

GREATER HORN OF AFRICA

DJIBOUTI, ETHIOPIA, KENYA, SOMALIA, SOUTH SUDAN, SUDAN AND UGANDA (CONSOLIDATED APPEAL)

- **Estimated total population:** 308.7 million (World Bank)
- **Acutely food insecure population (high level):** 47.4 million IPC 3+ crisis or worse
- **Refugees:** 4.5 million (UNHCR)
- **Internally displaced people:** 10.06 million (UNHCR)
- **Estimated acutely malnourished children (under 5 yrs):** GHoA region 11.5 million
- **Estimated severely acute malnourished children (under 5 ys):** GHoA region: 2.7 million
- **Attacks on health care (Somalia, South Sudan, Sudan):** 66 attacks, 56 injuries, 34 deaths (01Jan - 31Oct 2023)
- **WHO steering 4 health clusters and coordinating 282 partners** in service of 41.1 million people (Ethiopia, Sudan, South Sudan and Somalia) as of October 2023
- **Ongoing outbreaks as of 07 November 2023:** Measles (7 countries), Cholera (4 countries), Hepatitis E (2 countries), Polio- cVDPV2 (2 countries), Dengue (3 countries), Anthrax (1 country), Malaria (7 countries) and Rift valley fever (1)

Funding requirement

US\$ 64 651 000



CONTEXT

The greater Horn of Africa (GHoA) is among the world's most vulnerable geographical areas to climate change and climate shocks. The region continues to experience one of the worst food insecurity situations in decades, which is exacerbated by conflict and the impact of recurring climate patterns such as El Niño. The level of acute food insecurity in the region has increased by 25%, rising from 38 million people affected to 47.4 million since the declaration of the emergency in mid-2022. Sudan and South Sudan are among the areas of highest concern but needs across the wider GHoA region will persist in 2024. Urgent and scaled-up assistance is required to avert a further deterioration of acute food insecurity and malnutrition. Over the coming months, extreme weather events including droughts, floods, hurricanes, and heatwaves are expected to cause a negative impact on human health. In addition, the region experiences displacement, which both drives and causes food insecurity. The Sudan crisis triggered additional displacement, with more than 4.9 million displacements tracked in the sub-region¹.

Malnutrition represents the key concern, with approximately 11.5 million children under 5 years old expected to require nutritional assistance in 2023-2024 across the GHoA region. Among those children, 2.7 million are estimated to be severely malnourished and in need of therapeutic care. Malnutrition increases both the likelihood of falling sick and the severity of disease, and sick people become more easily malnourished. In areas affected by food insecurity, outbreaks of communicable diseases are a major public health concern, particularly against a backdrop of often low immunization rates, insufficient health service coverage and the devastating combination of malnutrition and disease.

The number of reported disease outbreaks and climate-related health emergencies in GHoA has now reached its highest level this century. Extreme weather events, massive displacement, food insecurity and malnutrition, limited access to health care and low immunization rates all contribute to an increasing risk of disease outbreak.

El Niño is expected to further increase the risk of vector and water borne diseases and the overall disease outbreak load in the region. In much of East Africa, El Niño is associated with higher-than-normal rainfall and an increased risk of flooding. There is a particularly high chance for above-normal rainfall in southern Ethiopia, northern Kenya, Somalia and parts of Uganda. South Sudan, although not directly affected by El Niño-related increases in rainfall, is also particularly vulnerable to flooding caused by abundant rainfall in the Lake Victoria Basin. The heightened risk of downstream river overflows may lead to a fifth consecutive year of exceptionally widespread floods and an expansion of permanently flooded areas.

Additionally, the GHoA will face an increased risk of certain climate-sensitive diseases. East Africa is already facing one of the worst and longest-lasting cholera outbreaks in years, which is likely to be prolonged and exacerbated by heavy rainfall and flooding, which may increase water contamination. Flooding may also provide ideal conditions for mosquito multiplication and the emergence and/or exacerbation of Rift Valley fever (RVF) and malaria in late 2023.

¹ IOM, monthly displacement overview (Nov 2023), [DTM Sudan Monthly Displacement Overview \(02\)](#) | [Displacement Tracking Matrix \(iom.int\)](#)



Cholera outbreak sparks urgent prevention measures in affected regions of Ethiopia.

Photo: WHO



A community elder at a temporary camp in Modeka, Garissa County, addresses WHO staff and health workers from the Ministry of Health during an oral cholera vaccination campaign.

Photo: WHO/ Billy Miaron

WHO'S STRATEGIC OBJECTIVES

WHO assigned the highest activation level (Grade 3) to the regional crisis and rolled out the Food Insecurity and Health Strategic Framework in line with five strategic objectives. It serves as a strategic basis for GHoA countries to enable a well-coordinated response which can be measured in its effectiveness across the seven GHoA countries:

- **Surveillance and information:** Increase the collection and use of timely and accurate health and nutrition data for early warning and identification of vulnerabilities and needs, as well as to improve the capacities and functionalities of health care, including barriers to access, to guide integrated planning, response, monitoring and evaluation of interventions,
- **Outbreak prevention and control:** Strengthen prevention of and response to outbreaks and other health emergencies to minimize their impact and save lives,
- **Essential nutrition actions:** Increase essential nutrition actions to reinforce prevention, detection, referral and management of malnutrition,
- **Essential health service actions:** Expand access to, coverage and quality of a basic package of health services adapted to the increased health needs and risks of populations affected by both the ongoing drought and by increasing levels of food insecurity, hunger and malnutrition,
- **Coordination and collaboration:** Boost coordination and collaboration at regional, national and sub-national level for better alignment, complementarity, and synergy of strategies,



WHO'S 2024 RESPONSE STRATEGY

As part of ongoing efforts to prevent and respond to food insecurity and related health emergencies, WHO will ensure the seamless supply of high-quality critical medicines including contingency stockpiles. WHO and its partners will deliver emergency services to people in need either directly or through local partners, placing emphasis on hard-to-reach areas. In addition, WHO aims to improve national capacities for a more rapid, effective, and resilient health system response.

Where possible, WHO's emergency response will build on the existing health infrastructure and its network of partners and community resources. WHO leads coordination through health clusters and other coordination mechanisms and will continue to support health authorities, UN and NGO partners to deliver a package of high-impact interventions to address food insecurity among affected communities, particularly targeting IDPs, refugees, children under five years of age, newborns, and pregnant and lactating women. WHO will also safeguard the provision of an essential health services package, encompassing maternal and new-born health, immunization, nutrition, mental health and gender-based violence (GBV) services and ensuring the implementation of infection prevention and control measures and water quality monitoring at health facilities. A taskforce based in Nairobi will continue to organize and lead its multi-country response and provide technical support to countries in the region.

A key priority for WHO is to ensure high quality health information to guide response efforts to where they are needed most. This includes ensuring the integration of nutrition into health surveillance, alongside strengthening disease surveillance, including early warning and alert systems, and building mortality surveillance. WHO will also identify the availability and use of essential health and nutrition services, address barriers to access and analyse the capacity of the health system to cope. This intelligence helps to steer resources for an early response to save lives and enable an efficient and informed response.

WHO is working closely with partners to support governments and the health sector in their preparedness and response for El Niño. Important steps can be taken to prevent and reduce the health effects of El Niño. WHO will put emphasis on outbreak prevention and control, working with its partners on the analysis of surveillance data to support evidence-based interventions. Further, WHO will support the implementation of preventive actions, including immunization measures and field investigations for outbreak verification and response. Other actions include mobilizing communities to promote health and hygiene practices, strengthening logistics and medical supply chains, providing emergency medical care and maintaining access to health services, and the effective coordination of preparedness and response measures.

Above-mentioned priorities are complemented by stringent Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) measures. Across the region, WHO has a zero-tolerance approach to sexual exploitation and abuse and abides strictly to the Secretary General Bulletin (2003/13) and to the IASC 6 core principles. To ensure adherence, several measures were implemented in the drought and floods emergency response in 2022 and 2023 and will be upscaled in 2024.

To date, dedicated PSEAH focal points have been assigned to all seven countries to ensure key activities are implemented to prevent and to respond to sexual exploitation and abuse (SEA), including training for staff, effective reporting mechanisms and mindful communication with the community. To facilitate and coordinate PSEAH related activities at country level, a PSEAH expert based in the Nairobi hub provides technical support and mentorship to the countries. In 2024, activities will focus on ensuring training for all frontline staff involved in the emergency response, which enables a solid system allowing for prevention and response measures for SEA. There will also be activities rolled out with focus on beneficiaries ensuring their involvement in developing appropriate response and prevention measures for SEA, and to customize reporting mechanisms which work for beneficiaries in different countries and contexts.

Ukureey is one of hundreds of thousands of Somalis who have fled their homes in search of food, water, and shelter due to the country's worsening drought.

Photo: WHO/Ismail Taxta

KEY ACTIVITIES FOR 2024

In line with the response strategy and strategic objectives, WHO will advance the following actions in 2024:

- Replenish and preposition emergency health and nutrition supplies, as well as supplies to prevent and treat identified epidemic prone diseases, such as cholera kits
- Train community and facility-based health workers on professional case management and screening of malnutrition and illnesses, so that those in need of treatment, particularly children, can be identified and referred to a health facility in a timely manner
- Improve the capacity of health staff to provide in-patient management of children suffering from severe acute malnutrition with medical complications
- Strengthen disease surveillance, early warning and outbreak response measures with the coordination and support of health partners
- Improve access to safe water and sanitation services at health facility level
- Boost routine immunization and reactive vaccination coverages for prevention and timely control of vaccine preventable disease
- Promote risk communication and community engagement) on health and hygiene promotion during flooding, drought, etc
- Foster national and subnational coordination and collaboration among partners and sectors and encourage cross border collaboration
- Strengthen advocacy and partnerships around health risks deriving from climate change and food insecurity



*Amna receives care at the Cholera Treatment Centre in Gadarif. It is her third day at the Centre and she is recovering well.
Photo: WHO/Ala Kheir*

DJIBOUTI

- **Estimated total population (World Bank) –**
1.1 million
- **Acutely food insecure population – high level (IPC3+) –**
285 000
- **Number of refugees (UNCHR) –**
31 000
- **Ongoing outbreaks (WHO) –**
Measles, malaria, dengue fever

In 2023, Djibouti experienced and responded to multiple emergencies, with high levels of food insecurity and malnutrition mutually reinforced by outbreaks of diseases including measles, polio, and malaria. The drought has been a recurrent natural disaster in Djibouti, and over time has slowly eroded the coping capacities of its most vulnerable rural populations. However, the recent drought is unprecedented: families are being forced to leave their homes in search of food, water and pasture, and the number of children admitted to health posts and receiving treatment for severe and acute malnutrition (SAM) has increased by 26% (UNICEF, July 2022). Over 3 700 children experiencing SAM were admitted to nutrition programs between January and August 2023 – a 14% increase on figures for the same period in 2022. Further, Djibouti is a ‘hunger hotspot’, having faced a significant deterioration in the hunger situation in Q4 of 2023 and Q1 of 2024.

In 2023, WHO in Djibouti advanced its leading role in outbreak prevention control through additional and dedicated staff capacity. WHO and UNICEF supported the Ministry of Health in increasing vaccination coverage via riposte and routine immunization to 97%. WHO trained 41 health workers (doctors from emergency and paediatric hospitals) and identified nutrition focal points. The trainings put emphasis on the management of SAM with medical complications and enabled key health staff to assist children suffering from SAM in a better and more timely manner.



*WHO Djibouti delivers six modern mobile clinics to the Ministry of Health.
Photo: WHO / Zeinab Ismail*

ETHIOPIA

- **Estimated total population (World Bank) –**
123 million
- **Acutely food insecure population- high level (IPC3+) –**
20.1 million
- **Refugees (UNHCR) –**
943 000
- **Internally displaced population (UNHCR) –**
3.25 million
- **Ongoing outbreaks (WHO) –**
Measles, cholera, malaria and dengue



Delayed and sub-optimal rains for the past five seasons have caused one of the worst droughts in Ethiopia in recent history. This has severely impacted at least 20 million people residing in the drought-affected regions of Somali, Oromia, Afar, Sidama, and South and Central Ethiopia. The severe water shortages and loss of livestock have resulted in several thousand people migrating in search of essential resources, such as water, food, health, and nutrition services. This dire situation has led to a significant deterioration in food security, the disruption of crucial health services, including routine immunization services, and an increase in acute malnutrition and disease outbreaks, such as cholera, measles, malaria, meningitis, and diarrhoeal diseases. A joint report published by the Food and Agriculture Organization and the World Food Programme in November 2023 suggests that the food situation in Ethiopia is of great concern, with a high number of people facing or projected to face critical levels of acute food insecurity, worsened by factors that are expected to further drive and intensify life-threatening conditions in the coming months.

In addition to severe drought, conflict represents an additional driver of food insecurity and malnutrition in Ethiopia. Despite a noticeable improvement in the accessibility situation for humanitarian and development interventions after the signing of the Cessation of Hostilities Agreement (CoHA) in November 2022, increasing violence in Amhara has affected access in southern Tigray, with further challenges to access still affecting western Tigray. In addition, the conflict in Tigray has had a dire impact on the health and well-being of its inhabitants. The damaging and looting of health facilities coupled with the lack of access to basic healthcare and medical resources have resulted in a surge of preventable diseases, such as malaria and measles, which pose a significant threat to public health.

Malnutrition has also emerged as a major concern, as many people face displacement and are unable to access food. In addition, meteorological forecasts suggest a very high likelihood of above average rains between October and December 23, which are typically associated with El Niño. Though abundant October–December rains will boost recovery from the exceptionally prolonged, widespread and intense drought between 2020 and early 2023 in pastoral areas of southern Ethiopia, livestock losses can be expected in flood-affected areas due to drownings and rising levels of livestock diseases, while a full recovery from the massive livelihood losses caused by the drought will necessitate several solid rainy seasons. The high risk of flooding across the Horn of Africa also increases the likelihood of further population displacement, localized increases in food insecurity and a further outbreak of diseases (including cholera) and related surges in acute malnutrition.

Last year, WHO in Ethiopia achieved progress on numerous essential nutrition actions. WHO reported more than 70 000 SAM cases, which were admitted and treated in stabilization centres during the period. Of almost 470 000 children experiencing SAM who were admitted to therapeutic feeding programmes between January and August 2023, 88% were discharged as cured, 2.4% defaulted, and a death rate of 0.3% was reported (as of July 2023). Nutritional screening, Vitamin A supplementation and deworming were integrated during the January 2023 preventive measles campaign and a total of 1.2 million children aged 6-59 months were supplemented with Vitamin A. In addition, 810 156 children aged 24-59 months were dewormed during the SIA (supplemental immunization activities) measles campaign in Somali region. A total of 1786 health workers were also trained on several components of nutrition.



A nurse takes care of a 13-year-old cholera patient girl recovering from severe illness at a cholera treatment center in Demba district of cholera-prone Gofa Zone, SNNP Region of Ethiopia.

Photo: WHO

KENYA

- **Estimated total population (World Bank) –**
54 million
- **Acutely food insecure population - high level (IPC 3+) –**
1.5 million
- **Acutely malnourished children (Estimated, IPC) –**
946 000
- **Refugees (UNHCR) –**
644 000
- **Ongoing outbreaks (WHO) –**
Measles, cholera, leishmaniasis, polio (cVDPV2), malaria

Kenya is bracing to recover from a protracted drought that has affected the health of millions of people mainly in the north and north-eastern arid and semi-arid regions. However, high rates of severe acute malnutrition continue to impact on the health status of children and women in these regions amid an increase in disease outbreaks. Despite some relief during the March-May rainy season, projections are of El Niño causing wet and dry conditions in the eastern and western parts of the country respectively. Large parts of the country now experience severe flooding, with implications for outbreaks of water-borne diseases, including cholera, as well as vector-borne diseases including malaria, chikungunya and Rift Valley fever. In addition, Kenya has also been affected by outbreaks of cholera and measles, a neglected tropical disease (Leishmaniasis) as well as a zoonotic disease (anthrax). The disease burden further contributes to either nutrition losses or increased nutrient needs, resulting in malnutrition. A high child disease burden was observed, especially in areas with global acute malnutrition (GAM) classified in IPC Acute Malnutrition Phase 4 and 5, as well as a high diarrhoea prevalence in Garissa and Laisamis.

In the months to come, WHO, as the lead health sector agency, will work with the UN systems and other health sector partners to support the Ministry of Health (MoH) structures with scaling up prioritized interventions. Key interventions will include the early identification, investigation, and interruption of disease outbreaks and acute malnutrition cases, the management and timely referral of complicated cases for treatment, and service delivery focusing on Enhanced Outreach Services (EOS) to take life-saving services closer to communities worst affected by drought/flooding with an integrated package of interventions (e.g. immunization, treatment of pneumonia and diarrhoea).

A range of maternal and newborn health services will be delivered through partnership with the United Nations Population Fund (UNFPA) in line with emergency obstetric and newborn care (EmONC) protocols. Under the WHO/MOH stewardship, the health sector will prioritize building the capacity of the health workforce on early warning protocols, ensuring a timely response to disease outbreaks and managing SAM in health centers, including through service delivery, community participation in response, assessments and information management.

As one of its major achievements, WHO reported a cure rate of 89.2 % for children experiencing SAM, with more than 213 800 under-fives admitted between January 2022 and September 2023. Of those, more than 103 400 children experiencing SAM were admitted between January 2023 and September 2023 – more than a 38% increase in SAM admissions compared to the same period in 2022. The cumulative outcome indicator for SAM children admitted to the therapeutic feeding program for January to August 2023 showed a cure rate of 89.2% a defaulter rate of 9.6%, and a death rate of 1.1%. Also, mass screening for the early detection of and referral for treatment of acute malnutrition among children and pregnant and lactating women (PLW) was conducted in remote locations in Garissa County, ensuring that most vulnerable communities were reached.



Fatuma and her daughter walk home with a container of water. Modogashe, Garissa County. Photo: WHO/Billy Miaron

SOMALIA

- **Estimated total population (World Bank) –**
17.6 million
- **Acutely food insecure population –**
high level (IPC 3+) - 4.3 million
- **Acutely malnourished children (Estimated, IPC) –**
1.8 million
- **Refugees (UNHCR) –**
37 000
- **Internally displaced population (UNHCR) –**
1.54 million
- **Ongoing outbreaks (WHO) –**
Measles, cholera, dengue fever, malaria, cVDPV2

Somalia continues to face a serious climate crisis ranging from extreme droughts to extreme floods. This has led to a sharp increase in the number of people requiring urgent health, nutrition and humanitarian support. Climatic shocks cause a dangerous upsurge in outbreaks of diseases including cholera and other waterborne/communicable diseases. There have been 14 191 cases of suspected cholera and 38 deaths (representing a case fatality rate of 0.3%) reported from 29 drought-affected districts by mid-October.

An estimated 4.3 million people (25% of the country’s population) will experience high levels of acute food insecurity (IPC Phase 3+), which represents a 16% increase in the population facing a high level of acute food insecurity compared to August to September 2023. Of this population, more than 1 million will be in Emergency (IPC Phase 4) between October and December 2023. The increase is due to a combination of factors, including the adverse impacts of El-Nino related heavy rains and flooding and anticipated decline in the level of humanitarian assistance in the coming months because of funding constraints.

In 2023, WHO in Somalia collaborated with various partners and agencies, including UNICEF and UNFPA, to yield more impact, scale and value for money in the response. As one of the main achievements in 2023, WHO sustained the operational capacity of 61 stabilization centres across the target districts affected by the drought. Nearly 21 200 (4.6% of total) children experiencing SAM were admitted into the stabilization programme due to medical complications and other indications between January to September 2023. From the total number of children admitted to the therapeutic feeding program, 96.7% were discharged cured and 2% defaulted, resulting in a death rate of 0.1% - all of which are within acceptable standards. In addition, WHO strengthened the network of community health workers (CHWs) to increase screening and referral capacities at the community level. These CHWs conducted 2 232 902 household visits (including repeat visits) and screened 378 882 children, which supported the identification of 46 493 children with moderate acute malnutrition and 25 868 children with severe acute malnutrition, and referred these children to health and nutrition facilities.



*A mother and child receive health services
at Daynile IDP camp.*

Photo: WHO/Ismail Taxta

SOUTH SUDAN

- **Estimated total population (World Bank) –**
11.4 million
- **Acutely food insecure population - high level (IPC 3+) –**
5.8 million
- **Acutely malnourished children (Estimated, IPC) –**
1.7 million
- **Refugees (UNHCR) –**
332 000
- **Internally displaced population (UNHCR) –**
1.47 million
- **Ongoing outbreaks (WHO) –**
Measles, hepatitis E and malaria

South Sudan continues to face multiple concurrent crises, including high levels of food insecurity, fragile health systems, inter-communal violence, conflict, weather extremes and disease outbreaks like Hepatitis E and measles. Health service and nutrition delivery relies heavily on humanitarian and external funding.

The food insecurity situation is expected to deteriorate in the coming months because of El Niño, which is likely to cause drier-than-usual conditions in the south-western parts of the country. Nonetheless, the number of people facing high levels of acute food insecurity has continued to rise, from 7.24 million (equivalent to 60% of the population) in 2021 to 7.7 million in 2022 and 7.8 million during the lean season in 2023 (April-July). South Sudan continues to be in a state of nutrition emergency, with some states experiencing a global acute malnutrition rate above the WHO classification of 15% (as indicated in the last Food Security and Nutrition Monitoring System report). The main drivers for acute food insecurity include climate shocks (e.g. flooding and dry spells), economic crisis, conflict and insecurity as well as low food production. A critical nutrition situation exists in Central Equatorial, Jonglei and Unity and other states in Greater Bahr El Gazal. Access to health services is a major challenge, particularly amongst displaced populations and refugees in Upper Nile. Even in settlements with access to a health facility, functionality and quality of care remain a challenge. Utilization of health services continues to fall below the minimum threshold amongst the general population. In 2024, one of WHO’s main objectives in South Sudan is to continue its work on provision of health services and quality of care, notably in hard-to-reach areas.

Key results in 2023 include reactive vaccination campaigns conducted in 12 counties, targeting children aged 6 months to 14 years. A total of 578 966 children received measles vaccines, representing 87% coverage. Nearly 232 700 children with SAM were admitted to the nutrition program between January and September 2023, resulting in a cured rate of 95.7% were cured, a non-respondent rate of 1.4%, a defaulter rate of 0.4% and a death rate of 1.9%. WHO in South Sudan provided 332 PEDs/SAM kits, facilitating the treatment of 16 100 children suffering from SAM with medical complications. In addition, WHO trained 1742 health care workers on emergency preparedness and response, enhancing the country's self-sufficiency in managing future health crises. The trainings covered the professional management of severe acute malnutrition with medical complications, epidemic intelligence, Integrated Disease Surveillance and Response 3rd edition, case management and simulation exercises.



Health workers measure three-year-old Awut at a transit site housing returnees and refugees from Sudan in Renk.

Photo: WHO

SUDAN

- **Estimated total population (World Bank) –**
46.9 million
- **Acutely food insecure population-high level (IPC 3+) –**
15 million
- **Refugees (UNHCR) –**
960 000
- **Internally displaced population (UNHCR) –**
4.6 million
- **Ongoing outbreaks (WHO) –**
Measles, malaria, hepatitis E, dengue fever, cholera

The ongoing conflict between the Sudanese Armed Forces and the Rapid Support Forces has driven acute shortages of food and other essential supplies, destroyed national malnutrition treatment stockpiles, and ultimately deteriorated an already dire nutrition situation. Conflict-induced displacement has further exacerbated vulnerabilities to malnutrition due to a lack of water, poor hygiene, and the resulting increased risk of infections and outbreaks.

According to the latest Integrated Food Security Phase Classification (IPC) analysis published in August 2023, 20.3 million people in Sudan – 42% of the population – experience high levels of acute food insecurity (IPC Phase 3+), with 6.3 million facing worse conditions in IPC Phase 4, Emergency. The impact of below-average rainfall on crop production and livestock, the ongoing conflict, soaring food prices, and economic decline are behind these record figures and threaten to make a further 15 million people food insecure (IPC Phase 3+) between October 2023 and February 2024, including 3.8 million people who are projected to experience emergency levels of food insecurity (IPC Phase 4). The people experiencing highest levels of food insecurity are in locations and states with active conflict, where more than half of the population experiences crisis levels or worse (IPC Phase 3+). This equates to 62% of the population in West Darfur, 56% in Khartoum and South Kordofan, and 53% in Central, East, and South Darfur, and West Kordofan States.

The country reports the highest rate of child malnutrition globally, with pregnant and breastfeeding women, as well as four million children under five years of age, experiencing acute malnourishment. This includes over 69 000 children who are severely malnourished and 106 524 children in need of inpatient management in stabilization centres.

The conflict-induced suspension of aid has disrupted treatment programmes for 50 000 children suffering from severe acute malnutrition, while vital nutrition supplies have been destroyed, including a factory producing 60% of ready-to-use therapeutic and supplementary food to treat acutely malnourished children. If not treated, nine out of 10 children experiencing SAM with medical complications will die.

WHO will help build capacity for malnutrition screening and referral systems at community and health facility level. The growth monitoring and nutrition surveillance system will be enhanced. WHO will ensure that relevant actions can be provided in the prioritized health facilities to support treatment of SAM with medical complications, capacity-building of the nutrition workforce, procurement of SAM kits, and the provision of the printing materials and essential equipment for the stabilization centres. WHO will provide the required support for capacity-building of mental health and psychosocial workforce to provide the essential services. The mental health kits will be procured and distributed to the health facilities serving IDPs and vulnerable host communities.

As one of the main achievements in 2023, WHO in Sudan responded in a timely manner to the dengue fever outbreak in seven states by supporting vector control campaigns encompassing entomological surveys, larvae source reduction for aedes mosquitoes, and adult control campaigns as well as health promotion activities. More than 213 000 children with SAM were treated in the nutrition program between January and September 2023. WHO trained senior medical lab scientists to use Dengue duo rapid diagnostic tests safely and effectively and act as trainers for knowledge cascading.



*Dr Adam Alnour from WHO visits Barakat School in Wad Madani. The school is now a host centre for internally displaced people (IDPs) from Khartoum.
Photo: WHO/ Ala Kheir*

UGANDA

- **Estimated total population (World Bank) –**
47.2 million
- **Acutely food insecure population (Karamoja)**
high level (IPC 3+) – 342 000
- **Acutely malnourished children (Karamoja) (Estimated,**
IPC) – 89 000
- **Refugees (UNHCR) –** 1.56 million
- **Acutely malnourished children (Estimated, IPC) –**
104 000
- **Ongoing outbreaks (WHO) –**
Measles, malaria, anthrax and Rift Valley fever

Karamoja region, located in the northeast of Uganda, is one of the poorest regions in Uganda. It continues to have the highest levels of food insecurity and malnutrition in the country, due to inadequate food access, extreme weather events such as prolonged drought, pest infestation, poor feeding practices, structural poverty, and poor hygiene and sanitation. Malaria and diarrhoea cases remain high in the region, which places a high disease burden on children and leads to malnutrition. Across Karamoja and the surrounding districts, the quality of care for children with severe acute malnutrition (SAM) remains below WHO’s recommended standards. Despite current support from WHO, the coverage and quality of care from SAM treatment remains a key priority and will be further strengthened in 2024 by WHO. Karamoja faces additional public health risks resulting from a very poor levels of WASH, with per capita water availability at 21% and latrine use at 30%, in turn increasing the risk of diarrhoeal diseases like cholera. The country is at a high risk of floods & landslides due to increased rainfall associated with El Niño, which will further worsen the risks of food insecurity and disease outbreaks.

As one of the major results in 2023, WHO supported the training of 153 health workers from Karamoja and neighbouring drought-affected districts on Integrated Management of Acute Malnutrition to improve treatment outcomes for acute malnutrition cases. Regional mentors from the Ministry of Health were also deployed to the districts to assist on the management of SAM cases with medical complications at the high-volume inpatient therapeutic care) in Kaabong, Kotido, Moroto, Nabilatuk and Napak Districts. In addition, 52 health workers and 15 village health teams were trained. Following this support, there was a reduction in the death rate in the inpatient therapeutic care, which dropped from 8.4% between October and December 2022 to 4.2% between April and June 2023. Of the children experiencing SAM who were admitted to the stabilization centres due to medical complications, 93.1% of them were cured, 2.3% defaulted and there was a death rate of 4.1%. This indicated a very good treatment success rate between January and August 2023.



*WHO case management consultant
speaks to a health worker at the
Ebola treatment centre.
Photo: WHO/ Esther Ruth Mbabazi*

ACHIEVEMENTS IN 2023

DELIVERING MEDICAL AID TO THOSE IN NEED IN HARD-TO-REACH AREAS OF SOUTH SUDAN



A mother sits with her child under a mosquito net on a bed at a nutrition stabilization centre in Abu Shouk IDP camp in North Darfur.

Photo: WHO

Healthcare workers in South Sudan face immense challenges in providing healthcare services to people living in hard-to-reach areas. Gabriel Chuang, a WHO staff member, and his colleagues embarked on a gruelling 20-hour walk through challenging terrain to investigate a disease outbreak in the remote village of Dajo, located in Upper Nile State near the border with Ethiopia.

Despite having no access to clean water or shelter, Chuang and his team endured an arduous journey through unforgiving terrain, driven by their unwavering commitment to healthcare. "We set off on this strenuous journey, walking day and night, equipped with little more than what we could carry on our heads," Chuang recalled, reflecting on what he described as the most challenging experience of his life.

"People like Chuang are our heroes. His story highlights the dire situation in which many healthcare workers operate in remote areas as they ensure health services are provided to the people in need, said Dr Fabian Ndenzako, WHO Representative in South Sudan. "We thank and celebrate Mr Chuang, WHO teams across the country, and all the health workers for their unflinching dedication to providing health services to those most in need."

WHO supported the National Ministry of Health by deploying a multidisciplinary team comprising clinicians, nurses, and public health officers to investigate a suspected viral hemorrhagic fever (VHF) outbreak in Longochuk County and provide much-needed medical services to the affected population. The team collected samples from patients and delivered 42 essential health emergency kits. The kits included malaria rapid diagnostic test kits, Inter-Agency Emergency Health kits, sample collection and transportation kits, cholera investigation and treatment kits, and pneumonia kits, and will be able to treat 10 000 people over three months.

FOR MORE INFORMATION

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2024 FUNDING REQUIREMENTS

Greater Horn of Africa Drought and Food Insecurity US\$ '000

							Regional & Global Support	Total
Funding requirement by response pillar and by country	Djibouti	Ethiopia	Kenya	Somalia	Sudan	Uganda		
P1. Leadership, coordination, planning, and monitoring	140	784	670	2 500		2 564	369	7 027
P2. Risk communication and community engagement	18	255	111	527	54	318		1 283
P3. Surveillance, case investigation and contact tracing	153	1 120	3 089	8 496	248	1 535	624	15 266
P4. Travel, trade and points of entry					19			19
P5. Diagnostics and testing			111	1 323				1 434
P6. Infection prevention and control	90		28	2 129				2 247
P7. Case management and therapeutics		403	2 229	162		202		2 996
P8. Operational support and logistics	90	6 979	1 088	9 451	2 880	11		20 499
P9. Essential health systems and services	45	2 217	111	8 184	1 805			12 363
P10. Vaccination	27	1 008		198		48		1 281
P11. Research, innovation and evidence			111	126				237
Total	563	12 766	7 547	33 096	5 007	4 678	993	64 651

The Cholera Treatment Centre (CTC) in
Gadarif admits an average of 46 cases per day. The
CTC also includes a laboratory and a pharmacy.
Photo: WHO/Ala Kheir