is also grappling with the impact of climate shocks and El Niño, oscillating between extremes especially in some parts of Ethiopia, Somalia and Kenya, from a prolonged drought to floods.⁹ The heavy rains from March to May 2024 resulted in significant riverine floods, flash floods, landslides, and damage to dams across Kenya, Somalia, Ethiopia, and Uganda, with particularly severe impacts observed in Kenya. A study conducted by World Weather Attribution (WWA) indicated that, the current phase of the El Nino Southern Oscillation or the Indian Ocean Dipole have been found to exhibit a negligible influence on the 2024 long rains in the region which is more driven by human-induced climate change because of a rapid urbanization and land use changes.¹⁰ The 2023/24 El Niño event, which helped fuel a spike in global temperatures and extreme weather is now showing signs of ending.¹¹

In February 2024, wetter than-normal conditions were forecast across most parts of the Greater Horn of Africa in the forthcoming March to May rainy season.¹² Further prediction for the May –July season 2024 indicate a higher probability of wetter-than-normal conditions across most parts of the Greater Horn of Africa, particularly in Sudan South Sudan, Uganda, Kenya, Ethiopia and Somalia continues to pose a continued risk of flooding in hotspot areas and beyond.¹³ According to the latest forecasts from the World Meteorological Organization (WMO), the likelihood of La Niña conditions is projected to rise to 60% during July-September and 70% during August-November 2024.¹⁴

This severe climate-induced shock comes against a backdrop of heightened vulnerability following the prolonged 2020-2023 drought and the floods during the June-December 2023 season.¹⁵ The region has encountered numerous challenges, including a historic drought and ongoing conflicts in Sudan, Ethiopia, South Sudan, and Somalia. Furthermore, it has been impacted by devastating floods in 2023 due to El Niño, as well as floods exacerbated by human-induced climate change from March to May 2024. This has weakened communities' coping capacity, making them highly susceptible to food insecurity, malnutrition and disease.^{16,17}

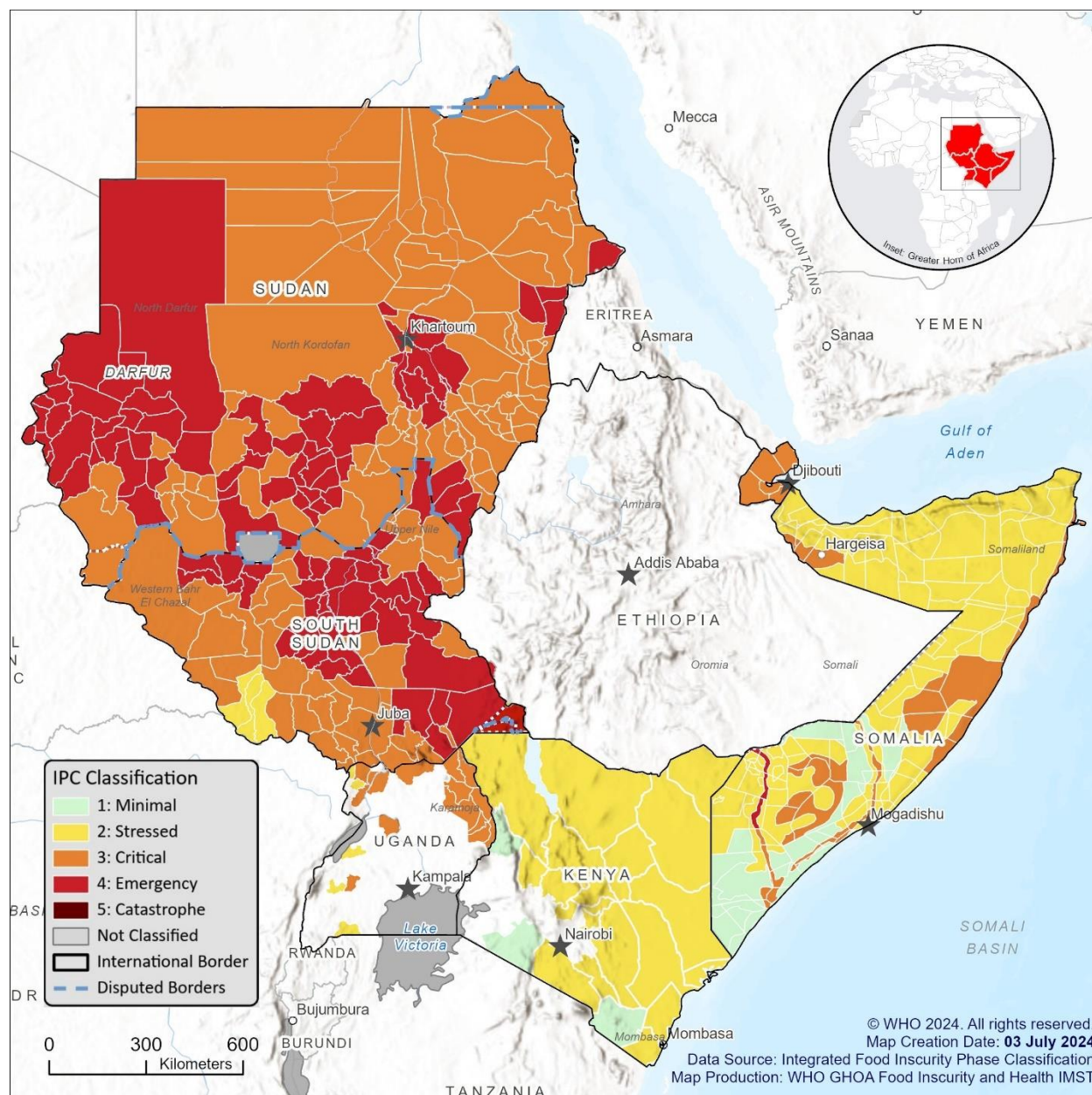






Figure 1- GHoA IPC map (WHO, June 2024)

HUMANITARIAN PROFILE

			
HUMANITARIAN RESPONSE PLAN (HRP)	HEALTH NEEDS (HRP)	INTERNALLY DISPLACED PEOPLE (IDP)¹⁸	FOOD INSECURE
Ethiopia PiN: 21.4 million	Ethiopia: 16.4 million	Ethiopia: 3.5 million	IPC Phase 3+:
Somalia PiN: 6.9 million	Somalia: 6.6 million	Somalia: 3.9 million	45.8 million across seven countries
South Sudan PiN: 9 million	South Sudan: 6.3 million	South Sudan: 2 million	
Sudan: 24.8 million	Sudan: 14.7 million	Sudan: 10.1 million	

Humanitarian Response:

Sudan and Ethiopia alone, are two of the world's five largest humanitarian crises. The Sudan crisis accounts for almost 40 per cent (25 million people) of the regional total, followed by Ethiopia (21 million), South Sudan (9 million) and Somalia (6.9 million).¹⁹

Of the countries in the GHoA, there are four with UN coordinated Humanitarian Response Plans (HRP). These plans for Ethiopia, Somalia, South Sudan, and Sudan are summarised below (information to date as of 4 July 2024²⁰):

Country	PiN	Target	Requirement (US\$)	Coverage (%)
Ethiopia	21 360 484	15 467 955	3.2 billion US\$	14%
Somalia	6 869 716	5 208 415	1.6 billion US\$	24%
South Sudan	8 996 986	5 944 709	1.8 billion US\$	20%
Sudan	24 786 370	14 657 114	2.7 billion US\$	17%

Food Insecurity: High levels of acute food insecurity are prevalent in various parts of the region, following the El Niño-induced flooding in 2023, five consecutive below-average rainy seasons that resulted in one of the worst droughts in recent history as well as ongoing conflicts and economic challenges.²¹ The key drivers of acute food insecurity in the region include the combined effects of climatic shocks and hazards, conflict, displacement and macro-economic challenges related to increased food and fuel prices.

An estimated 54 million people are highly food insecure (IPC Phase 3+) in June 2024 in the region. A new integrated food security phase classification (IPC) analysis was released for Djibouti, Karamoja region in Uganda and Sudan in June showing a 17% increase compared to May 2024.²² In Sudan, the ongoing conflict and insecurity have given rise to a complex food crisis that continues to impact the lives of millions of people due to restricted movements, disrupted markets and basis services, hampered agricultural production and livelihoods, and curtailed humanitarian access. Approximately 25.6 million (half of the population) will likely experience high level of food insecurity (IPC3+) between June and September 2024 which also coincides with the lean season. Over 755 000 people face Catastrophe (IPC Phase 5) in 10 states, including the five states of Greater Darfur as well as South and North Kordofan, Blue Nile, Al Jazirah, and Khartoum states. There is a risk of Famine in 14 areas affecting residents, IDPs and refugees – in Greater Darfur, Greater Kordofan, Al Jazirah states and some hotspots in Khartoum, if the conflict escalates further.²³

In addition, with the onset of the lean season from April onwards, food insecurity and acute malnutrition are expected to further worsen.²⁴ There is a window of opportunity to avert humanitarian catastrophes in some areas, mainly in Sudan, Ethiopia and South Sudan, if funding is scaled up urgently and humanitarian access expanded.²⁵

IPC ANALYSIS (Projection period)	Assessed Population	Crisis (IPC Phase 3)	Emergency (IPC Phase 4)	Catastrophe (IPC Phase 5)	IPC Phase 3+	IPC3+ as % of assessed Pop
DJIBOUTI (Jul 24 - Dec 24)	1,181,675	232,178	52,822	0	285,000	24%
KENYA / Asal Counties (Apr 24 – Jun 24)	16,617,000	1,197,750	25,750	0	1,223,500	7%
SOMALIA (Apr 24 – Jun 24)	18,706,931	2,695,880	714,360	0	3,410,240	18%
SOUTH SUDAN (Apr 24 – Jul 24)	12,613,120	4,684,000	2,336,000	79,000	7,099,000	56%
SUDAN (June – Sep 24)	47,208,125	16,309,134	8,533,005	755,262	25,597,401	54%
UGANDA/ Karamoja (Mar 24 – Jul 24)	1,325,000	516,410	83,700	0	600,110	45%
Sub-Total	97,651,851	25,635,352	11,745,637	834,262	38,215,251	
OTHER FOOD SECURITY ESTIMATES						
ETHIOPIA 2024	123,000,000	People in need of food assistance (Source: HRP 2024)			15,800,000	13%
Total food insecure population in need of assistance IGAD Caseload					54,015,251	

Figure 2 -IPC figures as of 30 June 2024 (IPC, HRP)

Acute Malnutrition: Acute food insecurity, conflict, large displacements, and a high prevalence of infectious diseases are contributing to high rates of malnutrition, aggravated by El Niño-induced flooding in 2023 and the lingering effects of the drought. This is in addition to poor feeding practices, limited access to health and nutrition services, and poor water hygiene and sanitation (WASH) practices.²⁶ In northern and eastern Ethiopia, Global Acute Malnutrition rates exceed the 15 per cent emergency threshold. In South Sudan and Somalia, over 1.65 million and 1.66 million children under five, respectively are estimated to be acutely malnourished.²⁷ Urgent response is needed alongside addressing immediate and underlying causes of malnutrition.²⁸

Displacement: The region has seen a steady increase in the number of refugees and internally displaced persons (IDPs) due to exacerbating factors such as drought, food insecurity, floods and protracted conflicts. Displacement is traumatic and life changing. Latest estimates show that the IGAD region is hosting 24.4 million IDPs, refugees and asylum seekers by the end of May 2024, largely due to conflict and climate crises.²⁹

The Sudan crisis accounts for a third of this number with Ethiopia already hosting more than a million refugees and asylum seekers - the third largest refugee caseload in Africa.³⁰ A summary of the displacement indicators across the region are displayed in the below table:³¹

DISPLACEMENT INDICATORS	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda
Internally displaced people (IDPs)	6k ³²	3.5 million ³³	41 k ³⁴	3.9 million ³⁵	2 million ³⁶	10.1 million ³⁷	132k ³⁸
Returnees	31k ³⁹	5k ⁴⁰	n/a	173 ⁴¹	190k ⁴²	919 k ⁴³	59k ⁴⁴
Refugees	31k ⁴⁵	1.1 million ⁴⁶	770 k ⁴⁷	39k ⁴⁸	471k ⁴⁹	n/a	1.6 ⁵⁰
Asylum seekers	8k ⁵¹	n/a		20k ⁵²	5k ⁵³		50k ⁵⁴

El Niño/La Niña: Climate change is contributing to a massive warming of the oceans taking and storing the heat for the atmosphere. This causes increasing variabilities between oceanic and atmospheric interactions, leading to more severe extreme weather events. Combined with El Niño episodes, climate change will inevitably create huge disruptions in the climate systems over the coming years, with more floods, more heatwaves and more droughts which makes the future unpredictable.⁵⁵ The 2023/24 El Niño event, which helped fuel a spike in global temperatures and extreme weather is now showing signs of ending. Meteorologists have indicated a 60 to 80 per cent chance that a La Niña phenomenon will unfold later this year, bringing more rain to some regions and drought to others.⁵⁶ Events of El Niño tend to favour drought in numerous tropical and subtropical land areas, whereas events of La Niña tend to favour wetter conditions in numerous locations. In Ethiopia, the main ways that climate variability appears are in trends such as rising temperatures and falling rainfall.⁵⁷

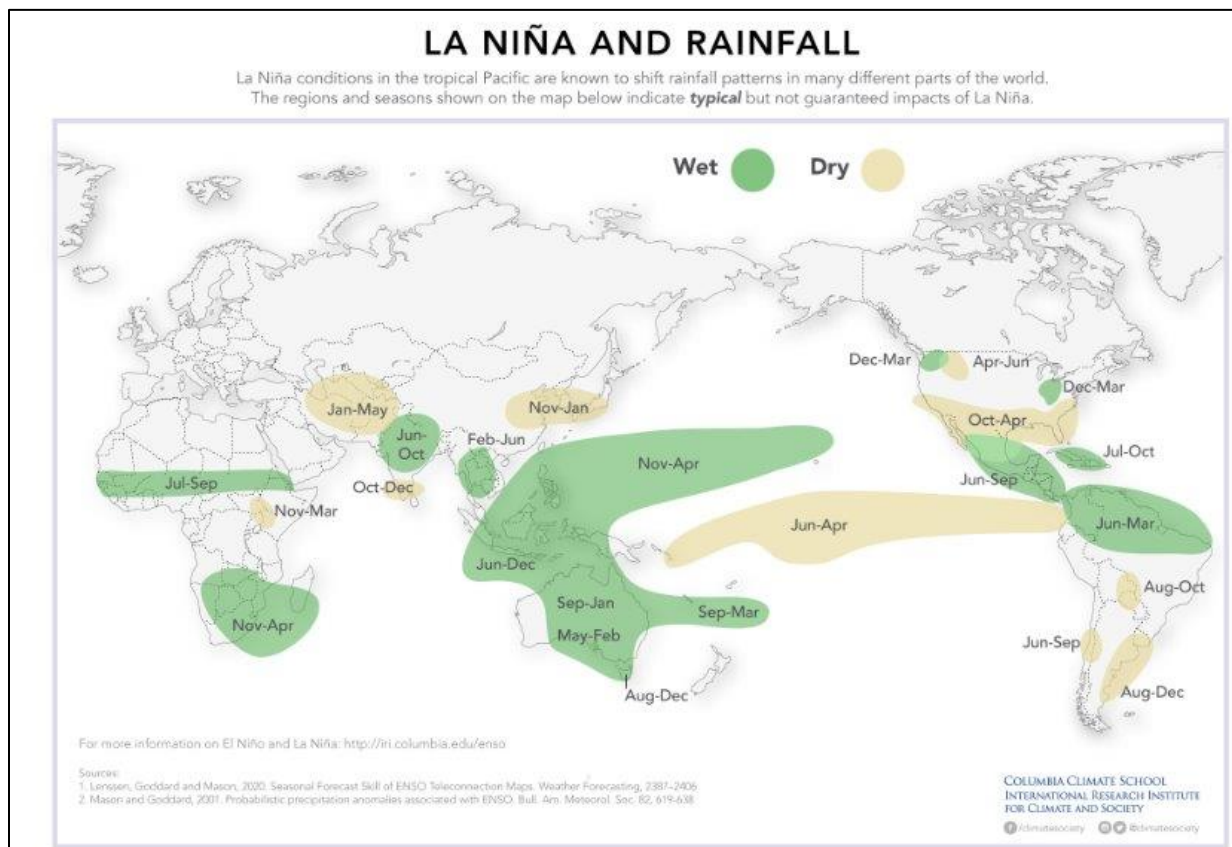


Figure 3 – La Niña and rainfall forecast

Flooding: The heavy rains from March to May 2024 have caused significant riverine floods, flash floods, landslides, and damage to dams across Kenya, Somalia, Ethiopia, Uganda, Tanzania, and Burundi, with particularly severe impacts observed in Kenya and Burundi.⁵⁸ This has impacted over 1.6 million people, displacing over 480 000, and resulting in casualties, property and infrastructure damage, and loss of farmlands, crops, and livestock.⁵⁹ Further prediction for the May –July season indicate a higher probability of wetter-than-normal conditions across most parts of the Greater Horn of Africa, particularly in Sudan, South Sudan, Uganda, Kenya, Ethiopia and Somalia continues to pose a continued risk of flooding in hotspot areas and beyond.⁶⁰ According to the study conducted by World Weather Attribution (WWA), the current phase of the El Niño Southern Oscillation or the Indian Ocean Dipole have been found to exhibit a negligible influence on the 2024 long rains in the region which is driven by human-induced climate change as a result of a rapid urbanization and land use changes.⁶¹ In South Sudan, the worst flooding in 60 years is anticipated in three months.

This is attributed to heavy rainfall and high-water levels in Lake Victoria, resulting in the release of 2,400 cubic meters per second into the River Nile from Uganda. The flooding is predicted to affect approximately 1 million people in a moderate scenario and up to 3 million people in the worst-case scenario.⁶²

Security and Conflict: Horn of Africa governments are grappling with rampant wartime atrocities. Particularly, the conflicts in Sudan and Ethiopia have had a staggering impact on civilians, resulting in massive loss of life, destruction of property and large-scale displacements.⁶³ A summary of the key conflicts impacting the region are summarized below:

- **Sudan:** The ongoing conflict in Sudan which intensified on April 15, 2023, severely impacted the country's food insecurity, malnutrition, and health crises, with consequences extending to the broader region. The violence led to mass displacements, extensive damage to infrastructure, disrupted essential services, and acute shortages of food and essential supplies. Market prices have soared, along with disruption of banking system, affecting the entire region, and areas with active conflict show the highest proportions of food-insecure populations.
- **Somalia:** Ongoing conflict and insecurity, and inter-communal violence continued to drive displacement and exacerbate food insecurity.⁶⁴ Large parts of Somalia were inaccessible to humanitarian actors due to insecurity, armed conflict, and control of non-state armed groups. The violence has compounded the humanitarian situation and displacement caused by the drought, and hampered response efforts.⁶⁵
- **Ethiopia:** The conflict in northern Ethiopia resulted in trauma and displacement since November 2020. In March 2023, the conflict in Amhara region started and continued to result in increased trauma and displacement.
- **South Sudan:** Approximately 26,000 individuals were displaced because of intercommunal turmoil between conflicting communities in Tambura County, Western Equatoria State in April 2024. Reports indicated that most residential areas surrounding Tambura town were abandoned. Acts of aggression by armed youth from the Greater Pibor Administrative Area within cattle camps in Kauto payam, Kapoeta East County in Eastern Equatoria State led to the displacement of about 6,500 individuals to mountainous regions, resulting in multiple fatalities, the kidnapping of women and children, and the theft of livestock. Conflict between armed factions in Minga, Mundri East County in Western Equatoria caused nearly 7,000 people to seek refuge in Rokon, Juba County of Central Equatoria State. Earlier in 2024, intercommunal violence erupted in various locations, including Warrap, Western Bahr el Ghazal, Western Equatoria, Lakes, Unity, and Jonglei states, as well as Abyei and Pibor administrative areas, leading to casualties, mass displacements, and disruptions to humanitarian operations and access.

Water and Sanitation: In the GHoA region, the lack of adequate and safe water access, coupled with poor sanitation and hygiene practices, is a significant driver of infectious disease transmission, particularly during prolonged drought periods. During the prolonged drought period in the region, supplying clean and reliable water in drought-prone areas, such as pastoral regions, was a significant challenge. Currently, cholera outbreaks affected four countries (Ethiopia, Kenya, Somalia and Sudan) and areas affected by the outbreaks had very limited WASH facilities and posed a significant challenge to the outbreak response measures. An overview of WASH indicators can be viewed in the below table.

WASH INDICATORS ⁶⁶	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Source
Proportion of population using safely managed sanitation services	40%	7%	31%	33%	n/a	n/a	18%	UNICEF
Proportion of population using basic sanitation services	27%	2%	5%	8%	n/a	n/a	3%	UNICEF

Proportion of population using at least basic sanitation services	67%	9%	37%	41%	16%	37%	21%	UNICEF
Proportion of population using limited sanitation services	7%	8%	24%	17%	9%	8%	17%	UNICEF

HEALTH STATUS AND THREATS

Population mortality: Since 2019, in the GHoA region, there has been an increased proportion of deaths due to protein-energy malnutrition, subsequent successive droughts, diarrheal diseases due to the global resurgence of cholera and poorer health outcomes due to malnutrition, as well as respiratory infections and COVID-19. These disease outbreaks in the region are leading to a rise in both morbidity and mortality rates.

The top causes of death in the GHoA region in 2019, according to Global Burden of Disease data, included lower respiratory infections, diarrheal diseases, and drug-susceptible tuberculosis.⁶⁷ However, this information is from before the drought emergency was declared in 2022, and more recent information is not yet available. Notably, drought related mortality estimates conducted in Somalia indicates that the drought crisis caused an estimated 43 000 deaths in 2022 (half of which estimated to occur in children under 5), more severe than the 2017-2018 drought crisis.⁶⁸

An overview of mortality indicators can be viewed in the below table.

MORTALITY INDICATORS	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Year	Source
Life expectancy at birth ⁶⁹	63	66	62	56	56	66	64	2022	World Bank
Crude mortality rate (per 1000 people) ⁷⁰	9	7	8	12	11	7	6	2021	World Bank
Infant mortality rate (deaths < 1 year per 1000 births) ⁷¹	44	34	31	68	64	37	30	2022	UNICEF
Child mortality rate (deaths < 5 years per 1000 births) ⁷²	52	46	41	106	99	52	41	2022	UNICEF

Vaccination coverage: Extreme weather events exacerbated by climate change and El Niño Southern oscillation in regions with already weakened health systems can impact negatively on vaccination activities. In 2022, it was estimated that countries such as Kenya, Uganda, and Sudan had immunization coverage of over 80% for routine antigens, including pentavalent and measles-containing vaccines. In contrast, Djibouti, Ethiopia, and South Sudan reported below 80% immunization coverage during the same period.

In Sudan, a decline in the implementation of planned vaccination sessions before the onset of the current conflict led to a drop in coverage of the third dose of diphtheria-pertussis-tetanus (DTP3) from 93% in 2019, before the pandemic, to 84% in 2021 and 2022. In addition, coverage of the first dose of measles-containing vaccine (MCV1) declined from 90% in 2019 to 81% in 2022. The number of children receiving zero doses was highest in 2022, influenced by the pandemic and the ongoing political and economic crisis in the country.

VACCINATION COVERAGE DATA ⁷⁴	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Year
DTP-containing vaccine, 1st dose	70%	70%	95%	52%	73%	94%	94%	2022
DTP-containing vaccine, 3rd dose	59%	65%	90%	42%	76%	84%	89%	2022
Polio, 3 rd dose	59%	64%	87%	47%	72%	85%	90%	2022
Measles-containing vaccine, 1st dose (MCV1)	50%	56%	90%	46%	72%	81%	90%	2022

COVID-19 Vaccination: The below table provides an indication of COVID-19 vaccination rates as of March 2023:

COVID-19 VACCINATION COVERAGE DATA	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Year	Source
% of population who received one dose	n/a	38%	26%	49%	n/a	29%	42%	2023	JUH ⁷⁵
Number of people who received one dose	n/a	43.7 million	14.3 million	7.7 million	n/a	12.5 million	19.4 million	2023	JUH ⁷⁶

OVERVIEW OF KEY DISEASE RISKS

DJIBOUTI: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Malaria		Djibouti is a malaria endemic country that was in pre-elimination phase in 2006–2012. From 2013, however, malaria has re-emerged in the country, and its prevalence has been increasing every year. ⁷⁷
Malnutrition		More than 41,301 children aged 6 to 59 months are expected to face high levels of acute malnutrition including 9,260 cases of SAM by December 2024. A deterioration in malnutrition situation is expected between May to Dec24 (high & recurrent food insecurity situation, poor WASH conditions, high disease burden(AWD, childhood illnesses), low immunization coverage and poor dietary intake feeding practices coupled with high temperature and increased population movements). ⁷⁸
Maternal and child health		The proportion of births attended by skilled health personnel is 87.4 per cent (2017), with significant urban/rural. Despite the high proportion of births attended by skilled health personnel, maternal mortality continues to be high. ⁷⁹ The maternal mortality rate of 248 per 100 000 live births is almost five times the regional average. ⁸⁰ Access to sexual and reproductive health and reproductive rights information and services remains a particular challenge for a large segment of the population. ⁸¹ Eighteen per cent of women have unmet family planning needs. ⁸²
Measles and other vaccine preventable diseases		Weak health system, low access and utilization of immunization facilities resulted in high dropout rate and low immunization coverage particularly for measles vaccine. There is an increased risk for vaccine preventable diseases due to above factors and expected deterioration of nutrition situation which

		will put children at risk of contracting diseases. The country has been experiencing outbreaks of measles and polio recently.
Non-communicable diseases (NCD)		Djibouti has shown limited progress towards diet-related non-communicable disease (NCD) targets. ⁸³ 20.3% of adult (aged 18 years and over) women and 10.0% of adult men are living with obesity. Djibouti's obesity prevalence is lower than the regional average of 20.8% for women but is higher than the regional average of 9.2% for men. At the same time, diabetes is estimated to affect 8.0% of adult women and 9.2% of adult men. ⁸⁴
Dengue		There have been reports of increased number of dengue cases in 2023 and 2024. A favourable environment for mosquito breeding due to climate change
Water-borne diseases (including cholera)		Lower availability of water is reducing handwashing and other safe hygiene and sanitation practices. This is likely to increase the spread of infectious disease outbreaks and water-related illnesses. The drought is also placing additional strain on Djibouti's fragile healthcare system, with myriad implications for the health and well-being of children and families. ⁸⁵
Protection Risks (including GBV)		Improving maternal and reproductive health is difficult without addressing the entrenched culture and practice of gender inequality, discrimination against women and gender-based violence in its various forms. ⁸⁶ Domestic and cross-border population movements expose women and girls to higher risks of sexual exploitation and abuse, gender-based violence, child labour, child marriage, and domestic violence. ⁸⁷
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

ETHIOPIA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Malnutrition and child health		For the HRP 2024, its estimated 4.9 million individuals require nutrition assistance including 1 million children across Ethiopia with severe acute malnutrition in need of treatment and 1.5 with moderate acute malnutrition. In 2024, an estimated 2.4 million children under 5 and 1.3 million undernourished pregnant and lactating mothers will require treatment of moderate acute malnutrition, and an additional 942 000 children under 5 require treatment of severe acute malnutrition. ⁸⁸
Maternal and Child Health		Extremely high maternal and perinatal mortality rates occur throughout Ethiopia. The number of maternal deaths between 1 January and 21 May 2023 were significantly higher than in 2022 and 2021. ⁸⁹
Malaria		Number of malaria cases is already higher than reported during the same period in 2023, As of 26 May 2024, a total of 1,858,835 clinical and confirmed malaria cases and 314 deaths were reported nationally. Of those cases, 65% were reported from six most drought affected regions with 58% reported from Oromia (35), SWE(13) and South Ethiopia (10) regions. ⁹⁰ Disruption of malaria elimination activities mainly due to conflict, climate change contributed to the massive outbreak. ⁹¹
Measles		Jan 2024 to 26 May 2024, nationally, there were a total of 21,679 cases and 178 deaths (CFR:0.82%). During this period, there were 63 active woredas for measles outbreaks in multiple regions of Ethiopia, including Oromia(32), Sidama(11), South

		Ethiopia(6) Amhara(7), Benishangul Gumuz(3), Somali(2) and Gambela(2). ⁹² Over 50 % of children diagnosed with measles had not received any vaccination, highlighting a critical gap in immunization. ⁹³
Water-borne diseases (including cholera)		Lack of access to safe water and poor sanitation, resulting in poor hygiene in the vulnerable groups; overcrowding at displacement sites are additional risk factors. Since August 2022, a cholera epidemic has been ongoing in Ethiopia and there is increased risk because of cross border transmission with neighbouring countries which also have active outbreaks. ⁹⁴ Jan 2024 to 31 May 2024, nationally, there were a total of 17,376 cholera cases and 131 deaths with CFR: 0.75%. Nearly 82% of these cases were reported from Somali and Oromia regions which are drought affected regions as well and outbreak is still ongoing in the country. ⁹⁵
Poliomyelitis (cVDPV2)		As of week 50, 2023, there have been a total of 69 reported cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). There was one case reported in 2022, one case in 2021, 10 cases in 2020, and 43 cases in 2019. It's important to highlight that no cases have been reported in 2023. ⁹⁶ Five cVDPV2 cases were reported from Gambella (2) Amhara (2) and Afar (1) regions in 2024.
Trauma and Injuries		With conflict on-going in Amhara and the recent conflict in Tigray, there are high numbers of many reports of casualties requiring long term care and rehabilitation. ⁹⁷
Protection Risks (including GBV)		GBV is a critical humanitarian issue in Ethiopia, with stigma preventing survivors of sexual violence from accessing life-saving care and leading to re-victimization and other protection risks. ⁹⁸ Between 40 and 50% of women in Tigray experienced GBV, with about 10% subjected to sexual violence. Among those who are subjected to sexual violence, 82% have been raped, and nearly 70% of those having been gang raped. ⁹⁹ Researchers have reported post-traumatic stress disorder, depression, reproductive organ injuries and disorders including urinary incontinence, faecal incontinence, abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, and fistulas. ¹⁰⁰
Acute Respiratory Tract Infection (including COVID-19)		Since the inception of the COVID-19 pandemic response until February 25, 2024, a total of 5 585 272 COVID-19 tests were conducted. ¹⁰¹ Among these tests, 501 373 confirmed cases and 7,574 total deaths were reported, resulting in a Case Fatality Rate (CFR) of 1.5%. The positivity rate (PR) was calculated to be 9%. ¹⁰² In epidemiological week 08 of 2024, 543 laboratory tests were conducted, indicating a >100% increase compared to epidemiological week 07 of 2023. During this week, 21 new cases were detected, resulting in a positivity rate of 3.87%. Notably, 14 of these new cases (66.67%) were from the Addis Ababa City Administration. ¹⁰³
Meningitis		Cases of meningitis were last reported in Ethiopia in 2022, across 11 or the 12 regions having surpassed the epidemic threshold. ¹⁰⁴ However, the key challenge is low in-country laboratory and technical capacity to ensure quality reporting. ¹⁰⁵ Weakened immune systems in malnourished children, low vaccination coverage rates, and crowded living conditions abound.
Dengue		The El-Nino driven drought has impacted Ethiopia's summer rains, resulting in conditions for increased transmission. ¹⁰⁶ Since Jan 2024, a total of 1,757 dengue cases with no death reported from Afar, Dire Dawa and Somali regions. More than 94% of the cases with zero death reported from Dire Dawa and Afar regions. ¹⁰⁷
Tuberculosis (TB)		Among the top 30 high TB burden countries, Ethiopia ranked seventh in the world in 2021. ¹⁰⁸ TB is a major public health problem. Disruptions to health systems are impacting services to existing patients.

Mental health		Population displacement, high mortality, living in combat areas and exposure to violence are risk factors for mental health issues. Following the signing of the peace agreement in Tigray, mental health and psychosocial needs of demobilized armed forces is a new area requiring interventions, along with drug abuse among young people.
Non-Communicable Diseases (NCD)		Access to essential health services has been disrupted in many conflict-affected and floor-affected areas, which means crucial medications for the treatment of NCDs (such as diabetes and hypertension) have been severely impacted.
Anthrax		In Ethiopia, anthrax is assumed to be endemic, although laboratory confirmation has not been previously routinely performed. ¹⁰⁹
HIV/AIDS		Low prevalence of HIV in northern Ethiopia but there are currently severe medication shortages and limited diagnostic testing. This leaves patients exposed to the risk of opportunistic infections. ¹¹⁰
Scabies		Since Jan 2024, nationally, there were 11% decrease in scabies cases compared to same reporting period in 2023. Of scabies cases reported as of May 2024, approximately 38% were reported from regions most affected by drought. ¹¹¹
Visceral Leishmaniasis		Since June 28, 2022, cases of leishmaniasis have persisted in the Gamo and South Omo zones of the South Ethiopia region, as well as in six woredas of the Somali region. ¹¹² In the Gamo and South Omo zones of the South Ethiopia region, a total of 528 suspected cases of Leishmaniasis, resulting in 23 deaths, have been reported. Most cases were reported from Salamago woreda (152 cases), Daramalo (140 cases), and Ditta (96 cases). Additionally, two new cases were reported during the week from South Omo Zone. ¹¹³
Rift Valley Fever		The viral disease, which affects both animals and humans, was first identified in 1931 during an outbreak of sudden deaths and abortions among sheep along the shores of Lake Naivasha in Kenya's Rift Valley and had caused sporadic outbreaks in other parts of Africa since then. ¹¹⁴ Potential for cross border transmission.
Mpox		Since May 2022, cases of mpox have been reported from countries where the disease is not endemic and continue to be reported in several endemic countries. Suspected cases have been reported in Amhara but are not confirmed. ¹¹⁵
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

KENYA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Water-borne diseases (including cholera)		Kenya has continued to report cholera cases annually in the last five years. In 2024, there were reports of cholera outbreaks that affected four counties: Lamu, Nairobi, Tana River, and Isiolo. ¹¹⁶ Damage to WASH facilities with recent flooding, reduced access to health facilities, global shortage of OCV vaccine could further spread the outbreak.
Leishmaniasis		Leishmaniasis is a critical tropical disease reported in Kenya over the past decades, specifically with outbreaks reported in 2008, 2011, 2013, 2014, 2017 and 2019. In 2024, at least nine people have reportedly died, and over 80 others are seriously ill in Kargi, Marsabit County. Over 5 million people in Kenya are

		considered at risk of exposure to leishmaniasis, with an incidence rate of 2.96 per 10 000 people. ¹¹⁷
Acute Respiratory infection		An outbreak of acute respiratory infection is already ongoing and is expected to increase with the ongoing floods. Mombasa county has been reporting a high number of paediatric admissions from February to April 2024. ¹¹⁸
Malaria		Malaria is a major public health problem in Kenya. Due to altitude, rainfall patterns, and temperature, ~75% of the Kenyan population is at risk for malaria. The disease accounts for at least 13% of outpatient consultations nationally. ¹¹⁹
Rift Valley Fever		RVF outbreaks are recurrent in Kenya and there have been several RVF outbreaks in the past (1998, 2006-2007, 2014, 2018). The current outbreak affecting humans and animals in Isiolo (Ewaso Nyiro), Mandera (Dawa) and Garissa counties is associated with rivers flooding. ¹²⁰
Dengue		Outbreaks of dengue fever have been common in the country. While there is no current outbreak of dengue fever in the country, there are still high chances of recording outbreaks due to the flooding and increase in vector population.
Yellow Fever		Kenya is endemic for yellow fever and is classified as a high-risk country. Previous outbreaks have been reported in 1992, 1993, 1995, 2011 and 2022 in the western part of the country (Rift Valley zone), Isiolo and Garissa. Epidemic spread of yellow fever is a risk in Kenya as the estimated routine yellow fever vaccination coverage is very low among the target population (7% in 2022) and is limited in scope to four counties in the western part of the country (Baringo, Elgeyo Marakwet, West Pokot and Turkana). ¹²¹
Non-Communicable Diseases (NCD)		In Kenya, NCDs are responsible for more than 50% of in-patient hospital admissions and 39% of all deaths annually. Cardiovascular diseases (CVD) account for most NCD-related deaths in the country. It is also likely that prevalence of NCDs is underestimated, considering the low level of screening. ¹²²
Malnutrition		About 847 000 children under 5 are estimated to face acute malnutrition by September 2024 (March 2024, IPC). Levels of acute malnutrition remain elevated in most arid counties and is still of major concern due to poor child feeding/care practices, poor WASH, high food prices and ongoing disease outbreaks. Upcoming lean season, damage to crops & farmland due to recent floods and displacement especially in flood affected areas will have a negative impact on nutrition situation in the country.
Measles		A measles outbreak has persisted since January 2023, with active cases reported in 11 counties: Garissa, Kilifi, Mombasa, Turkana, Samburu, Meru, Kwale, Wajir, Mandera, Isiolo and Tana River. Due to crowding, disruptions in primary healthcare and displacement of populations due to flooding, measles vaccination activities are likely to be hampered.
Mental Health		Despite all the policies and plans, discrimination against people with mental health conditions is systemic and deeply entrenched, including in language used in relation to mental health. The Penal Code uses “imbeciles” and “idiots” when referring to people with mental health conditions. ¹²³
Maternal and Child Health		Maternal and newborn deaths are a major public health problem in Kenya. Available data have shown that one in six adolescent girls aged 15 to 19 years either becomes pregnant or is already a mother, resulting in over 260 000 teen pregnancies annually. Progress on reducing maternal mortality appears to be slow and persistently higher than the global average, despite efforts by the government’s provision of free maternity services in both private and public facilities in 2013. ¹²⁴

Typhoid fever		In Kenya, typhoid fever poses a significant public health burden, particularly affecting children and low-income populations. The lack of proper sewage disposal and reliance on unsafe water sources contribute to the spread of the disease. In communities where residents often collect water from contaminated rivers and store it in unhygienic conditions, there is a high risk of contracting typhoid.
HIV/ TB		In 2021, the estimated TB incidence in Kenya was 133 000, and an estimated 32 000 people died from TB related causes. There is an increased risk of HIV transmission among people living in camps, with reports from the ministry indicating instances of unprotected sex among participants in Nairobi.
Polio (cVDPV)		A new circulating Vaccine-derived poliovirus 2 (cVDPV2) has been detected in a community child Dagahaley refugee Camp, Dadaab Sub- County in Garissa County. On 21 Feb 2024, one sample was collected from the child and sent to the KEMRI polio laboratory. Further analysis by genomic sequencing at the CDC Atlanta Laboratories confirmed that the virus was circulating vaccine-derived polioviruses type 2 (cVDP2).
Chikungunya		In March 2022, an outbreak was reported in Wajir County, Tarbaj sub county in Kutulo village with a total of 297 cases reported with two confirmed cases. In November 2021, Wajir County reported cases of chikungunya from Tarbaj sub-county in Kutulo village.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

SOMALIA: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Water-borne diseases (including cholera)		Somalia has had uninterrupted AWD/cholera transmission since 2022 and in Banadir region since the drought of 2017, according to WHO. ¹²⁵ While safe water and proper sanitation can prevent such diseases, 28 per cent of Somali families are estimated to lack a functional sanitation facility while 34 per cent practice open defecation and 80 per cent lack a handwashing facility. ¹²⁶ Limited WASH facilities, increased risk of water contamination due to recent floods,
Respiratory Infection		Lower respiratory infections are still the leading cause of deaths in Somalia. ¹²⁷ Care-seeking for children under age five with acute respiratory infections (ARI) in Somalia increased to 22.5% in 2019, up from 13% in 2006. ¹²⁸
Maternal and Child Health		Somalia is still one of the most dangerous places for women to give birth. There are still significant inequalities in access to opportunities for mothers and their children to live long and healthy lives based on where they live. ¹²⁹ Limited access and utilisation of high impact interventions such as antenatal care (ANC), safe birth deliveries by skilled birth attendants and institutional delivery, and a low contraceptive prevalence rate, are believed to contribute to the high maternal mortality in Somalia. ¹³⁰ More than 80 percent of newborn deaths are due to prematurity, asphyxia, complications during birth, or infections such as pneumonia, diarrhoea, measles and neonatal disorders. ¹³¹
Malaria		Somalia managed to reduce the prevalence rate of malaria from 20.1% in 2015 to 4.1% in 2023 in the most affected areas by adopting an integrated disease response. ¹³² Somalia also has many people on the move: nomadic

		communities, internally displaced people, and people entering from the neighbouring countries. This tends to increase the disease prevalence, including malaria, owing to contributing factors such as overcrowded environments, limited access to health care, and lack of awareness. ¹³³
Dengue		Recurrent outbreaks of dengue reported from Somaliland resulting in increased illness and death. Favourable environment for mosquitos following floods.
Measles		In Somalia, measles is endemic and new cases are reported every year. In 2022, 3509 measles cases were documented between the first of January and the end of March 2022 in the 18 regions of the country. ¹³⁴ Low routine immunization coverage, reduced access to essential health services including immunization, high dropout rate for vaccines, weak health system.
Diphtheria		Low routine immunization coverage, reduced access to essential health services including immunization, high dropout rate for vaccines, weak health system.
Polio(cVDPV2)		There have been outbreaks of polio (cVDPV2) in the country in recent years. Eight cases of cVDPV2 were reported from four provinces in 2023 and two cases reported this year from Gedo and Bay. There is high cross border movement with Kenya and Ethiopia.
Yellow fever		Countries in the region reported outbreaks of yellow fever including Kenya affecting two counties in 2022. The vaccine has not been introduced in the routine immunization program yet.
Visceral Leishmaniasis (VL)		The country is endemic for visceral leishmaniasis (VL) and is regarded by WHO as one of the 14 “high burden” countries for VL. ¹³⁵
Mental Health		Mental illness is generally denied and discriminated against by Somalis. What’s more considering hospitalization because of mental illness is highly stigmatized in the Somali culture. ¹³⁶ Somalis acknowledge feelings of hopelessness, despair, anxiety, and anguish as part of their symptomatology, despite not explicitly labelling such experiences and symptoms as PTSD or depression. The after-effects of trauma among Somalis have also been described in somatic terms, with emphasis on headaches and other unexplained body pains. ¹³⁷
Tuberculosis (TB)		TB is a major public health problem in Somalia. TB incidence has reduced from 286 cases per 100 000 population in 2010 to 246 cases per 100 000 population in 2023 – a 14% decrease over 14 years. ¹³⁸
Protection Risks (including GBV)		Gender-Based Violence (GBV) continues to be an issue of major concern in Somalia, with recent spikes in Intimate Partner Violence, rape, sexual exploitation, sexual harassment and abuse. In IDP camps and host communities, inadequate physical infrastructure, distance to water points, markets, health facilities and schools, poor lightening, lack of doors on toilets and lack of disaggregation of sanitary facilities are some of major factors that increase GBV exposure. Harmful coping mechanisms such as early marriage and sex in exchange for favours are common among women and adolescent girls to assure food security. ¹³⁹
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

SOUTH SUDAN: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Malaria		In South Sudan, malaria remains a disease of public health significance and a major cause of illness and death, particularly among pregnant women and children under five years of age. ¹⁴⁰ It accounts for 66 percent of outpatient consultations, 50 percent of admissions and about 30 percent of deaths. ¹⁴¹ The World Malaria Report 2021 estimates that about 8750 malaria cases are reported daily, and about 20 people die of malaria daily in South Sudan putting the country among the highest malaria incidence in the region. ¹⁴²
Malnutrition		Malnutrition is a major health issue for children under five in South Sudan. The country is facing several public health crises, including disease outbreaks, floods, conflict, and food insecurity, contributing to a high level of acute malnutrition (16.0%), exceeding the WHO emergency threshold (15%). The main drivers are high food insecurity, diseases, poor hygiene, inadequate maternal and childcare, and environmental sanitation services. Severe acute wasting increases the risk of death by nine times, and 10-20% of children with this condition will develop life-threatening medical complications. ¹⁴³
Maternal and Child Health		In South Sudan, the maternal mortality rate remains one of the world's highest (due mostly to infection, haemorrhage, and obstructed labour). ¹⁴⁴ A low perception of risk regarding childbirth and social norms prevents many mothers in South Sudan from using skilled birth attendants, giving birth at a health facility, or seeking antenatal care. ¹⁴⁵ South Sudan's coverage rates of vaccination in children have historically been suboptimal, with the third dose of DTP-containing vaccine at 69% 2018-2021, down from a prior peak of 63% in 2012. Similarly, the measles vaccination coverage for the first dose was just 74% in 2021. ¹⁴⁶
Water-borne diseases (including cholera)		South Sudan has suffered from perennial cholera outbreaks with devastating effects on the health, wellbeing, and socio-economic status of the people. Since the 2013 crisis, cholera cases have been reported every year between 2014-2017 in major urban centres such as Juba, in internally displaced populations and cattle camps, flood affected locations, and other locations with inadequate access to safe water, sanitation and hygiene (WASH). ¹⁴⁷
Measles		Given the challenging context of the country and the suboptimal immunization coverage, there have been outbreaks of measles. ¹⁴⁸ As of May 2024, there is a measles outbreak in Northern Bahr el Ghazal. ¹⁴⁹
Meningitis		Weak health system, low routine immunization coverage, access challenges, significant number of IDPs and refugees creating an environment for further spread of disease. The country is in the meningitis belt.
Polio (cVDPV2)		Ongoing outbreak in the country. Conflict and insecurity continued to pose challenges in access to essential health services including immunization. On 7 th of December 2023, South Sudan received a notification of a Polio Virus Type 2 (PV2) in a sample from an Acute Flaccid Paralysis case by Ugandan Virus Research Institute (UVRI). The Ministry of Health declared the cVDPV2 as a public health emergency on December 22, 2023.
Hepatitis E		Hepatitis E Virus outbreak was declared in Rubkona County in Unity State since 2018. In 2024, Fangak County in Jonglei and Wau County in Western Bahr el

		Ghazal State reported Hepatitis E cases. ¹⁵⁰ There is no cure for hepatitis E and 70 000 people die from the disease each year globally. ¹⁵¹
Non-communicable Diseases (NCD)		South Sudan has a high burden of non-communicable disease (NCDs), making up 28% of deaths in 2019. ¹⁵² NCDs are an increasing health problem in South Sudan. The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 531 per 100,000 in males and 443 in females in 2019 (increasing from 513 and 433, respectively, in 2015). ¹⁵³
Mental health		South Sudan is a country affected by a long civil war that left many people affected by trauma and mental health. The impact of trauma and mental health is an unresearched area within the South Sudanese population with limited data available. ¹⁵⁴
Ebola (EVD)		South Sudan reported EVD in 1976, 1979 and 2004, rift valley and yellow fever have been reported in some counties. South Sudan is bordering DRC and Uganda where EVD, Marburg, Crimea Congo have been reported in recent years.
Visceral Leishmaniasis		Recently, there has been an outbreak of visceral leishmaniasis in East Africa (Kenya and Ethiopia) putting South Sudan at risk.
Anthrax		Recently, there has been reported cases of Anthrax reported in Warrap (27) and Western Bahr el Ghazal (33) states, with one sample testing positive for Anthrax in UVRI, Uganda. This outbreak could be related to inadequate vaccination of livestock against anthrax leaving animals vulnerable to infection, increasing the likelihood of outbreaks.
Protection Risks (including GBV)		The full magnitude of the problem is unclear. However, studies indicate that some 65 per cent of women and girls have experienced physical and/or sexual violence in their lifetime, and some 51 per cent have suffered intimate partner violence (IPV). Some 33 per cent of women have experienced sexual violence from a non-partner, primarily during attacks or raids. The majority of girls and women experience sexual violence for the first time under the age of 18. ¹⁵⁵
TB and HIV		Tuberculosis treatment coverage has progressively increased since 2015, with an 82% treatment success rate. The estimated burden is 227 TB cases per 100,000 in 2021. The mortality rate of TB cases (all forms, excluding HIV coinfection) has reduced since 2015, from 54 to 28 per 100,000 population in 2021, and the TB mortality rate among HIV-positive people has fallen from 13 to 8.5 in the same period. A total of 77% of people living with HIV who know their status are on treatment. There is limited data on the number of people living with HIV and on treatment who are virally suppressed. Approximately 47 440 people were receiving antiretroviral treatment in 2021. ¹⁵⁶
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SUDAN: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		Armed confrontations and violence have increased protection risks. Direct military action, such as air strikes, indiscriminate bombings, armed confrontations, and the threat of unexploded ordnance and mines, disrupt life for civilians, especially IDPs and refugees on the move. ¹⁵⁷ Since the outbreak of the current conflict in mid-April 2023, at least 17,467 have died and 33 000 have been injured. ¹⁵⁸ Access to trauma care is impeded by a lack of access to hospitals, and an urgent need for access to trauma kits. ¹⁵⁹
Malnutrition		Sudan has one of the highest rates of child malnutrition worldwide. ¹⁶⁰ More than 710 000 children are expected to face severe acute malnutrition (SAM) in 2024. ¹⁶¹ This figure represents the highest number ever recorded in Sudan. ¹⁶² Without intervention, the number could rise to 3.5 million before the end of 2024. ¹⁶³
Measles		About 4800 cases of measles with 107 deaths (CFR 2.2%) were reported as of May 31st, 2024. About 5000 cases of measles with 106 deaths (CFR 2.27%) were reported as of March 15 th , 2024; ¹⁶⁴ though this represents only data from accessible areas, and so likely hides a much larger problem in hard-to-reach areas. There also have been outbreaks of measles in areas hosting large numbers of displaced children. ¹⁶⁵ In 2022, it was considered one of the major risks facing Sudan. ¹⁶⁶ The risk of measles outbreaks will be particularly high for mobile populations including IDPs, refugees, and any others in camp settings. This risk is further exacerbated by lack of access to vaccinations. ¹⁶⁷
Malaria		Over 1.5 million clinical cases of malaria with 172 deaths (CFR 0.011%) were reported as of 31 May 2024. ¹⁶⁸ The entire population of Sudan is at risk of malaria. ¹⁶⁹ Malaria has remained stagnant on the list of the top ten causes of illness, and it remains a substantial health problem and national health priority. ¹⁷⁰
Dengue Fever		About 9,281 cases of dengue with 71 deaths (CFR 0.76%) were reported as of 31 May 2024. ¹⁷¹ The current dengue fever outbreak started in July 2022, with the first suspected dengue case reported on 31 July 2022 from the Kassala locality in Kassala State. An outbreak was officially declared on 14th Feb 2023. ¹⁷²
Non-communicable Diseases (NCDs)		NCDs contribute to over half of all mortalities in Sudan, with specifically high burdens such as rheumatic heart disease, hypertension, and diabetes. ¹⁷³ Data from the NCD Progress Monitor showed that the percentage of NCD-related mortality had increased from 32% in 2015 to 54% in 2022. ¹⁷⁴ The current conflict has disrupted essential services and supplies of medicine. Insulin has been identified as an urgently needed medical supply. ¹⁷⁵ On 24 June 2023, 13 children with kidney disease reportedly died due to inadequate treatment options. ¹⁷⁶ An MSF have reported that Al Nao Hospital is recording on average 3 to 5 deaths due to Diabetic Ketoacidosis daily. ¹⁷⁷ One dialysis centre in the Darfur has indicated that all 200 of its clients are presumed dead due to disruption of services.
Mental health		Sudan's civil wars have been linked to an increase in mental diseases such as depression and post-traumatic stress disorder (PTSD), particularly among children and women. ¹⁷⁸ No national prevalence study has been conducted across the whole country, but higher rates of psychiatric disorders have been found among internally displaced persons (53%). ¹⁷⁹ Many communities throughout Sudan use traditional and religious healers to help meet their primary healthcare needs. ¹⁸⁰

Water-borne diseases (including cholera)		<p>Suspected cholera cases continue to increase, with 11,212 suspected cases, including 309 associated deaths (CFR: 2.75%), reported from 64 localities of 12 states as of 31 May 2024.¹⁸¹ While cases appear to show a decreasing trend overall, the actual number of cases and deaths may be much higher, since surveillance system accuracy is affected by access limitations,¹⁸² Notably resulting in a near-total lack of surveillance data from the Darfur or Kordofan states.</p> <p>Many parts of Sudan deal with annual floods during the rainy season and those areas have historically been susceptible to the waterborne diseases that accompany the rains. Poor sanitation, due to weak infrastructure and adverse hygiene practices allows AWD to spread rapidly through populations.¹⁸³</p>
Protection Risks (including GBV)		<p>Since mid-April 2023, there have been widespread allegations of sexual and gender-based violence in the areas most affected by fighting, including Khartoum State, Darfur and Kordofan regions.¹⁸⁴ As of 7 February 2024, there were documented 60 incidents of conflict-related sexual violence, affecting at least 120 victims.¹⁸⁵ Many incidents may go unreported due to poor communications, lack of access to services and community stigma.¹⁸⁶</p>
Poliovirus type 2 (cVDPV2)		<p>Pre-conflict in 2022, poliovirus was considered a moderate risk in Sudan.¹⁸⁷ However, in January 2024, a new strain (SUD-RED-1) of circulating vaccine-derived poliovirus type 2 (cVDPV2) was isolated from environmental samples collected from the Port Sudan district of Red Sea state in Sudan.¹⁸⁸ The risk at the national level is assessed as high given the massive conflict within the country, sub-optimal surveillance system, and concurrent health emergencies.¹⁸⁹ National AFP surveillance has recorded 483 AFP cases across 18 states of Sudan as of 31st May 2024.</p>
Maternal and Child health		<p>In May 2023, reports stated that more than 1.1 million pregnant Sudanese women needed care.¹⁹⁰ Women's access to maternal health services had become increasingly challenging due to the scarcity and inaccessibility of healthcare facilities across the country.¹⁹¹ The Sudan Health Cluster reports that just 36 out of 189 localities are covered by partners providing maternal health services, while only 9 out of 18 states are covered.¹⁹² Given the high rates of female genital mutilation in Sudan, where 87% of women have undergone the practice and 50% of them have been infibulated, women face increased maternal and neonatal health risks due to lack of access to de-infibulation during childbirth. The lack of management of uro-gynecological health complications of FGM in the current health systems further exacerbates the health burden of women in the country.¹⁹³</p>
Chronic infectious diseases (TB/HIV)		<p>For all chronic infectious diseases, interruption of treatment is likely given the ongoing conflict for those affected. This is exacerbated by a current lack of diagnostic capacity and medication. As of 2022, the number of new HIV infections per 1000 uninfected population in Sudan is 0.1 while number of TB cases per year per 100 000 population is 54.¹⁹⁴</p>
Hepatitis B		<p>Recent evidence classifies Sudan among countries with a high hepatitis B virus infection (prevalence $\geq 8\%$ according to WHO 2016 data).¹⁹⁵</p>
Hepatitis E		<p>There has been an ongoing hepatitis E outbreak in the country since 2021. As of 14th April 2023, a total of 2 884 suspected cases (AR 0.51/1,000) including 24 associated deaths (CFR 0.83%) had been reported.¹⁹⁶ Since the escalation of violence on 15th April 2023 through 24 May 2024, a total of 510 cases have been reported across 9 States.¹⁹⁷ There is a risk of increase in cases given issues with access to clean water, sanitation, and hygiene products¹⁹⁸ As of February 18th 2024, there is also a confirmed outbreak of hepatitis E amongst Sudanese refugees in Chad;¹⁹⁹ it can only be assumed that there are also cases of hepatitis E in the crisis-affected populations in the Darfurs and Kordofans, which lie</p>

		geographically between these two areas of confirmed outbreaks, but for which there is no surveillance in place.
Typhoid		Typhoid fever is still a major public health issue in Sudan, notably in communities with limited healthcare systems, with a high percentage of the population living in unhygienic environments, and don't have access to safe water. ²⁰⁰ Since the escalation of violence on 15 th April 2023 through 24 th May 2024, a total of 199,033 cases have been reported across 15 States. ²⁰¹
COVID-19		While COVID-19 is very likely to continue circulating during the conflict, transmission is unlikely to be significantly exacerbated. However, increased mortality and morbidity may occur among severe cases due to a lack of access to healthcare and oxygen caused by the conflict. ²⁰² As of March 2023, there had been 63 829 cases reported in Sudan, with 5 017 deaths. ²⁰³
Mpox		The total reported suspected mpox cases between 1 January 2022 and 4 April 2023 reached 378: this included 19 confirmed cases and one associated death. In total, 38 localities from 13 States reported suspected cases and 11 localities from six states reported 19 confirmed cases. Notably, in late 2022, several cases of Clade I (assumed to be more severe than the globally dominant Clade II) mpox were reported among children in refugee camps in Gadaref, highlighting potential risk of spread to refugees and IDPs. ²⁰⁴
Meningitis		Worldwide, the incidence of meningitis is highest in the meningitis belt, which includes Sudan; in the meningitis belt, at least 350 million people are at risk for meningitis during annual epidemics. ²⁰⁵ Since the escalation of violence on 15 th April 2023 through 31 May 2024, a total of 122 cases of meningitis have been reported across ten States; these are recorded as 'viral meningitis' but it is not clear that none of these have been meningococcus, as there was no systematic testing. ²⁰⁶
Diphtheria		Pre-conflict in 2022, diphtheria was considered one of the high risk hazards facing Sudan. ²⁰⁷ Although routine DTP vaccination is part of the Expanded Programme on Immunization (EPI), there are still reported cases and outbreaks of diphtheria across the country. ²⁰⁸ The most recent outbreak occurred in 2019 with 105 reported cases, with most cases coming from one locality in South Darfur state. ²⁰⁹ Since the escalation of violence on 15 th April 2023 through 24 May 2024, a total of 14 cases of diphtheria have been reported from three states, although surveillance is very limited.
Technological and environmental health risks		In April 2023, WHO officials initially believed it was extremely dangerous when one side in the conflict seized the lab and asked technicians to leave. ²¹⁰ However, according to the WHO Rapid Risk Assessment that followed, all pathogens present in the laboratory were already present in the community, so there was little risk of major community outbreaks due to leak of samples from the lab. ²¹¹
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

UGANDA: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Malaria		Malaria remains a public health problem in Uganda, with an estimated 13 million cases in 2021 (with incidence rate of 288.8 cases per 1000 people) and resulting in 19 663 deaths. The country is off-track to meet the Global Technical Strategy for Malaria targets as the incidence rate per 1 000 population has increased since 2015, widening the gap between the targets and the actual incidence rate. ²¹² Malaria is one of the top cause of morbidities both in outpatient and inpatient level. Several districts are in alert and response threshold level.
Water-borne diseases (including cholera)		The first cholera outbreak in Uganda occurred in 1971 and since then the country has continued to report cholera cases. In the last two decades, Uganda reported cholera outbreaks almost every year. Propagation of cholera in Uganda is driven by the favourable environmental conditions characterised by inadequate access to safe water and sanitation. ²¹³
Ebola (EVD)		On 20 September 2022, Uganda declared an Ebola disease outbreak caused by the Sudan ebolavirus species, after the confirmation of a case in Mubende district in the central part of the country. It was the country's first Sudan ebolavirus outbreak in a decade, and its fifth of this kind of Ebola. In total during this outbreak, there were 164 cases (142 confirmed and 22 probable), 55 confirmed deaths and 87 recovered patients. On 11 January 2023, Uganda declared the end of the outbreak. ²¹⁴
Measles		Uganda has registered measles outbreaks in more than eight districts/cities across the country since January 2024. The Ministry of Health conducted a rapid measles risk assessment which revealed that an estimated 41 districts are at high risk of measles, an additional 73 districts are considered at moderate risk of measles and other vaccine preventable diseases. This is a threat to the current progress Uganda has made to stop measles in the country. ²¹⁵
Maternal and Child health		Uganda has improved its child survival rates between 2015 and 2021, however it is not yet meeting the SDG targets for neonatal or under-five mortality rates. ²¹⁶ The under-5 mortality rate has fallen from 56 to 42 per 1000 live births between 2015 and 2021, it is still above the SDG target of 25 per 1,000 live births. Similarly, neonatal mortality fell from 22 to 19 per 1,000 live births in the same period, although it remains above the SDG target of 12. ²¹⁷
Non-communicable diseases (NCD)		There is also a growing burden of non-communicable diseases (NCDs) including mental health disorders. ²¹⁸ NCDs made up 36% of deaths in 2019. ²¹⁹ The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 709 per 100,000 in males and 506 in females in 2021. ²²⁰
TB/HIV		Uganda's burden of disease is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, TB, and respiratory, diarrhoeal, epidemic-prone and vaccine-preventable diseases are the leading causes of illness and death. ²²¹ High TB burden especially in Karamoja region. 1.2 million people were receiving antiretroviral treatment in 2021 in Uganda. Steady progress has been made in reducing HIV and TB mortality and the country is close to achieving the 95-95-95 goals for HIV, achieving 89-92-95 in 2021. ²²²

Malnutrition		More than one third of all young children – 2.4 million – are stunted. Half of children under five and one quarter of child-bearing-age women are anaemic. Women tend to get pregnant when young and have low birth-weight babies, which predisposes children to malnutrition. Repeated childhood infections such as diarrhoea and low breastfeeding rates also lead to wasting and stunting. ²²³
Rift valley fever		Reports of outbreak in 2023 and with ongoing outbreak currently. It could be impacted by the recent heavy rainfall and floods
Anthrax		Recurrent outbreaks in a number of districts across the country reported in the last two years.
Mental Health		Mental, neurological and substance use disorders are a major public health burden. Depression, anxiety disorders, and elevated stress levels are the most common, sometimes leading to suicide attempts. Uganda is ranked among the top six countries in Africa in rates of depressive disorders, while 2.9% live with anxiety disorders. ²²⁴
Protection Risks (including GBV)		In Uganda, GBV remains widespread, with 51% of adolescents (15–19 years) reportedly experiencing physical violence since age 15. 22% of women aged 15–49 years reported to have experienced sexual violence since the age 15. Experience of violence is more likely to occur as women age; among divorced, separated, or widowed women; employed women; women living with a disability; those living in rural areas; uneducated women; or women living in households with low socio-economic status. ²²⁵
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

DETERMINANTS OF HEALTH

Climate Change and Extreme Weather: The Horn of Africa has, in the last year, experienced rapid changes in weather patterns, including the most severe drought observed in the last 40 years. The impacts of this drought are likely to persist for a long time. Following the end of the worst drought in March 2023, the region experienced extreme El Niño rains. This intense rainfall, fuelled by the El Niño phenomenon, has led to extensive flooding throughout the Horn of Africa. The relentless downpour, which started in October 2023, led to death, destruction, and displacements across Somalia, Kenya, and Ethiopia. With the severe rains causing massive floods, many remain vulnerable as rivers burst banks and dams threaten to overflow. The impact of El Niño-induced heavy rains and flooding during the March to May rainy season had been devastating across the Eastern Africa Region. Torrential rains and flooding, including riverine and flash floods, affected Kenya, Somalia, Ethiopia, Uganda, Burundi, and Tanzania. The cumulative toll stands at 1.5 million people affected, with 212 displaced and at least 561 fatalities. Kenya bears the brunt of the damage, experiencing significant losses in both human health and infrastructure. A staggering 55 health facilities, 129 schools, and 67 roads have been damaged.²²⁶

Maternal and Newborn Care: Despite interventions, preventable maternal deaths in Africa remain high, majorly caused by complications such as haemorrhage, eclampsia, sepsis, and delivery complications.²²⁷ The main causes of maternal mortality in Africa are eclampsia and haemorrhage.²²⁸ Institutional delivery is vital, as childbirth facilitated by trained healthcare professionals can significantly reduce maternal mortality. However, systemic issues like staffing shortages, accessibility, and service quality seriously challenge many regions.²²⁹ A summary of maternal and new-born care health indicators are displayed below (data is the most recently available, from various years):

MATERNAL AND NEWBORN HEALTH INDICATORS ²³⁰	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Source
Postnatal care for mothers – percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth (Female)	n/a	34%	53%	11%	8%	27%	54%	UNICEF
Antenatal care 4+ visits – percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female)	23%	43%	59%	24%	31%	51%	57%	UNICEF
Skilled birth attendant – percentage of deliveries attended by skilled health personnel (Female)	87%	50%	70%	32%	40%	78%	74%	UNICEF
C-section rate – percentage of deliveries by caesarean section	11%	2%	9%	2%	1%	9%	6%	UNICEF

Infant and Young Child Feeding Practices: Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and, ultimately, impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health and development.²³¹ A summary of breastfeeding related indicators is displayed below (data is the most recently available, from various years):

NUTRITION INDICATORS ²³²	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Source
Early initiation of breastfeeding	52%	72%	62%	60%	51%	69%	66%	UNICEF
Exclusive breastfeeding (0-5 months)	12%	59%	61%	34%	45%	55%	66%	UNICEF

Protection Risks

Gender Based Violence (GBV): Food insecurity and hunger places additional stress on households, which can contribute to negative coping strategies, and reduce likelihood of conception during seasonal periods of hunger. Influenced by these factors, food security has been associated with increased levels of intimate partner violence.¹⁸ Displacement and travelling long distances to access safe waters sources can expose women and girls to increased risks of gender-based violence (GBV).²³³ Some countries particularly impacted by GBV are detailed below:

- **Ethiopia:** Due to the multiple shocks affecting the country, the population in several areas of the country was exposed to severe protection risks, especially those in conflict zones. Health experts estimate that between 40 and 50% of women in Tigray experienced gender-based violence (GBV), with more than 80% of those having been raped, and nearly 70% of those having been gang raped.²³⁴
- **Sudan:** According to the Sudan GBV sub-cluster, since 15 April when the armed conflict started in Sudan between the Sudanese army and the Rapid Support Forces (RSF), the number of people in need of GBV services increased from over 1 million to 4.2 million. Most at-risk groups are internally displaced persons (IDPs) fleeing from one state to another, residents when homes are being looted. Displaced women and girls are at very high risk of sexual violence and exploitation. In more than 90% of the localities across Sudan, GBV services are unavailable.

Child Protection

Children in the Horn of Africa are facing multiple protection concerns, such as safety in new resettlement sites, fear of exploitation, increased social tensions and violence stemming from changes in gender roles due to the loss or injury of male family members.²³⁵ A summary of key protection indications are displayed in the below box (data is the most recently available, from various years):

CHILD PROTECTION INDICATORS ²³⁶	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda	Year	Source
Percentage of women (aged 20-24 years) married or in union before age 18	6%	40%	23%	45%	52%	34%	34%	2022	UNICEF
Percentage of children (aged 5-17 years) engaged in child labour (economic activities and household chores)	n/a	45%	n/a	n/a	n/a	18%	18%	2022	UNICEF
Percentage of children (aged 1-14 years) who	n/a	n/a	n/a	n/a	n/a	64%	85%	2022	UNICEF

experienced any physical punishment and/or psychological aggression by caregivers									
Percentage of girls and women (aged 15-49 years) who have undergone female genital mutilation (FGM)	90%	65%	15%	99%	n/a	87%	0%	2022	UNICEF

Mine Risks

While Djibouti achieved ‘mine safe’ status in 2004,²³⁷ Uganda completed mine clearance operations in November 2012.²³⁸ In Kenya, mines are only a small recurring problem in the Kenya-Ethiopia border area.²³⁹ However, the other countries in the GHoA are significantly impacted. A summary of those affected are below:

- **Ethiopia:** Following a series of internal and international armed conflicts throughout its history, Ethiopia has a legacy of landmines scattered throughout the country, with unaddressed contamination totalling 726 square kilometre.²⁴⁰ The outbreak of conflict in Tigray, Afar and Amhara has added new explosive ordnance contamination that poses an immediate threat to life and livelihoods.²⁴¹ According to data collected in 2023, 1 500 (1014 male and 486 female) victims of Explosive Ordnance have been reported in Northern Ethiopia, although not all cases have been verified. It is believed that many other accidents go unreported. Initial analysis shows that children make more than 25% of all casualties known.²⁴²
- **Somalia:** Landmines and explosive remnants of war (ERW) contaminate several regions of south-central Somalia including Galmudug, Hirshabelle, Jubaland, and South-West states; as well as Puntland and Somaliland.²⁴³ From 1999–2022, there were 3495 casualties (1 376 killed; 1 766 injured; and 353 with an unknown survival outcome) in Somalia.²⁴⁴
- **South Sudan:** As of 2017, there were 1 368 killed and 3 609 injured because of 4 977 landmine mine and unexploded remnants of war (ERW). The UN Mine Action Service (UNMAS) reported that there is no formal data collection system in place in the Republic of South Sudan and such a system is unlikely to be developed due to the considerable humanitarian problems faced in the country. The mine/ERW casualty figures, particularly those in more recent years, are substantially unreliable and most likely significantly underestimate the problem.²⁴⁵
- **Sudan:** The widespread use of conventional weapons including field artillery, mortars, air-dropped weapons and anti-aircraft guns has left copious unexploded ordnance (UXO) in Khartoum and other urban areas.²⁴⁶ In January 2024, for the first time since the conflict began, civilian deaths were reported to have been caused by landmines. On 21 January, 10 civilians were reportedly killed when their bus ran over a landmine in River Nile state.²⁴⁷

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Health system status

A summary of the 2021 Universal health coverage (UHC) index report is provided in the below box on each of the GHoA countries.²⁴⁸

Country	UHC index ²⁴⁹	Summary of health system status
Djibouti	44%	Djibouti's health service, largely provided by the public sector, is free of charge to its population regardless of social status and is relatively accessible. 11.2% of total government expenditure is spent on health (2010). ²⁵⁰ However, there are disparities in accessibility between urban and rural areas and of the nomadic population. ²⁵¹
Ethiopia	35%	Assessment of the health services in Ethiopia is hampered by a lack of credible data, including outdated population with the last census conducted as way back as 2007. This has made it difficult to establish the number of healthcare facilities and medical staff per given population size. ²⁵² Since 2020, the country has faced consecutive challenges to public health service delivery and overall health security. There were continued weaknesses in systems for emergency preparedness, operations, and financing. ²⁵³
Kenya	53%	Kenya is characterised by facing an acute shortage of health workers. In addition, poor distribution and retention of health care workers remains a serious concern. The high cost of healthcare remains a major barrier to access, especially for the poor who spend a large share of their household income to meet their healthcare needs. Health information systems are challenged by a lack of complete and accurate health data. ²⁵⁴
Somalia	27%	The healthcare system grapples with significant challenges in meeting the diverse health needs of its population. ²⁵⁵ The healthcare workforce in Somalia is unevenly distributed, with a heavy focus on urban areas, leaving rural and remote communities underserved. Healthcare financing in Somalia presents several complex issues, with a significant proportion of healthcare cost covered through out-of-pocket payments by individuals. International comparisons reveal that per capita expenditure on healthcare in Somalia is notably low. ²⁵⁶
South Sudan	34%	South Sudan, the youngest nation globally, has struggled to provide access to good quality health services to its people. ²⁵⁷ This is due to a major dearth of health care workers, non-functional supply chain management system for essential medicines and medical supplies, weak health coordination and oversight system which limits access to basic healthcare services. ²⁵⁸ Furthermore, the less than 3% of its GDP which is allocated to the health sector and out of pocket spending on health of over 50% is inadequate to fund healthcare services delivery in the country. Thus, most of the available health care services are primarily provided by national and international non-governmental organizations (NGOs) which are largely funded externally. ²⁵⁹
Sudan	44%	Due to the conflict, as of February 2024, about 65% of the population lacked access to healthcare according to OCHA. ²⁶⁰ Healthcare in Sudan also heavily relied on Khartoum, as almost 80% of health services were based in the city, meaning it affected the entire system when Khartoum's healthcare was debilitated. This direct effect of the conflict, which has affected both civilians and infrastructure, has further eroded the stability of the system. ²⁶¹ Due to the crisis and the rapid devaluation of the Sudanese Pound, funds for operating expenses and running costs (fuels and electricity) for health structures are scarce and salaries are not paid regularly, affecting the delivery of health services. ²⁶²

Uganda	49%	The major challenges affecting the health system are the lack of resources to recruit, deploy, motivate and retain human resources for health, particularly in remote localities; ensuring quality of the health care services delivered; ensuring reliability of health information in terms of the quality, timeliness and completeness of data; and reducing stock-out of essential/tracer medicines and medical supplies. ²⁶³ The emergence of antimicrobial resistance due to the rampant inappropriate use of medicines and irrational prescription practices and the inadequate control of substandard, spurious, falsely labelled, falsified or counterfeit medicines are also key problems in the sector. ²⁶⁴
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Attacks on health care

Attacks on health care facilities interrupt the effectiveness of response efforts. There is currently information on attacks against healthcare for Somalia, South Sudan and Sudan. Between 1 January 2023 and 31 May 2024, there were **68** verified attacks on health care reported. A summary of these attacks is below:

- **Sudan:** 64 attacks (41 impacted facilities, 27 personnel, 17 supplies, 9 transport & patients while 7 impacted warehouses). Of these attacks, 98% occurred following the outbreak of conflict in April of that year.²⁶⁵
- **Somalia:** 3 attacks (2 impacted facilities, personnel and supplies, 1 impacted transport).²⁶⁶
- **South Sudan:** 2 attacks (2 impacted personnel, 1 impacted facility, supplies and transport).²⁶⁷

Countries	Registered attacks on health care in Somalia, Sudan, and South Sudan (1 January 2020 to 31 May 2024) ²⁶⁸											
	Attacks				Deaths				Injuries			
	2021	2022	2023	2024	2021	2022	2023	2024	2021	2022	2023	2024
Somalia	1	1	3	0	0	48	0	0	0	3	10	0
South Sudan	13	9	2		24	11	0		35	33	8	0
Sudan	29	23	63	1	4	7	38	0	38	4	45	3
TOTAL	43	33	68	1	28	66	38	0	73	40	63	3

HUMANITARIAN HEALTH RESPONSE

Of the countries in the GHoA, there are four with UN coordinated Humanitarian Response Plans (HRP). As part of these plans, the Global Health Cluster people in need (PiN), target and funding details for Ethiopia, Somalia, South Sudan and Sudan are summarised below (information to date as of 31 May 2024):

Country	Health Cluster PiN	Health Cluster Target	Health Cluster Requirements (US\$)	Coverage (US\$)
Ethiopia	16.4 million	6.7 million	303 million US\$	24% ²⁶⁹
Somalia	6.6 million	3.8 million	197 million US\$	46% ²⁷⁰
South Sudan	6.3 million	3.2 million	128 million US\$	70% ²⁷¹
Sudan	15.5 million	4.9 million	178 million US\$	27% ²⁷²

Despite the need for scaling up and sustaining the humanitarian assistance in the region, partners continued to face funding shortages resulting in interruption of the service provision and scaling down some of their activities. With the presence of multiple disease outbreaks and an increased number of people in high level of acute food insecurity

and malnutrition, more funding is needed for partners to be able to reach the people in need and contribute to the reduction of morbidity and mortality in the region.

Health Cluster Partners Presence: Four countries in the GHoA region (Ethiopia, Somalia, South Sudan, and Sudan) have established cluster coordination systems, including the health cluster (Table 6). WHO leads 40 sub-national health cluster hubs under the national cluster in these countries, providing coordination, guidance, and technical assistance during crises.

As of March 2024, 306 health partners are operational, with the highest number reported from South Sudan. Most of the health cluster partners in the four countries are national NGOs (38%) followed by international NGOs (37%), donors (11%) and UN agencies (8%).²⁷³

Number of health cluster partners in GHoA countries, March 2024 (Global health cluster).²⁷⁴

Country	Number of sub national hubs	Number of partners
Ethiopia	12	71
Somalia	7	81
South Sudan	10	105
Sudan	1	49
TOTAL	30	306

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools / guidance for primary data collection
Health status and threats	Lack of an integrated nutrition and disease surveillance systems in most of the countries	Integration of systems in place and standardization across countries
	Insufficient cross-border disease surveillance	Strengthen regional surveillance capacity and work closely with regional offices, IGAD and partners
	Limited information on mortality data (disease, nutrition)	Facility-based mortality surveillance, mortality study
Health system needs	Limited information on attacks on health care from countries in the region	Use of WHO SSA
Health response coordination	Limited inter-sectoral coordination and collaboration	Joint inter-sectoral mapping and performance evaluation/assessment at the national and regional level, Joint product on response activities
	Inadequate information on partner's presence, reporting and information sharing	Cluster coordination mechanism, partner's mapping (3W/4W/5W) matrix
Availability / functionality of health resources	Lack of adequate information on health services availability and functionality	Establish HeRAMS across the GHoA region, use of existing systems in place

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