

# SOMALIA

People in need <sup>1</sup>

**6.9 MILLION**

People targeted <sup>1</sup>

**5.1 MILLION**

Total funding requirement for WHO Emergency Operations in Somalia

**US\$73 644 000**

Funding requirement specifically for Grade-3 Somalia Complex Emergency

**US\$25 160 000**

<sup>1</sup> Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

<sup>2</sup> Integrated Food Security Phase Classification (IPC): <https://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/en/>

## CONTEXT

After an unprecedented drought in 2022-23, Somalia continues to experience significant ongoing effects, including high levels of food insecurity and malnutrition. Over 3 million people, representing 22% of the population, still face acute food insecurity at IPC<sup>2</sup> Phase 3 or 4. Levels of childhood malnutrition remain high, as does disease prevalence among children and vulnerable groups. Somalia now faces the added threat of El Niño, a climactic event expected to cause extreme flooding. The anticipated widespread floods could impact over 1.2 million people in Somalia’s riverine districts, destroy vital health facilities, and contaminate water sources. This would likely worsen outbreaks of waterborne and vector-borne diseases. Large-scale displacement may also limit healthcare access for millions.

The 2022-23 drought affected a staggering 7.8 million people, displacing 1.9 million and leaving 6.4 million in urgent need of healthcare. Given the severity, WHO declared Somalia’s drought and food insecurity a Health Emergency requiring a major health response. While famine was averted, lasting health effects remain a major concern.

In addition to a climate crisis, Somalia also faces armed conflict spanning over three decades.

This has caused structural fragility to the health system in the country. Although the country has made some progress on the road to stability, challenges persist due to the presence of various armed non-state actors . The country’s health system has not been able to cope with the increased need and demand for healthcare, as evidenced in the country’s low childhood immunization coverage, low health workforce density and low universal health services coverage index.



*Fadumo Mohamed and her daughter Khaliye pictured at Raama Cadey camp for internally displaced people in Baidoa, Somalia, 22 March 2023. Khaliye, who has never received a vaccine, was vaccinated against measles, polio and pneumonia by an outreach team supported by WHO.  
Photo: Abdulkadir Zubeyr.*



# WHO'S STRATEGIC OBJECTIVES

- Sustain and deliver lifesaving health interventions to the most vulnerable and marginalized populations using a people-centred approach
- Build and enhance the health system's resilience to the future shocks from climate, conflict and crises of both humanitarian and public health nature
- Strengthen inter-sectoral coordination and collaboration at national and sub-national levels with the government, health cluster and inter-cluster partners for effective risk analysis and coordinated response to all emergencies faced by the country

# WHO 2024 RESPONSE STRATEGY

WHO remains committed to providing unwavering support to the government to improve its coordination and response capacity for managing health emergencies at both national and sub-national levels. WHO's Incident Management Team (IMT) composed of 76 surge staff are deployed at national and sub-national levels and coordinate effectively with health authorities at different levels to ensure that interventions are aligned to national strategies and system strengthening efforts are in line with the government's priorities.

In response to various health emergencies, WHO will support the government to sustain the capacities of essential public health functions which were built during the COVID-19 pandemic response, covering collaborative surveillance, coordination, community protection, access to safer care and access to medical countermeasures in the event of any major health emergencies in the country.

WHO coordinates 55 cluster partners consisting of UN agencies, non-governmental agencies (NGOs) and community-based organizations and collaborates with the inter-cluster coordination group (ICCG) and other stakeholders in Food Security, WASH, Nutrition and Protection clusters. Where there are gaps in essential health service delivery, WHO will work with the Ministry of Health at the Federal and State level to ensure the provision of essential health service to vulnerable and marginalised populations through training of healthcare workers at both health facilities and community levels, and procurement and distribution of interagency emergency health kits and medicines.

In 2022-23, WHO responded to a Grade-3 Health Emergency in Somalia for the drought and food insecurity situation with an exceptional level of speed protecting the health and well-being of millions of people affected by poverty, conflict, hunger and malnutrition. There has been measurable impact of WHO's timely interventions on the health of vulnerable populations, such as preventing a large-scale outbreak of measles and cholera in 2022, further backsliding of routine immunization and "excess deaths" attributed to the drought and food insecurity situation in the country.



A child receives the polio vaccine during a vaccination campaign for nomadic populations.

Photo: WHO





Women attend a community dialogue with WHO on promoting good health.  
Photo: WHO / S. Farah

## KEY ACTIVITIES FOR 2024

- Strengthening early warning, surveillance and information-sharing systems for epidemic detection and response
- Implementing early actions for outbreak prevention and control
- Improving access to essential health and nutrition care for vulnerable populations for improved health and nutrition outcome
- Improving coordination and collaboration for effective delivery of integrated health and nutrition services
- Supporting expansion of access to basic healthcare services at the community level for marginalized and displaced populations
- Providing essential medicine, drug, and nutrition supplies at the primary healthcare level to maintain and prevent disruption of essential health services in the event of any big and major health emergency event
- Providing mental health and psychosocial services (MPHSS) through community-based interventions and as part of integrated care at the primary healthcare level
- Strengthening public health preparedness and response at the district level through strengthening disease early warning systems, deploying rapid response teams, sustaining laboratory capacities for disease detection, improving risk communication and increasing access to safer care
- Supporting routine and supplementary immunization activities to increase immunization coverage among the target population and prevent vaccine-preventable diseases
- Strengthening health-cluster and inter-cluster coordination capacity at national and sub-national levels to improve the effectiveness of the response, prevent duplication and ensure the targeting of the most vulnerable populations



# ACHIEVEMENTS IN 2023

## AT-RISK 'ZERO DOSE CHILDREN' GET VACCINES AS SOMALIA DROUGHT WOES MOUNT



*A WHO staff member talks to community members during a vaccination campaign.*

*Photo: WHO*

In Baidoa, Somalia, where drought has persisted for six seasons, WHO spearheads efforts to address the health needs of displaced families, focusing on unvaccinated children vulnerable to diseases like measles and pneumonia. Fadumo Mohamed Ibrahim, a Somali farmer, arrived at a settlement near Baidoa after a 25-day journey, seeking help for her sick daughter Khaliye. With no access to healthcare or vaccinations in their village, they represent the 'zero dose children' - those who have never received any immunization.

WHO-supported health outreach teams identify and assist families like Fadumo's, working closely with community leaders to address the health needs of displaced populations. At makeshift vaccination centers, health workers, equipped with face masks and gloves, administer crucial vaccines against measles, polio, and pneumonia prevalent in the crowded settlements ringing the city.

Joaquin Baruch, a WHO epidemiologist, emphasizes the significance of immunization campaigns, stating, "Without it you spend your whole time doing outbreak control. It saves many lives." The outreach efforts not only address the immediate health risks in the camp setting but also contribute to preventing outbreaks and protecting vulnerable communities.

Nationwide, WHO's vaccination initiatives have reached over 3.2 million children for measles, treated around 3 million with vitamin A and deworming tablets, and vaccinated nearly one million in a cholera vaccination drive. WHO's commitment to immunizing zero-dose children, often living in marginalized communities, is closing immunization gaps and addressing vaccine inequity in the country. By reaching these children, WHO not only provides a new life and hope for the future but also ensures broader coverage for missed communities, contributing to a healthier and more resilient population in Somalia.

### FOR MORE INFORMATION

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*A community health worker at a site for Internally Displaced Persons.*

*Photo: WHO/Ismail Taxta*



# 2024 FUNDING REQUIREMENTS

## Emergency Appeal Requirement

Somalia Complex Emergency		US\$ '000	
Funding requirement by response pillar	Somalia	Regional & Global support	Total
P1. Leadership, coordination, planning, and monitoring	3 469		3 469
P2. Risk communication and community engagement	1 290		1 290
P3. Surveillance, case investigation and contact tracing	2 117		2 117
P4. Travel, trade and points of entry	1 553		1 553
P5. Diagnostics and testing	7 367		7 367
P6. Infection prevention and control	1 385		1 385
P7. Case management and therapeutics	2 941	23	2 963
P8. Operational support and logistics	1 983		1 983
P9. Essential health systems and services	64		64
P10. Vaccination	-		-
P11. Research, innovation and evidence	2 970		2 970
Total	25 137	23	25 160

The table above presents WHO's funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025).

Somalia - Country office requirement	US\$ '000
Greater Horn of Africa Drought and Food Insecurity	33 096
Somalia Complex Emergencies	25 137
Other graded emergencies and ongoing operations	15 410
Emergency appeal requirement	73 644
2.1 Countries prepared for health emergencies	631
2.2 Epidemics and pandemics prevented	2 601
2.3 Health emergencies rapidly detected and responded to	8 479
Billion 2 - Base programme requirement	11 711
Total	85 354



WHO staff checking solar powered oxygen concentrator in WHO supported Hanano hospital, Dhusomareb. Photo: Ismail Taxta