

SOMALIA

People in need
7 714 943

People targeted
5 546 553

Requirements
US\$ 53.76 million

Grade 3 Emergency



Context

Devastated by decades of conflict, recurrent climatic shocks, disease outbreaks, and widespread poverty, an estimated 7.7 million people in Somalia require humanitarian assistance and protection – up from 5.9 million people in 2022. The multitude of climatic shocks over the past three decades, such as recurrent droughts and floods, coupled with protracted conflict have collectively weakened the country's health system. The provision of essential health services was severely affected during the COVID-19 pandemic. This put additional strain on the health system and overstretched available resources for supporting even basic health services.

Somalia faces one of the most severe droughts in its history. With the next rainy season not expected until April 2022, Somalia confronts a potential catastrophe of famine and severe loss of life from hunger, malnutrition, food shortages and disease. The number of people impacted is steadily rising and displaced families are approaching life-threatening levels of need. About 4.3 million people are affected with 271 000 people forced to abandon their homes in search of water, food and pasture. More than 3.6 million people are estimated to lack access to sufficient water; many are increasingly using untreated water from shallow wells and dwindling rivers increasing public health risks. Cases of acute watery diarrhoea, cholera, and measles are spiking in drought-affected locations due to contaminated water sources.

WHO staff Fuad Abdisalam (left) and Nimcaan Aden move an oxygen concentrator from the WHO warehouse to a van for delivery to the general hospital in Hargeisa on 19 January 2021.

WHO has worked in solidarity with the government, partners, and the private sector to scale up sustainable oxygen supplies. The WHO oxygen project aims to provide end-to-end solutions and innovation to provide access to medical oxygen to more people at an affordable cost.
© WHO / Mustafa Saeed

In drought afflicted districts, reports of epidemic-prone diseases continue to increase compared to the previous year. Endemic cholera cases increased by 20%, acute diarrhoeal disease cases by 15%, malaria cases by 38% and measles cases by 15%. Cases are expected to increase further due to the worsening drought and inadequate access to sanitation and hygiene, especially in displacement camps and areas affected by conflict.

The food security situation is at risk of further deterioration. Although interventions by the humanitarian community are mitigating the severity of food insecurity, the number of people facing Crisis (Integrated Food Insecurity Phase Classification Phase 3) or worse outcomes without humanitarian assistance is forecast to increase from 3.5 million to 4.6 million by May 2022. The prevalence of acute malnutrition remains high in most drought-stricken areas, with Global Acute Malnutrition at 10% to 14.9% or Serious and rising to Critical levels (15.0% or more) in some of the worst affected areas.

Conflict and insecurity in parts of Somalia continue to aggravate vulnerabilities and displacement, forcing 544 000 people to flee their homes last year. Conflict and insecurity create protection challenges, including physical attacks and threats to life, arbitrary arrest and detention, kidnapping, early marriages, sexual assault, and child recruitment. Humanitarian access is hampered by ongoing hostilities and movement and security restrictions.

Response strategy

WHO supports the Federal Ministry of Health and Human Services in several critical areas. WHO established public health laboratories for decentralized testing of COVID-19, strengthened the early warning system for disease detection and response, and deployed community health workers in hard-to-reach areas to improve access to community-based health care interventions for displaced and vulnerable communities. WHO will provide support to mitigate and offset the disruption of essential health care during COVID-19 and to safeguard against gender-based violence. WHO will work with the Federal Ministry of Health and Human Services and partners to initiate the establishment of an integrated disease surveillance and response strategy to strengthen the timely detection and response to health events. WHO established public health emergency operations centres at national and subnational levels to strengthen the coordination of emergency response operations. WHO has trained, equipped, and deployed district-based rapid response teams to investigate and verify disease alerts reported from respective communities. WHO continues to build strong strategic partnerships at the country level with civil society, government, and United Nations agencies, including under the umbrella of Sustainable Development Goal 3 Global Action Plan.

Country priorities

Of the 7.7 million people in need of humanitarian assistance, WHO will provide emergency medical services to an estimated 5.5 million, of which 2.2 million live in internally displaced person camps. WHO will focus on the integration of disease surveillance and response activities, strengthening intersectoral coordination and leadership, and building on initial investments made for the COVID-19 response to establish a more resilient health system. Community-led interventions will be prioritized, whereby WHO and other partners will work to ensure that essential public health services are available for everyone everywhere. In view of the worsening drought in the country, WHO's focus will be limited to improving access to health services among the drought-affected and other vulnerable populations in the country. Other activities will include:

- Improve access to health services using both community-based interventions and primary level care with a view to increasing access, coverage, and use of health care services.
- Strengthen essential health services at the district level for improved care and addressing health inequality.
- Enhance preparedness and readiness for preventing disease outbreaks (undertake targeted pre-emptive vaccination for cholera, measles, and other vaccine preventable diseases; improve laboratory testing capacity for epidemic-prone diseases; strengthen the integrated disease surveillance and response system; support front-line training and operations of rapid response teams, etc.).
- Improve routine immunization for vaccine-preventable diseases, especially in hard-to-reach areas, with the main target of reaching “zero-dose children.”
- Support intergovernmental coordination, planning, and operational readiness for response to any public health emergency.
- Improve information and data sharing, including innovation and research.



In Somalia, WHO supports the Federal Ministry of Health and Human Services in several critical areas. WHO established public health laboratories for decentralized testing of COVID-19, strengthened the early warning system for disease detection and response, and deployed community health workers in hard-to-reach areas to improve access to community-based health care interventions for displaced and vulnerable communities. © WHO / Ismail Taxta

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.88	0.14	1.02
P3. Surveillance, case investigation, and contact tracing	0.07	4.20	4.27
P5. Diagnostics and testing	0.26	3.21	3.47
P6. Infection prevention and control	1.04	-	1.04
P7. Case management and therapeutics	-	5.93	5.93
P8. Operational support and logistics	-	1.39	1.39
P9. Essential health systems and services	1.28	-	1.28
P10. Vaccination	-	33.49	33.49
P11. Research, innovation, and evidence	1.11	0.75	1.86
Total	4.64	49.11	53.76

For more information

Dr Mamunur Rahman Malik

WHO Representative and Head of Mission

WHO Somalia

malikm@who.int

On 18 February 2021, solar powered oxygen concentrator systems were delivered by WHO to Hanaano Hospital in Galmudug state, Somalia. The COVID-19 pandemic accelerated the global demand for oxygen and made the delivery of oxygen supplies more urgent than ever. WHO helped scale up oxygen supplies in the most vulnerable countries by procuring and distributing oxygen concentrators and pulse oximeters. © WHO / Ismail Taxta

