



SITUATION REPORT: 01 Apr - 30 Jun 2023
Greater Horn of Africa Food Insecurity and Health Grade 3 Emergency

Estimated Total Population	Acutely Food Insecure Population (IPC 3+)	Acute Malnutrition (OCHA, IPC, UNICEF 2023)	Number of Refugees/IDPs (UNHCR May 2023)	Ongoing Outbreaks (WHO)
292.7 M	59.8 M	11.5 M est.	4.6 M/12.2 M	Measles 7 countries Malaria 6 countries Cholera 3 countries Dengue 2 countries cVDPV2 1 country
				

Key Highlights



- Countries in the greater Horn of Africa continued to face extreme weather events including drought and flooding.
- Flooding from March – May 2023 in parts of Somalia, Ethiopia and Kenya displaced over 400,000 people, causing hundreds of injuries, 297 deaths, and the disruption of health services.
- Nearly 60 million people in IPC3+ are in a state of crisis characterized by elevated levels of acute food insecurity; a 30% increase compared to the first quarter of 2023. 9.3 million people are in IPC phase 4 and over 83 thousand in IPC phase 5 (South Sudan and Somalia).
- In Sudan, due to the ongoing crisis, it is estimated that 19.1 million people are experiencing high levels of acute food insecurity with 3.1 million of them in emergency condition as of June 2023.
- Over 16.8 million people have been displaced due to conflict, drought, and flooding with 12.2 million being internally displaced while 4.6 million are refugees and asylum seekers (as of 30 June 2023). 2.3 million have been displaced due to drought alone in the Horn of Africa.
- Approximately 11.5 million children under five are likely to be acutely malnourished in 2023 with 2.9 million of them requiring treatment for severe acute malnutrition.
- In South Sudan and Kenya, the highest numbers in SAM admissions were recorded over the last 3 years and in Kenya, Ethiopia and Somalia in the 1st and 2nd quarter of 2023 the highest SAM admissions were reported in comparison with the same period over the last four years.
- Three out of the seven drought-affected countries (Ethiopia, Kenya, Somalia) are still experiencing an outbreak of cholera and a significant increase in the number of cases reported in the Manderu Triangle cross-border areas.
- The cholera outbreak in South Sudan was controlled following public health measures including OCV campaign conducted in March 2023 and no new cases have been reported since 1st week of June 2023.
- WHO continues to provide the necessary support on leadership and coordination, surveillance and health information, outbreak prevention and control, essential nutrition actions and health services to all 7 countries in the greater horn of Africa (Djibouti, Kenya, Ethiopia, Somalia, Sudan, South Sudan, Uganda).

1. Situation Overview

1.1 Food Insecurity and Malnutrition

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 - Dec 23)	1,181,675	185,312	100,102	0	285,414	24%
KENYA / Asal Counties (Mar – Jun 2023)	16,618,409	4,213,529	1,224,686	0	5,438,215	33%
SOMALIA (Apr-Jun 2023)	16,955,266	4,688,500	1,854,380	40,350	6,583,230	39%
SOUTH SUDAN (Apr 23 – Jul 23)	12,374,205	4,822,000	2,899,000	43,000	7,764,000	63%
UGANDA/ Karamoja (Apr 23– Aug 23)	1,285,000	480,270	101,705	0	581,975	45%
Sub-Total		14,368,376	6,165,643	83,350	20,652,834	
OTHER FOOD SECURITY ESTIMATES						
ETHIOPIA 2023	123,000,000	People in need of food assistance (Source: HRP 2023)			20,100,000	16%
SUDAN (Jun - Sep 23)	46,874,000	People acutely food insecure Jun - Sep 2023 (Source: WFP)			19,100,000	41%
Total food insecure population in need of assistance IGAD Caseload					59,852,834	

Countries in the region have continued to face extreme weather events due to drought and flooding. Parts of Ethiopia, Somalia and Kenya were hit by flooding which resulted in thousands being displaced, with hundreds of injuries and deaths.

As of 30 June 2023, nearly **60 million people** are facing crisis levels of acute food insecurity and above with 53.6 million in crisis conditions, 6.2 million in emergency and 83.4 thousand people in parts of South Sudan and Somalia in the catastrophe stage¹.

Table 1: Projected Food Insecurity in GHOA countries, June 2023. (IPC, WFP, OCHA)

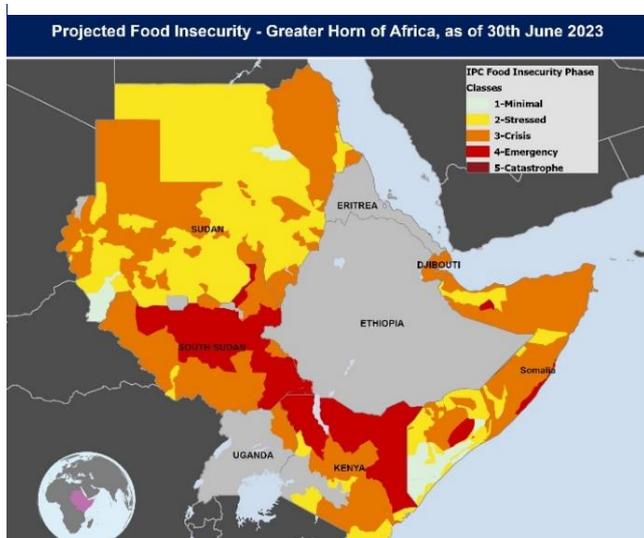


Figure 1: Projected Food Insecurity in GHOA countries, June 2023. (IPC, OCHA)

More than **11.5 million** children under the age of five are likely to face acute malnutrition in 2023, out of whom **2.9 million** will require treatment for severe acute malnutrition (SAM). Sudan, Ethiopia, Somalia, South Sudan, and Kenya have the highest estimated SAM numbers².

A record level of SAM admission was reported in the Horn of Africa countries in the first semester of 2023 compared to the last five years. More than **2.7 million children under five** received treatment for SAM from January 2022 to May 2023 with highest numbers coming from Ethiopia, Somalia, and South Sudan³.

1.2 Weather Outlook

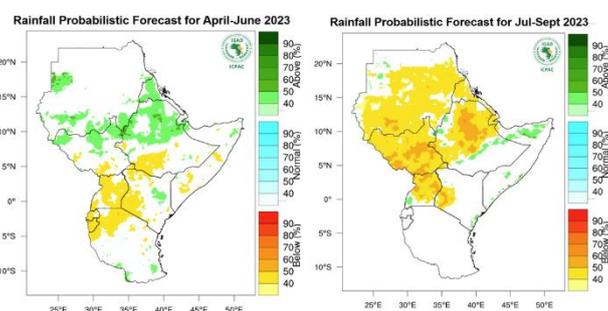


Figure 2: Rainfall forecast April-June and Jul-Sept 2023. (IGAD/ICPAC)

- During **April to June 2023**, wetter than usual rainfall conditions expected over parts of northern South Sudan, Ethiopia, and localized areas in Tanzania, Kenya, and Somalia. Southern Ethiopia, Uganda, and parts of southern Somalia were also expected to be drier than usual conditions⁴.

- During **July to September 2023**, wetter than usual conditions are expected over northern and southern coastal parts of Somalia, south-eastern Ethiopia, cross-border areas of Ethiopia-Sudan South Sudan, and coastal Kenya. Western Kenya, northern Uganda, much of Sudan and South Sudan, northern Ethiopia and Djibouti are expected to be drier than usual conditions⁵.

¹ IPC Country Analysis | IPC - Integrated Food Security Phase Classification (ipcinform.org)

² Ethiopia: Humanitarian Response Plan 2023 (February 2023) - Ethiopia | ReliefWeb;

³ Food Security and Nutrition Working Group (FSNWG) meeting UNICEF update, July 2023

⁴ Rainfall probabilistic forecast for April-June 2023. [April - June 2023 - ICPAC](#)

⁵ Rainfall probabilistic forecast for July – September 2023. [July - September 2023 - ICPAC](#)

1.3. Displacement (Refugees, Returnees, and Internally Displaced Persons)

- Due to conflict, drought, and flooding in the region, **nearly 17 million people** are internally displaced or refugees and asylum seekers. Of these, 12.2 million are internally displaced persons (IDPs) and 4.6 million are refugees and asylum seekers⁶.
- Nearly 2.3 million** people have been displaced due to drought in the Horn of Africa (ETH, KEN, SOM).
- The intense fighting in Sudan which erupted on 15 April 2023 resulted in **2.7 million new displacements** including more than **2.2 million internally displaced**, and **586,285** people had crossed into neighbouring countries⁷.

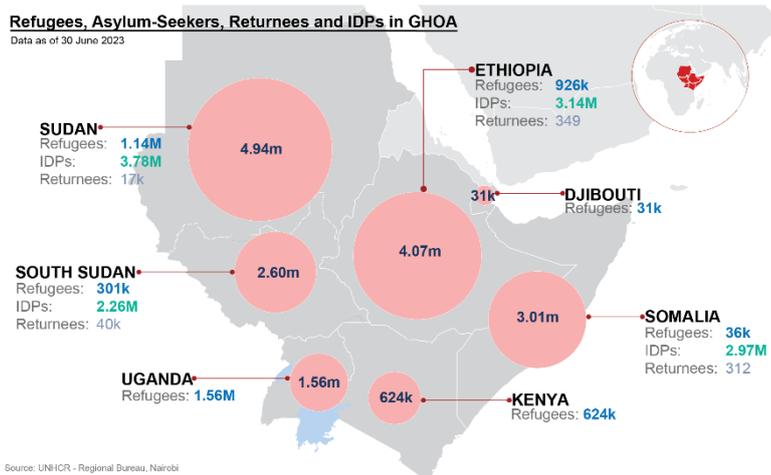


Figure 3: Number of refugees, asylum seekers, returnees and IDPs in GHOA countries, 30 June 2023. (IOM/UNHCR)

1.4. Ongoing Disease Outbreaks

- The numbers of reported **disease outbreaks** in the greater Horn of Africa have reached their **highest-ever level since January 2022**.
- The region is battling multiple outbreaks of diseases, including cholera, vaccine derived polio virus type 2, measles, meningitis, malaria, dengue fever, hepatitis E, leishmaniasis and anthrax.
- Three** countries (ETH, KEN, SOM) are currently dealing with cholera outbreaks. The area bordering ETH, KEN, and SOM (Mandera Triangle) was reporting a high number of cases, however as of June 2023, the number of cases started to decline especially on the Somalia side.
- Drought affected areas continued to grapple with ongoing disease outbreaks including cholera and measles, which in turn resulted in increased morbidity and mortality.
- Malaria is on the rise in most of the countries in the Horn of Africa due to favourable conditions for vector proliferation and ease spread of the disease. Highest number of malaria cases are being reported from Ethiopia, Uganda, and South Sudan. Uganda saw a four-fold increase (20% to 80%) in malaria out-patient department attendance and over three-fold increase in malaria test positivity rates (20% to 70%) during the reporting period.
- All countries in the region reported a measles outbreak with the highest caseload reported from Ethiopia, South Sudan, and Sudan.
- In Sudan, since the start of the crisis mid-April 2023, **new measles outbreaks** were reported from Blue Nile and White Nile states.

2. Public Health Risks and Concerns

- Ongoing conflicts in the region have continued to affect service delivery at health facility and community level exposing vulnerable communities like women and children to increased risks.
- Parts of Kenya, Somalia and Ethiopia received above average rainfall which resulted in flooding and displaced thousands of people with hundreds being injured and some losing their lives. The flooding led to destruction of roads and health infrastructure, in turn raising the risk of water and vector-borne diseases like cholera, malaria and dengue fever. It also affected the movement of essential commodities to health facilities as well as to communities.
- The World Meteorological Organization (WMO) has predicted a 90% chance of El Nino, which historically is characterised by wetter than normal short rains in East Africa and drier conditions in Northern parts of the Horn of Africa covering Sudan and Northern Ethiopia⁸. Based on previous El Nino seasons, there is a risk of various health impacts, including:

⁶ [Document - Regional Dashboard RB EHAGL: Refugees, returnees and internally displaced persons in the IGAD region as of 30 June 2023 \(unhcr.org\)](#)

⁷ [RB EHAGL | CORE - Population Movement from Sudan as of 29 June 2023 \(unhcr.org\)](#)

⁸ [World Meteorological Organization declares onset of El Niño conditions | World Meteorological Organization \(wmo.int\)](#)

- Vector-borne diseases like malaria, dengue, and rift valley fever, especially in epidemic-prone areas, due to changes in rainfall and temperature.
- Cholera outbreaks could worsen due to shifts in its distribution influenced by El Niño's impact on local climatic factors.
- Malnutrition cases are likely to rise in the wake of El Niño's onset, not least because food production is vulnerable to dry spells and heavy rainfall.
- Extreme weather events arising from El Niño could disrupt health services and infrastructure, especially flooding.
- Mental health issues, including anxiety and depression, could be exacerbated among displaced populations due to the stress and uncertainty caused by El Niño related challenges.

3. Surveillance and Health Information

3.1 Severe Acute Malnutrition (SAM)

- About **11.5 million children under the age of five** are likely to face **acute malnutrition** with **2.9 million** of them in **severe** conditions in 2023⁹¹⁰¹¹.
- There is a steep increase in SAM admissions in South Sudan and Kenya, the highest numbers in the last three years.
- The highest number of SAM admissions reported between **January and May 2023** from Kenya, Ethiopia, and Somalia in comparison with the **last four years numbers**.
- Between January and May of this year, there were over **105,000 more admissions** (69% increase) in **Somalia**, over **42,000 more admissions** (16% increase) in **Ethiopia**, and over **24,000 more admissions** (59% increase) in **Kenya** compared to the same period last year.

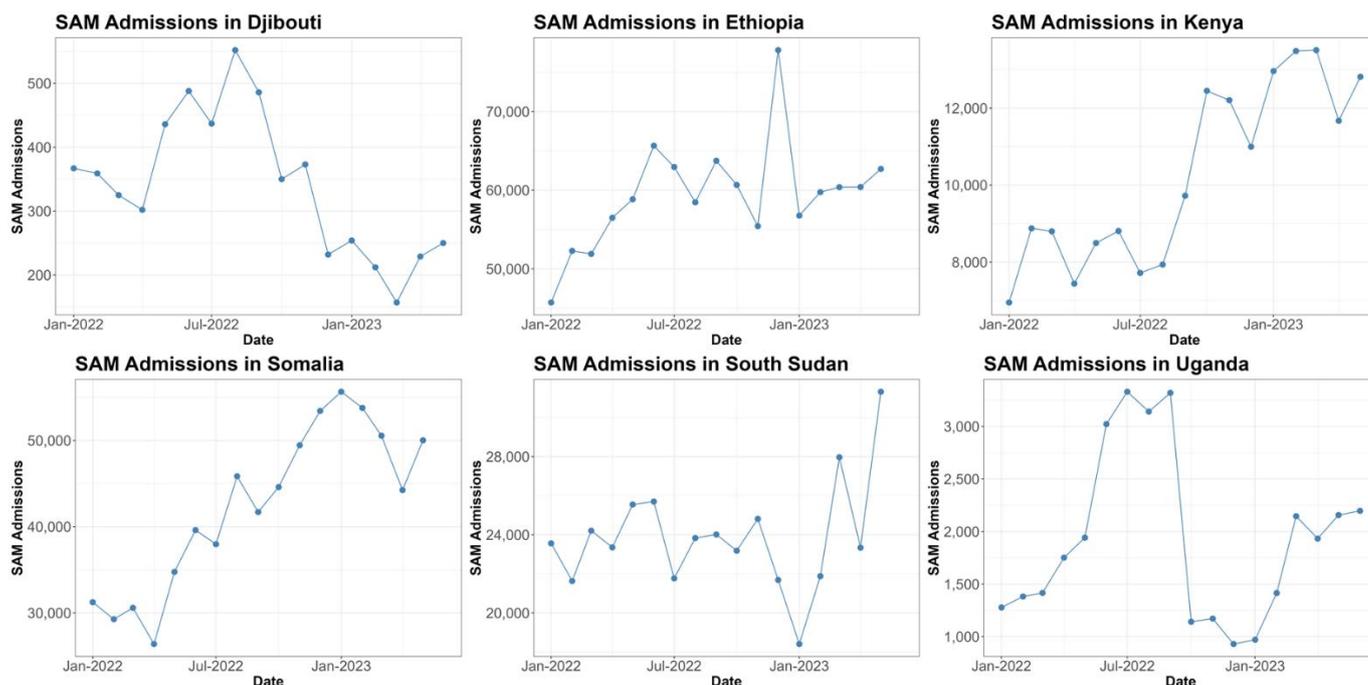


Figure 4: SAM admission trend in GHOA countries, January 2022-May 2023. (UNICEF, WHO)

⁹ [Ethiopia: Humanitarian Response Plan 2023 \(February 2023\)](#)

¹⁰ [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](#)

¹¹ [Sudan: Revised 2023 Humanitarian Response Plan, \(Issued on 17 May 2023\)](#)

Kenya

- Nearly 1 million children under five are estimated to be acutely malnourished with 243,000 expected to be severe in 2023.
- More than 175, 000 SAM children under five were admitted between January 2022 and May 2023.
- Nearly 65,000 children with SAM were admitted into nutrition programmes this year (as of May), which is more than a 59% increase in SAM admissions compared to the same period in 2022.
- **Outcome indicators** as of April 2023 (TFP): **83.6% cured, 12.1% defaulter rate and 0.4% death rate.**

Somalia

- 1.8 million children under five are estimated to be acutely malnourished with 478,000 SAM in 2023.
- Nearly 770,000 SAM children under five were admitted between January 2022 and June 2023 with over 310,000 of them in 2023.
- More than 146,000 under five children received treatment for SAM between April and June this year, representing a 45% increase in SAM admissions compared to the same period in 2022.
- The country has recorded the highest SAM admissions in 2023 compared to the last five years.
- Nearly 20,300 (6.5% of total SAM) children were admitted into the stabilization programme due to medical complications and other indications between January to June 2023.
- **Outcome indicators** as of June 2023 (TFP): **96% cured, 2.4% defaulter rate and 0.1% death rate**¹².

Ethiopia

- Approximately 4.2 million children are estimated to be acutely malnourished with 1.2 million of them suffering from SAM in 2023.
- More than 1 million SAM children under five were admitted into nutrition programmes between January 2022 and May 2023, and over 300,000 of them in 2023 (as of 31 May).
- More than 123,000 SAM children under five received treatment from April to May 2023, a 6.7% increase in admissions compared to same period in 2022.
- Significantly high SAM admissions were reported in 2023 in comparison to the last five years.
- **Nearly 30,700 SAM** children with medical complications were admitted into the **stabilization centres** in 2023 as of May 2023.
- From the total SAM children admitted for therapeutic feeding programme, **89%** of them were discharged as **cured, 2.4% defaulted** while a death rate of **0.3% was reported** as of May 2023¹³.

South Sudan

- An estimated 1.4 million children under five are acutely malnourished with 346,000 in a severe condition in 2023.
- Nearly 148,000 children under five were admitted to nutrition programmes for SAM management this year (as of 30 June) with nearly 88,000 between April and June 2023.
- Over 31,000 SAM children admitted to nutrition program in May 2023 which is the highest number recorded since January 2022.
- **Outcome indicators** as of June 2023 (TFP): **95.7% cured, 0.4% defaulter rate and 1.9% death rate.**

Djibouti

- A total of 33,324 children under five are estimated to be acutely malnourished from January - December 2023 with 5,562 and 27,762 of them in SAM and MAM respectively.
- An estimated 2,917 pregnant and lactating women (PLW) will require nutritional support during the same period.

Sudan

- A total of 3 million children under five are estimated to be acutely malnourished in 2023 with 610,000 of them suffering from SAM.
- Over 358,000 SAM children received nutritional support between January and December 2022.
- Over 40,000 SAM children with medical complications were admitted into the stabilization centres from January 2022 to February 2023.
- During April and May, 1,827 severely malnourished children with medical complications were treated in the stabilization centres, achieving a **91% recovery rate with 6% defaulting the program.**

Uganda

- In the Karamoja region, over 89,000 children under five are estimated to be acutely malnourished with 19,700 needing SAM treatment between February 2023 and January 2024.
- Over 10,800 SAM children were admitted for treatment with nearly 800 of them in the stabilization centres between January and June 2023. The trend towards increased admissions observed from February 2023.
- **Outcome indicators** as of June 2023 (TFP): **66.8% cured, 15.1% defaulter rate and 0.8% death rate.**
- In **Stabilization centres: Cure rate: 91.2%, defaulter rate: 3.4% and death rate: 5.4%.**

¹² Somalia Nutrition Cluster Dashboard. [Microsoft Power BI](#)

¹³ Ethiopia Nutrition cluster dashboard. [Microsoft Power BI](#)

3.1.1 SAM Admission Treatment Outcomes

- There have been variations in treatment success rates between countries for children admitted into the therapeutic feeding programme from January to June 2023. Therapeutic feeding programs for the management of SAM include out-patient therapeutic feeding program (OTP) and Stabilization Centre (SC) programs. Figure 5a. below shows treatment outcome indicators for OTP and SC programs combined.
- Somalia, Ethiopia, Kenya, and South Sudan achieved excellent treatment success rates; a cure rate of over 75%, death rate and defaulter rates below 10% and 15 % respectively which are within the acceptable standards.
- In Kenya and Uganda (Karamoja), the defaulter rates were higher (12.1% and 15.1%, respectively) and indicate the need for more attention in identifying the underlying reasons coupled with the requirement to design an effective strategy for better outcomes. In Uganda, the non-respondent rate in OTP (i.e., children who do not respond to treatment) was also elevated, at 17.4%, requiring further investigation.

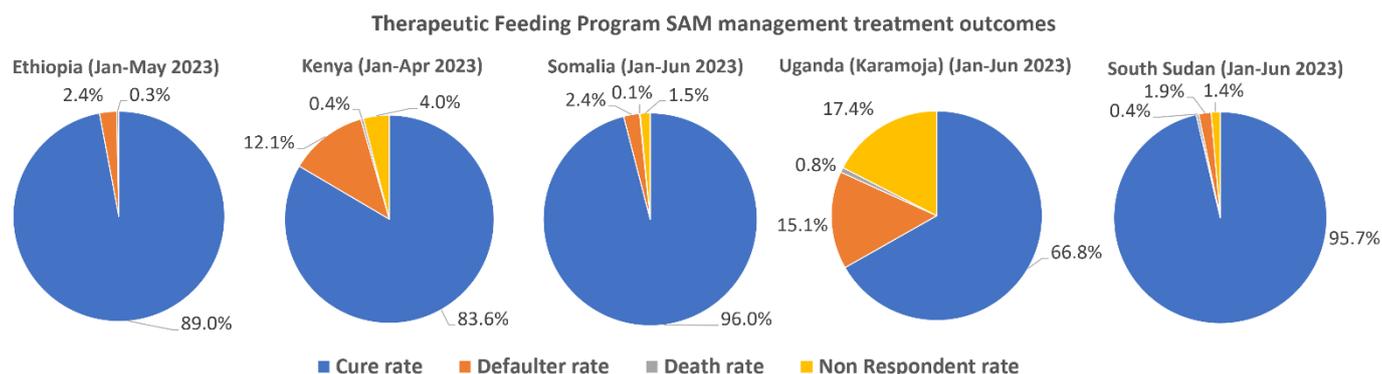


Figure 5a: Treatment outcome indicators for children admitted to therapeutic feeding program (OTP and SC), January to June 2023. (Nutrition cluster, UNICEF, WHO)

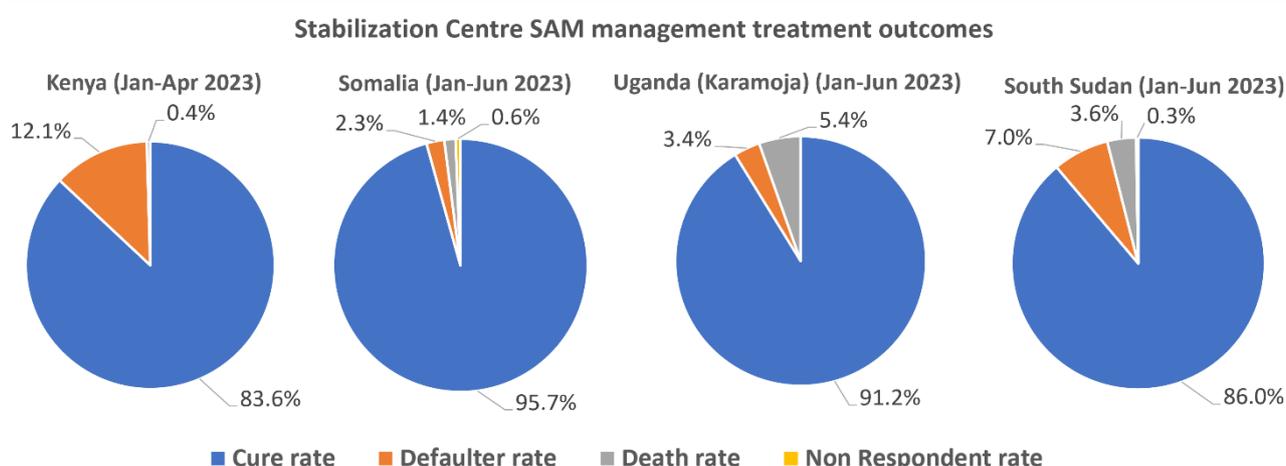


Figure 5b: Treatment outcome indicators for children admitted to stabilization centres, January to June 2023. (Nutrition cluster, UNICEF, WHO)

- The **OTP of Karamoja (Uganda)** achieved a **cure rate of 63.9%**, defaulter rate of 16.4%, a death rate of 0.2% and non-respondent rate of 19.4% between January to June 2023. The cure rate, defaulter and non-respondent rates were not with in the acceptable standards and more effort is needed to improve the treatment outcomes.
- Within the SAM children admitted to the stabilization centres between January and June 2023, **cure rates of 95.7%, 91.2% and 86.0%** were reported from **Somalia, Uganda, and South Sudan**, respectively, indicating a very good treatment success rate.

3.2 Disease Outbreaks

- The region is battling with multiple outbreaks of diseases, including cholera, vaccine derived polio virus type 2, measles, meningitis, malaria, dengue fever, hepatitis E, leishmaniasis and anthrax.
- Many of the areas which were most affected by the drought are also dealing with disease outbreaks.
- Three countries (ETH, KEN, SOM) are currently dealing with cholera outbreaks and high number of cases reported in the area bordering ETH, KEN, and SOM (The Mendera Triangle). As of June 2023, the number of cases started to decline especially from Somalia side.
- High caseloads of malaria have been reported from countries in the region compared to past years.

3.2.1 Cholera

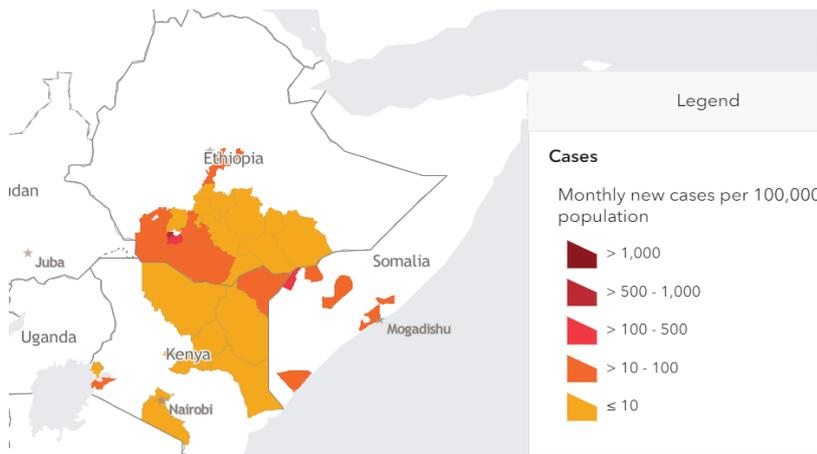


Figure 6: Cholera outbreak situation in the horn of Africa as of June 2023.
(WHO Global cholera and AWD dashboard).

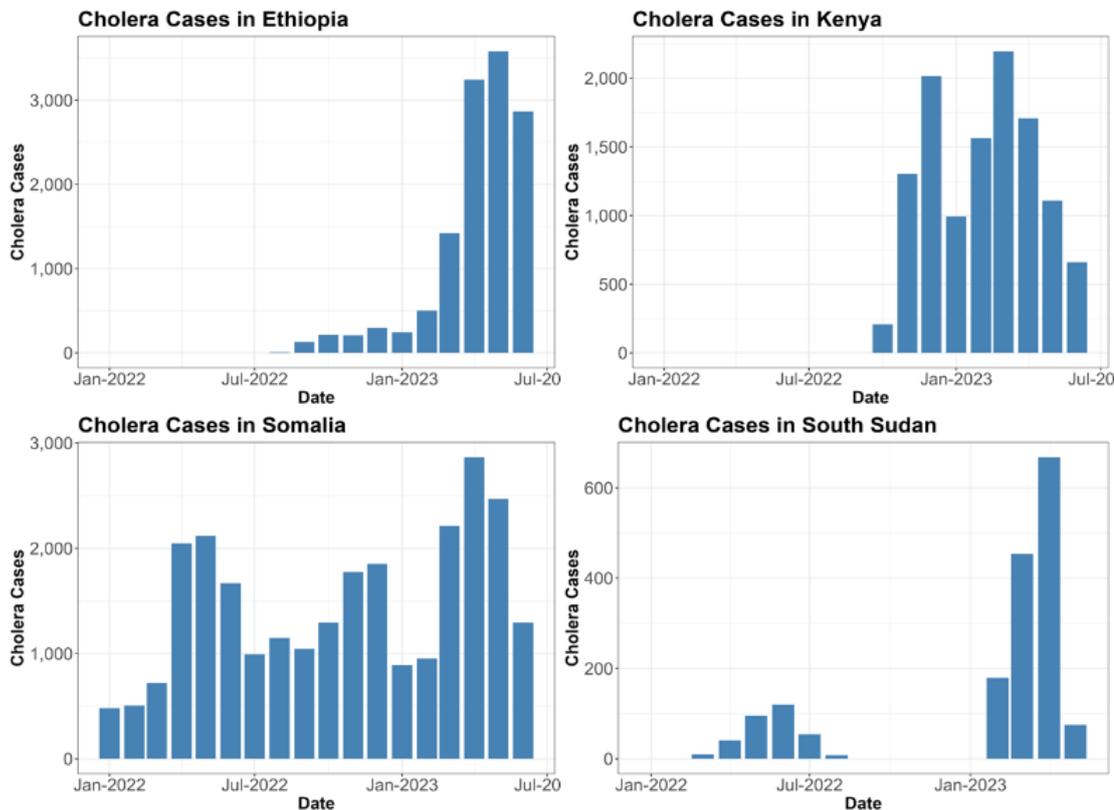


Figure 7: Epi curve for cholera outbreak in four countries, June 2023.
(Ministries of health, WHO country offices)

Ethiopia

- The cholera outbreak started in August 2022, and affected 86 woredas in Oromia, Somali, SNNP and Sidama regions.
- A total of 11,960 cholera cases reported in 2023 (as of 24 June), with over 96% of the cases from the drought affected regions of Oromia, Somali and SNNPR. A total of 165 cholera related deaths were reported (CFR: 1.38%) with the highest numbers in Oromia and SNNP regions.
- Since the onset of the outbreak, the number of cases continued to show an increasing trend, amid the spread to more geographic areas.
- Several rounds of OCV campaigns have been conducted in the high risk woredas of Oromia and Somali regions, and preparations were undergoing for a cross border OCV campaign targeting woredas in Oromia and Somali regions, bordering Kenya, and Somalia (The Mander triangle).

South Sudan

- A cholera outbreak was declared in March 2023 after two patients tested positive for V. Cholerae (PCR) in Malakal County, upper Nile state.
- A total of 1471 cases and two deaths (CFR: 0.3%) were reported in 2023 (last cases reported on 16 May).

- 342 (54%) of the cases were children 1-4 years old followed by those less than one year old 209 (33%).
- The outbreak affected both Malakal town and Malakal POC (protection of civilians) camp.
- As of end June 2023, the outbreak had been controlled.

Kenya

- The cholera outbreak in Kenya started in 2022 and a total of 25 counties were affected as of June 2023.
- A total of 11,694 cholera cases with 192 associated deaths (CFR:1.6%) were reported as of 29 June 2023.
- Garissa, Mandera and Nairobi contributed 64% of the total cases reported nationally and over 50% of cases reported from three counties in Northeastern Kenya (Garissa, Mandera and Wajir).

Somalia

- Cholera outbreak continued to affect more geographic areas, with over 27,685 cases reported since January 2022.
- A total of 10,446 cases and 29 deaths (CFR of 0.3%) were reported as of 25 June 2023.
- More than 6,368 cholera cases were reported between April and June 2023 and 54% of the cases were children under five.

3.2.2 Measles

- The outbreak continued to affect all seven countries with highest case load recorded in Ethiopia, Sudan, South Sudan.
- Most of the measles cases were reported from the drought affected areas.
- Several reactive and nationwide integrated vaccination campaigns have been conducted in different countries to control the outbreak timeously.

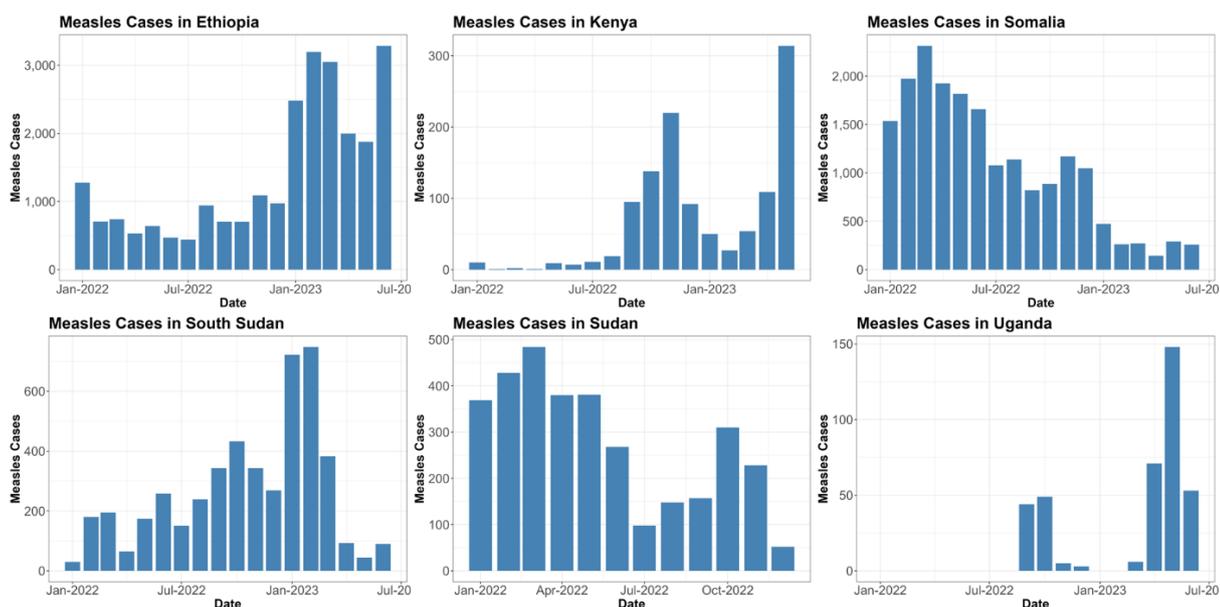


Figure 8: Epi curve for Measles outbreak situation in GHOA countries, June 2023. (Ministries of health, WHO country offices)

Ethiopia

- The current measles outbreak dates to August 2021 with a total of 21,936 cases and 220 deaths reported as of 29 June 2023.
- A total of 58 woredas from eight regions are still reporting active cases but the outbreak was controlled in 148 woredas as of June 2023.
- Somali, Oromia, SNNP, and Amhara regions has reported the highest number of cases to date.

Kenya

- The outbreak continued during the reporting period and a total of 10 counties were affected as of 29 June 2023.
- A total of 634 cases and eight deaths (CFR: 1.3%) have been reported since January 2023.
- 76% of reported measles cases were children under the age of 15 and many of the cases were reported from Turkana, Garissa, Kitui, Mandera and Tana River respectively.

Somalia

- The measles outbreak has been ongoing for over two years in the country.
- A total of 20,447 cases were reported in 2022 and 2023 (as of 4th June).
- 3,354 cases were reported between January and June 2023, pointing to a decreasing trend in 2023 compared to 2022.
- The most affected regions in 2023 are: Bay, Banadir and lower Shabelle.
- From the total samples collected and tested since January 2023, 71% of them tested positive for measles IgM antibody, and more than 63.1% of cases were children under five.

3.2.3 Malaria

- Malaria is endemic in all seven countries in the GHoA region which is currently witnessing higher numbers of cases compared to previous years.
- The disease is the leading cause of outpatient consultations in most countries across the region.
- Uganda saw a four-fold increase (20% to 80%) in malaria out-patient department attendance and over three-fold increase in malaria test positivity rates (20% to 70%) during the reporting period.
- High case numbers continued to be reported from Kenya, Ethiopia, Sudan, South Sudan, and Uganda.

Ethiopia

- Over 1 million malaria cases were reported between January and June this year, showing a significant increase compared to the last two years.
- Amhara, Oromia, Southwest Ethiopia People Region (SWEPR), SNNP, and Tigray regions account for the highest contributions to the case load respectively.

South Sudan

- A measles outbreak was declared by the Ministry of Health on 10th December 2022.
- The measles outbreak has to date affected 37 counties.
- A total of 6,347 cases were reported (4,137 in 2022 and 2,210 in 2023) with 66 deaths (CFR: 1.1%), out of which 4,589 cases (72.3% of the cases) were children under five years.
- A nationwide measles vaccination campaign was conducted, reaching 2,242,020 (86.3% coverage) 1,421,228 received Vitamin A, 58,274 deworming tablets as part of the response, as of 17 May 2023.

Uganda

- A total of 204 cases and five deaths were reported from refugee camps in Bundibugyo district as of June 2023.
- The outbreak was ongoing, with patients still admitted at Bundibugyo General Hospital during the reporting period.
- A reactive vaccination campaign was conducted as part of the response.

Sudan

- Ten states and 20 localities have been affected by measles outbreak in 2022 and 2023.
- Since the start of the current crisis, a total of 957 suspected measles cases and 22 deaths (CFR: 2.3%) have been reported from eight states.
- The most severely affected states were White Nile and Blue Nile with 653 and 212 cases reported respectively.

Uganda

- Nearly 3.3 million malaria cases with more than 1,200 related deaths were reported between April to June 2023.
- The highest numbers were reported in May and June 2023.
- Approximately, 50% of the severe malaria cases have severe anaemia requiring blood transfusion, and

there is a three-fold increase in malaria deaths. The Ministry of Health activated District Task Forces to coordinate response to malaria epidemic in highly

affected districts. Up to 12 districts were categorised as districts in IMS Response Mode, 3 in response, 10 in alert mode and 121 watch districts.

3.2.4 Other Disease Outbreaks

Meningitis

- A total of 4,140 suspected cases and 51 deaths (CFR: 1.2%) were reported in Ethiopia from January to June 2023.
- Six regions (Oromia, Amhara, SNNP, Somali, Sidama and SWEPR) contributed 80% of the reported cases.

Anthrax

- A total of 676 cases and four deaths were reported from Ethiopia between January and June 2023.
- 90% of the cases were from the Amhara region and about 5% from SNNP region.

Hepatitis E

- An outbreak of the disease was reported from South Sudan and Sudan in 2023.

- Sudan reported a total of 2,883 suspected cases and 24 deaths (CFR: 0.8%) from six states as of 31 March 2023.
- In **South Sudan**, the National ministry of health declared an outbreak of Hepatitis E Virus (HEV) disease on 14 April 2023. Cases were reported from Wau, Western Bahr el Ghazal state.
- A total of 185 cases including seven deaths (CFR: 3.8%) were reported since the start of the outbreak.

Dengue fever

- An outbreak reported in April 2023 in Afar region of Ethiopia Tis ongoing.
- A total of 6,178 cases were recorded between April and June 2023.

4. WHO Response

4.1. COORDINATION AND LEADERSHIP

In **Ethiopia**, WHO continued to support cholera outbreak response and preparedness from woreda to regional levels in the affected regions. Sub-regional response coordination meetings were held, including for outbreak response and health, nutrition, and WASH clusters. WHO co-chaired the HeRAMS technical working group meeting in the Afar region with the aim of rolling out the HeRAMS exercise in the region. Moreover, 58 new staffs and 19 focal points were trained on PRSEAH (Prevention of sexual exploitation, abuse, and harassment). The focal points will cover all field offices and will develop and implement a six months workplan. The first risk assessment was conducted in the Oromia region to develop adequate tools, which will be replicated in other locations in the coming months.

In **Sudan**, under the revised Humanitarian Response Plan appeal, the health sector requested for USD 178.6 million to reach 11 million people, but only 11.8% of the request has been funded despite a 37% increase in the needs in Khartoum and Kordofan states. Cluster coordination tools were updated, and health cluster coordination meetings were conducted at national (9) and sub-national levels (13). HeRAMS was initiated with pilot implementation planned for two states. In response to a cholera outbreak in South Kordofan, state and locality level task force and rapid response teams (RRT) were activated, supporting epidemiological investigation and response activities.

In **South Sudan**, functional forums were established at national and subnational level to provide guidance on technical and operational issues and challenges. WHO and the MOH continue to coordinate health partners' response to counties receiving refugees and returnees from Sudan. Technical support was provided to emergency response activities. For ongoing outbreaks, WHO supported the activation of the measles outbreak incident management system (IMS), and the cholera task force continues to provide operational and strategic guidance for outbreak response. The country is receiving large numbers of refugees and returnees due to the Sudan crisis, a factor that has increased the level of risk for sexual exploitation and abuse (SEA) in affected locations.

In **Somalia**, WHO continues to lead and coordinate the health cluster at sub-national and national levels with 53 active partners working in 17 out of 19 regions. Health cluster partners continued to scale up responses to meet critical health needs of conflict and flood affected populations. In collaboration with MOH and health cluster partners, a rapid needs assessment was conducted for flash floods displacements in Beletweyne district. A joint Inter-Cluster Coordination Group field visit was conducted in Baardheere district to monitor the drought and identify response gaps. Health and nutrition clusters discussed a joint response to climate impacts and challenges with focus on long term national capacity building and cluster coordination. Collaborated with MOH, WHO AFRO and EMRO, and WHO country offices in Kenya and Ethiopia to coordinate a joint response mechanism and synchronized OCV campaign for cross-border cholera response in the Mandera triangle. With regards to PRSEAH, 17 staffs have been trained, one community awareness session was conducted reaching a total of 12 people during the reporting period. WHO hosted a gender-based violence (GBV) specialist, identifying opportunities to strengthen health system response to GBV.

In **Uganda**, WHO and partners supported the MOH to conduct an Intra Action Review of the drought response in the Karamoja region and neighbouring districts, identifying best practices, gaps and / challenges, actions, and recommendations. Additionally, a regional surveillance review workshop was conducted with participants from 14 districts (Karamoja, Amuria, Katakwi, Kaberamaido, and Kapelebyong) and district performance improvement plans were developed. With regards to PRSEAH, the country office team trained 15 new staff members and conducted 14 awareness sessions reaching a total of 1,248 beneficiaries. Thirty-one sessions were facilitated for government workers with 1,298 people participating.

Kenya adopted the COVID-19 IMST for strengthening sectoral and intersectoral coordination and collaboration both at national and sub national levels to secure better alignment, complementarity, and synergy of response to the food insecurity and health risks. As part of the resilient health systems strengthening, the IMSTs (national and County levels) continued to hold regularized (twice weekly) coordination meetings to review the status of the response dynamics for all major outbreaks registered in country by working closely with both National Public Health Emergency Centre (NPHEOC) and affected counties of the ASAL region. The aim was to further strengthen the MOH structures and partners with harmonized response to public health emergencies (disease outbreaks including the ongoing cholera outbreak, drought, food insecurity and the health risks). At the sub-national levels (i.e. affected drought impacted counties) there are public health surveillance & information EpiData analysts who provided county health departments with dedicated need-based technical assistance and support for the coordination of the food insecurity and health risks emergency response across all response pillars; ensuring that local data and evidence continue to be generated to inform response dynamics; incorporating lessons learned from the contextualized dynamics of individual counties into the county response plans; and using such experiences, assets and emerging best practices accumulated over time, and capacities to guide the MOH structures in restoring and improving health service delivery, and building more resilient health systems for addressing future public health crises.

4.2. SURVEILLANCE AND HEALTH INFORMATION

In **Ethiopia**, WHO continued to support weekly surveillance and outbreak data collection, compilation, analysis, and presentations in all regions. In the SWE region, 103 health professionals were trained on vaccine preventable diseases. WHO provided joint integrated supportive supervision on vaccine preventable diseases in health facilities, including the investigation of suspected acute flaccid paralysis (AFP) cases. WHO also supported measles and cholera outbreak response-specific coordination meetings held at zonal and regional level to monitor response activities in the affected regions.

In **Sudan**, WHO supported the activation of daily monitoring of alerts/signals and data from indicator and event-based surveillance along with the dissemination of case definitions and reporting tools.

A surveillance revitalization process was developed for Gezira State with a plan to replicate it in other states. WHO also conducted a rapid assessment of capacities and needs for surveillance and RRTs. In addition, monitoring and evaluation indicators were developed for HeRAMS.

In **South Sudan**, WHO and MOH continued to monitor the cholera situation in Malakal including case reporting and specimen collection. Together they initiated enhanced surveillance for acute watery diarrhoea in counties neighbouring Upper Nile State. Surveillance for measles and other vaccine preventable diseases is being strengthened, including weekly zero reporting in under-performing counties and points of entry for refugees and returnees from Sudan.

In **Somalia**, WHO supported roll out of Integrated Disease Surveillance and Response System (IDSRS) rollout, with training completed in Banadir regional administration (BRA), 1 region of Jubaland and 1 region of Hirshabelle and training on data analysis and reporting for regional and state teams. Over 335 health facilities are submitting data to IDSRS (Banadir, Galmudug, Hirshabelle, Jubaland, and Southwest) and weekly and monthly reports are being submitted with weekly epidemiological bulletins produced by Federal MOH, BRA, and Jubaland. WHO supported the Federal MOH to strengthen the capacity of 50 frontline health care workers (HCWs) in disease surveillance for influenza and other respiratory pathogens. Fifty-five frontline HCWs were trained on the use of Rapid Diagnostic Kits (RDTs) for epidemic-prone diseases. At the state level Federal MOH, over 20 people were trained on RRT and 15 people trained on GIS. District-based RRTs conducted 109 supportive supervisory visits to assess the quality of data and activities implemented by CHWs.

In **Kenya**, WHO supported surveillance data collection processes to improve information flow and data analysis for decision making at all levels. HCWs and community health volunteers were trained on the detection and reporting of priority diseases. In order to further enhance the country's cholera response capacity, WHO supported community and facility-based surveillance system improvements, CHW training on active case finding and early detection, RRT training, training of laboratory staff as well as the supply of investigation kits and RDTs.

In **Uganda**, 390 HCWs at 48 health facilities in five districts received on-site mentorship from MOH, WHO, and regional mentors on integrated disease surveillance and response (IDSR) in addition to advanced HIV/AIDS care. An additional 561 HCWs from the Teso region were trained on IDSR guidelines. Active surveillance visits were conducted in eight health facilities in four districts, sensitizing 54 HCWs on surveillance and IDSR case definitions. WHO supported gender analysis of the drought response with data collection completed in nine districts of the Karamoja region. A five-day training on geographic information systems (GIS) and data visualization was held with 49 participants from WHO, MOH, and partners.

4.3. OUTBREAK PREVENTION AND CONTROL INTERVENTIONS

In **Ethiopia**, WHO continued to support cholera response activities including coordination, surveillance, case management, WASH, risk communication and community engagement (RCCE) and OCV vaccination campaign in the affected woredas of Oromia, Somali and SNNP regions. Within the cholera affected and high-risk areas of Oromia region, community volunteers reached over 25,000 people with social mobilization and community engagement activities. Orientation sessions in community-based cholera and other prevention, response, and control activities were provided to 24 emergency operations centre (EOC) staff and 59 additional participants in the SNNP region. In response to the ongoing dengue fever outbreak in Afar region, RRTs were supported at woreda and health facility levels, amid an activation of EOC, RCCE and case management teams.

In **Sudan**, in response to the ongoing measles outbreak, WHO activated the EOC, conducted a reactive measles vaccination campaign targeting under five children in Blue Nile state (from 31 May to 2 June 2023) and White Nile state (from 12 to 14 June 2023). Other activities included, enhanced routine vaccination with targeted antigens in affected areas, as well as community awareness and mobilization sessions for health service utilization including routine vaccination for children.

MSF-Spain and Plan International provided support on the operational cost for a measles vaccination campaign in White Nile state. A comprehensive outbreak response plan was developed and joint WHO-UNICEF request to the Measles and Rubella Initiative submitted. Enhanced surveillance functions were implemented including the activation of zero reporting, the scaling up of sentinel sites, in addition to community-based reporting and timely response, and active case searches.

In **South Sudan**, WHO conducted an integrated nationwide measles vaccination campaign reaching 2.4 million children (92% coverage), in addition to delivering vitamin A supplementation for 1.5 million, providing deworming tablets for 58,274 children, and mid upper arm circumference (MUAC) screening for 1.1 million children. In response to the cholera outbreak, an OCV campaign was conducted reaching 54,538 people (82% coverage) in affected areas (Malakal and protection of civilian (POC) sites). A plan was developed to guide the implementation of targeted RCCE activities for prevention and control, while WASH interventions undertaken with partners included water quality testing and a blanket chlorination campaign at community water points and households. Eight teams were deployed to investigate suspected disease outbreaks including cholera in Uror, meningitis in Aweil, anthrax in Kuajok, hepatitis E in Wau and Renk, Wau, Raja, and Aweil.

In **Somalia**, in response to the cholera outbreak, WHO deployed CHW's sensitizing 29,723 people in prevention and control in Jubaland, severe cases were referred to WHO-supported cholera treatment centres (CTC) in drought-affected districts. An OCV campaign was conducted in 10 high risk districts, targeting 995,886 persons (90% administrative coverage). A joint risk assessment with WASH and health clusters was conducted to identify cholera hot spot districts and to plan for a scale up of WASH interventions. Additionally, there were ongoing discussions and planning to conduct OCV vaccination campaign to reach 590,000 people in targeted five districts around Mander triangle.

In **Kenya**, a new OCV campaign was planned for affected counties including the areas bordering Kenya and Ethiopia (The Mander triangle). An OCV application was submitted to ICG (The International Coordinating Group on Vaccine Provision) for approval. Comprehensive WASH strategies were developed to guide interventions and to mitigate the impact of cholera and drought in affected counties. Cholera preparedness, readiness and response training was conducted for eight affected counties while training of trainers (ToT) sessions on WASH and IPC were attended by over 163 public health officers. WASH stakeholders were trained on water quality surveillance, monitoring, and reporting.

In **Uganda**, in response to the recent malaria epidemic, WHO reviewed malaria control activities in four districts (Serere, Karamoja, Kotido and Moroto) and supported the installation of malaria toolkit applications and the activation of district task forces for malaria outbreak response. In coordinating partner activities for the malaria response, WHO has developed a malaria 3W Response map of malaria dashboard for partner presence and pillar activities in districts across the country.

4.4. ESSENTIAL NUTRITION ACTIONS

In **Ethiopia**, the first phase of integrated management of acute malnutrition (IMAM) training was organized and facilitated for 51 HCWs in the Somali region. The WHO regional team visited a primary hospital in Jigjiga (Somali region) for supportive supervision of nutrition services, malnutrition surveillance and SAM case management activities.

In **Sudan**, WHO supported stabilization centres in all accessible states with essential medicines and medical supplies for the treatment of SAM children with medical complications. A total of 517 SAM kit modules were made available. Supplies for inaccessible states (five Darfur and three Kordofan states) were prepositioned in White Nile state, pending safe access. Nine WHO nutrition specialists were deployed to work closely with partners on nutrition emergency response. During April and May 2023, 1,827 SAM children with medical complications were treated in the stabilization centres, achieving a 91% recovery rate and a 6% defaulter rate.

In **South Sudan**, WHO and health partners supported the MOH with the distribution of SAM kits to affected areas and nutrition screening (MUAC) for 862 children. A total of 325 acutely malnourished children (266 MAM and 59 SAM) were identified.

In **Somalia**, 2,740 children suffering from SAM with medical complications were admitted and received care at 58 WHO-supported stabilization facilities in Banadir, Jubaland, and Hirshabelle regions in April 2023. 1,212 children were treated for SAM in June. A WHO-PED-SAM kit was donated to the stabilization centre of Beletweyne Regional Hospital for management of about 100 children in flood-affected communities. With nutrition cluster and International Medical Corps (IMC) coordination, WHO conducted a five-day workshop for 21 frontline HCWs from stabilization facilities in five regions (Galmudug, Hirshabelle, Jubaland, Southwest and Banadir) to be able to improve the quality of care in those facilities.

In **Kenya**, a total of 36,469 children (6-59 months) and 7,537 pregnant and lactating women (PLW) were screened, and 4,847 malnourished children (13.3%) and 443 malnourished PLW (5.9%) referred for appropriate treatment. Mass screening for early detection and referral for the treatment of acute malnutrition among children and PLW was conducted in hard-to-reach locations in Garissa County.

In **Uganda**, WHO supported nutrition in HMIS training for 26 health workers (district nutrition focal persons and biostatisticians) from 10 districts of Lango, Acholi and Teso sub-regions. A three-day mentorship and capacity building sessions was also conducted on Integrated Management of Acute Malnutrition (IMAM) and HMIS with a participation of 40 health workers from 6 health facilities of Katakwi and Pader districts. Additionally, IPC supplies were provided to inpatient therapeutic feeding centres (ITC) and 12 village health teams (VHTs) were deployed to support the outpatient therapeutic feeding feeding centre.

4.5. ESSENTIAL HEALTH SERVICES

In **Ethiopia**, a total of 25 IPC focal persons were trained in IPC/WASH in Somali region and 24 HCWs were trained in cholera outbreak response interventions in Sidama region. In Somali region, IPC scorecard and IPC/WASH assessments were conducted in four health facilities and WHO supported capacity strengthening in mental health and psychosocial support (MHPSS) for sexual and gender-based violence (SGBV) survivors.

In **Sudan**, 16 hospital assessments were completed in Gezira and Red Sea states. Risk assessments and WASH/IPC interventions were ongoing to identify community risks for cholera transmission including WASH access and water quality testing to ensure adequate chlorination of water sources. State MOH and UNICEF are developing detailed WASH/IPC response reports. An MHPSS technical working group (TWG) was established with representation from 41 national and international agencies.

In **South Sudan**, WHO deployed four teams to conduct rapid health assessments and to provide medical support in key border crossing points with high numbers of refugees and returnees. A total of 661 HCWs were trained to identify and manage common illnesses such as malaria, pneumonia, and diarrheal diseases.

In **Somalia**, UN agencies are collaborating to scale up the provision of integrated primary health care services to drought-affected communities in 31 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir regions. Outreach teams were deployed to implement integrated health care services including primary health care, outpatient department (OPD) consultation, the treatment of common illnesses and routine vaccination services. A preliminary assessment of integration of mental health into primary health care was conducted with pilot implementation planned in one state. In June 2023, WHO-supported teams reached 1.1 million beneficiaries with health and nutrition interventions including 787,803 OPD consultations, vaccinations for 3,790 pregnant women, vitamin A supplementation for 26,856 children, deworming for 12,603 children and iron/folate for 1,010 pregnant women.

WHO had deployed CHWs to the drought affected districts to support the essential health services and managed to do a total of 1,474,733 household visits (including re-visits) between January to June 2023. As part of the service provision, a total of 163,817 children under five were screened for malnutrition, 54,191 children received deworming tablets, more than 300,000 lactating mothers (including repeated visits) educated on infant and young child feeding program (IYCF), 49,719 pregnant women received iron/folic acid tablets and nearly 18,000 children were treated with ORS and zinc for diarrheal diseases during the same reporting period.

In **Kenya**, WHO continued to support essential health service delivery and timely outbreak detection and response in drought and food insecurity affected areas. Over USD 25 million of critical WASH supplies were prepositioned in drought- and cholera- affected communities. Existing CTC/CTUs were improved and boosted with the supply of tents at treatment facilities.

In **Uganda**, WHO conducted a six-day integrated community case management (ICCM) training for 300 VHTs and 14 health assistants from eight health facilities in Kotido district. WHO, MOH and regional mentors together conducted on-site mentorship on HIV care and treatment visiting 48 health facilities and mentoring 390 HCWs in Karamoja. Additionally, yellow fever vaccination campaign monitoring and supervision support was provided in five districts.

4.6. OPERATIONS, LOGISTICS AND SUPPLIES

In **Ethiopia**, WHO provided antimalarial drugs and RDT kits (>60,000 doses of Coartem, 2,000 doses of Artesunate and 1800 RDT kits) in SWE region and deployed 10 vehicles to support emergency response in drought affected areas. Furthermore, as part of outbreak response interventions, WHO facilitated the dispatch of 9.3 MT of anti-malaria drugs and kits for Western Oromia. To date more than 83,000 MT of drugs and emergency supplies have been distributed to last mile drought affected regions in 2023 to support the essential health services and emergency response activities. In **Sudan**, WHO prepositioned medical supplies, delivered 12,500 RDT kits to Madani hub, and two cholera treatment kits to Kadugli; and, established three CTCs in Delling locality. A 108 cubic meter (CBM) shipment with cholera kits, trauma, and emergency surgery kits (TESK) arrived at Port Sudan. Another 515.93 cubic meter shipment of various emergency medical supplies is expected in the country. Over 1,031 Cubic meter of medical supplies have been distributed to the end users including Dengue RDTs, cholera Kit central modules and TESK 2019 modules and an additional 95.25 CBM of various supplies (PED SAM kits, Cholera kits central module s, TESKs 2019 modules) arrived in Sudan and are under clearance process for delivery.

In **South Sudan**, WHO distributed 674 emergency health kits (499 Inter-Agency Emergency Health Kits (IHEK), 185 SAM kits, 31 cholera kits and 59 laboratory kits) and supported WASH activities in health facilities including distribution of six handwashing stations. The distribution of non-communicable disease kits for 10,000 people (and the corresponding training) is planned for areas receiving returnees and refugees.

In **Somalia**, WHO continued providing supplies such as cholera kits, IEHK, PED-SAM kits and TESK to cholera affected districts and assisted the capacity strengthening for the management of medical supplies including quantification, forecasting, storage, distribution, and consumption reporting.

In **Uganda**, WHO visited health facilities in four districts to monitor malaria commodities and identify key issues. Other activities included, onsite capacity strengthening for inventory system improvements in Moroto district, and last-mile delivery of ready to use therapeutic food (RUTF) to Oyam district. The WHO regional hub in Gulu supported the distribution and training in the use of adult and paediatric weighing scales in Otuke and Alebtong district OTC sites.

5. Gaps and Challenges

Ethiopia continues to face multiple humanitarian public health crises including several diseases outbreaks such as measles, cholera, rubella, arboviral diseases, and COVID-19. Responses to these crises are challenged by shortages of medical, nutrition, and epidemic prevention and control supplies, including limited stocks of SAM case management supplies, stockouts of milk formula at stabilization centres, shortage of OCV vaccines, shortages of water purification chemicals for cholera-affected woredas in Somali region. There have also been limited logistics for interventions to respond to a substantial increase in malaria cases in SWE region. Additionally, security concerns are hampering health service delivery in some areas of Oromia and Somali regions.

In **Sudan**, the complex operational environment and ongoing conflict have complicated the scale up response activities. There are limited safe passages to transport injured or sick patients, supplies, and the personnel needed to ensure the functionality of strategically located health facilities. The interruption of telephone and internet connectivity has significantly affected surveillance reporting and RRT activities. Meanwhile, the malnutrition situation has further deteriorated due to the lack of access to life-saving nutrition services. Increased logistics costs for transport, warehousing, and fuel have presented additional response challenges in Al Geneina, South Darfur, and Khartoum. This has been worsened by looting of offices and warehouses.

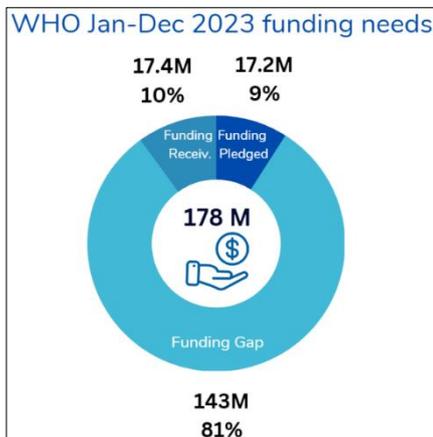
In **South Sudan**, shortages of drugs and medical supplies, inadequate case investigation, gaps in specimen collection, a high proportion of unvaccinated children for measles (75%) during routine immunization program were factors affecting the measles outbreak response and control efforts. Overcrowding in POC sites due to the sustained influx of IDPs, inadequate shelter, poor access to safe water, and inadequate WASH supplies and activities have exacerbated epidemic risks.

Somalia continues to face multiple emergencies resulting in over eight million people needing humanitarian assistance. A total of 7.8 million people affected by drought with over 1.4 million people being internally displaced. In all, over 38% of the population experiencing acute food insecurity (4.6 million in IPC 3+) along with multiple disease outbreaks, and flooding. There are still substantial health sector gaps and high need for additional funding to reach those in need of health services, particularly IDPs and populations living in hard constraint areas.

Kenya's response to multiple concurrent complex emergencies continues to be impacted by shortages of drugs and medical supplies including laboratory supplies and water treatment and monitoring equipment, insufficient staffing including technical expertise in surveillance, case management and data collection; and insufficient numbers of personnel trained in the management of severely malnourished children at the facility level. Insecurity in hotspot areas hinders field operations. Response efforts are also hampered by insufficient resources to ensure sustainability and reduce stock outs.

In **Uganda**, food security and nutrition responses are hindered in adequate supplies. There are shortages of height boards, weighing scales, IMAM job aids and reference charts. This has included the unavailability of RUTF dosing charts in health facilities in Otuke and Alebtong districts and stock outs of nutrition supplies including formula milk in Gulu and Lira regional referral hospitals.

6. Funding Status



The funding request for 2023 (January to December) is USD 178 Million and as of 30 June 2023, only 19% percent has been pledged and funded.

As the situation continues to worsen, there is need to ensure access to the required resources to continue providing the much-needed support.

7. Priority Actions, Recommendations, and Next Steps

- The ongoing cholera outbreak situation in the region is very concerning and needs a sustained multi-sectoral response focused on surveillance, WASH, and IPC, in addition to a synchronized vaccination campaigns targeting border areas.
- Response activities to the ongoing cholera outbreaks in the region are hampered by shortages of OCV vaccines, drugs, and supplies. Continuous resource mobilization and partner's engagement is key for the timely control of the outbreak.
- Regular mentorship and on-job training for health care providers working at stabilization centres is required in order to improve the quality of care and the treatment success rate.
- More emphasis needs to be placed on investigating the underlying causes for a high number of non-respondents in the therapeutic feeding programme of Karamoja region (Uganda) and design an effective strategy in bringing better outcomes.
- There is a need to strengthen and maintain the emergency response capacity across the region including HR as well as supply and logistics management, taking into consideration the multiple and complex emergencies.
- Multi-sectoral humanitarian assistance must be sustained and increased, and immediate lifesaving response must be accompanied by investments in long-term solutions.
- Increased advocacy and partnerships are needed to facilitate and increase the prospects for additional funding and resources for the emergency response.
- Health service delivery, especially maternal and child health programme including immunization services have been disrupted by drought, conflict, and flooding. More effort is needed to improve the routine immunization services at community and health facility levels including for the IDPs and refugees.
- There is a need to enhance coordination, information sharing, preparedness and readiness activities for El-Nino associated health risks. Priority also needs to be given to the management of acute malnutrition, access to health services, in addition to disease surveillance, early warning and outbreak response activities, WASH services, vaccination for outbreak prone disease, emergency health supplies and the overall coordination of response efforts.

8. Advocacy Messages

The food insecurity and health situation in the seven countries of the GHoA continues to worsen with nearly 60 million people in a state of crisis or worse. The underlying factors driving the food insecurity remain. They include climate change, drought, flooding, insecurity, displacement, and their impact on livelihoods. This has led to a surge in disease outbreaks and the highest number of malnourished children in years, on the back of a deteriorating food insecurity outlook. The number of children with acute malnutrition are at their highest in about four years.

Multiple and frequent disease outbreaks including cholera, measles, dengue fever, circulating vaccine driven polio virus, meningitis as well as malaria have resulted in very high rates of illness and death. Most of the disease outbreaks are reported from areas affected by extreme weather events.

El Niño's onset was revealed by the World meteorological organization and will likely strengthen through the remainder of the year, resulting in above-average rains during the October–December rainy season across the eastern parts of the region and below-average rains between July and September across western parts of the region. It will have a devastating health impact by increasing the risk of vector and water borne diseases, as well as vaccine preventable diseases like measles, coupled with the possibility of a rise in malnutrition.

The demand for increased health service is coming when countries are facing a huge funding gap, rendering them unable to effectively respond. On 21 January 2023, WHO launched a funding appeal for USD 178 million for the food insecurity and health crisis in the region. To date only 19% has been funded, limiting the scope of our response activities. Multi-sectorial humanitarian assistance must be sustained and increased to reduce preventable deaths, while immediate lifesaving actions must be accompanied by investments in long-term solutions. Additional funding is required.

9. Contacts

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