



# Responding to the drought in Somalia, 2022

## GRADE 3 HEALTH EMERGENCY

*Managing an unprecedented  
health crisis*



World Health  
Organization

Somalia



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Throughout 2022, Somalia's drought and food insecurity situation continued to worsen surpassing the 2010–2011 and 2016–2017 droughts in terms of duration, severity and scale. The number of people needing urgent health and humanitarian assistance sharply increased and by the end of December 2022, close to 6.5 million people continued to remain in emergency phase (Integrated Food Security Phase Classification (IPC) Phase 3 and above) living in acute food insecurity situation. The drought affected about 8.3 million people in the country (over 50%) and displaced over 2 people from their homes in search of water, food and pasture. The escalating need for humanitarian and health assistance of such a large and massive number of affected people clearly outpaced the ability and resources available with the agencies to respond timely and effectively.

For most of 2022, the unprecedented drought calamity, never seen before in the country, with a looming threat of a famine, risked the lives of thousands of vulnerable people from cascading effect of food insecurity, extreme hunger and acute malnutrition. In response, WHO's scaled up humanitarian health actions saved thousands of lives and averted a major health crisis in a complex, fragile and challenging environment.

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# An unprecedented crisis required an exceptional level of response

It is no underestimation that the health crisis that unfolded in Somalia in 2022 and the latter half of 2021 was one of the worst public health situations that has occurred in the past 20 years.

Today, every single child, woman and man in Somalia continues to face levels of hunger and malnutrition on a scale not seen since the 2011 famine. The risk of starving to death is compounded by unprecedented drought, continued fighting, the country's fragile health system and the impact of the COVID-19 pandemic on its vulnerable health system.

The World Health Organization (WHO) has worked tirelessly throughout 2022 in effort to prevent a dire health crisis by providing health care close to the people in hard-to-reach



**Somalia has been on the brink of an unprecedented health crisis for more than a year now. Inaction will mean that vulnerable people trapped in this crisis will pay with their lives.** ”



communities despite a complex operating environment, security concerns and a health system that is broken, fragile and non-functioning. The Organization has reached over 7 million people, about 75% of the people in need, with life-saving care, including essential health and nutrition interventions. These services have proved to be the lifeline in our fight against diseases and deaths. The year 2022 has passed without any major epidemic of diseases and significantly high “excess deaths” which are the usual consequences of hunger and starvation of this scale as we saw in 2022. This happened at a time when the health system of one of the most fragile, conflict-affected and vulnerable countries was yet to recover from the COVID-19 pandemic. This demonstrates WHO's strength in responding to and managing this unprecedented health crisis with an exceptional level of speed, strength and spirit.

**Dr Mamunur Rahman Malik**  
WHO Representative and Head of Mission  
Somalia

## Key Figures (2022)



**15.7 M**

Estimated Total Population



**6.5M (IPC phase 3+)**

Acutely Food Insecure Population



High localized risk of famine in six areas



**51 400**

Number of Refugees



**3.1 M**

Internally Displaced



**1.8M**

Acutely Malnourished Children (Estimated)



**5**

Ongoing outbreaks

- Cholera: 16 772
- Measles: 17 379
- Malaria: 1 583
- Polio: 2 (Circulating vaccine-derived type 2)
- COVID-19: 27 318

## Highlights of WHO's Key Result in 2022

- WHO Somalia provided emergency humanitarian health assistance by **coordinating efforts of 55 health sector partners** (4 UN agencies, 30 NGOs and 21 international NGOs), scaling up its support to prevent, respond and avert any major health crisis.
- WHO Somalia financed **life-saving interventions reaching to 7.7 million people** compared to the 5.97 million people targeted representing 28% more people reached with essential health and nutrition services.
- **WHO country office deployed funds, surge staff, technical expertise** and medical supplies to report, monitor, assess risk and avert diseases and deaths.
- **WHO strengthened the provision of emergency nutritional care** for severely acute malnourished children with medical complications across 63 nutrition stabilization centres.
- **WHO supported 281 health facilities with drugs and medical supplies** to deliver essential health care and avoid disruption of routine health services.
- **WHO and its partners vaccinated a total of 4 428 635** children with measles and childhood vaccines through mass campaigns and supplementary immunization activities.



# Delivering for impact in a complex, fragile environment

Somalia reached a tipping point in 2022. The lives of hundreds of thousands of people were at risk as the risk of famine unfolded for most of 2022. In response to extreme levels of acute hunger and malnutrition, WHO country office of Somalia rapidly scaled up its emergency health response operation stepping up delivering a range of life-saving health and nutrition interventions across the country especially in the heavily impacted drought-affected districts. **WHO's intensified, integrated health and nutrition services have reached over 7.7 million vulnerable people in 29 districts** (19 in operational priority 1, 10 in operational priority 2) delivered in these districts either through the sub-national health authorities as implementing partners or directly by WHO.

WHO's response to this unprecedented drought, the worst in its history, rallied around an unparalleled on-the-ground delivery of life-saving health services that reached **75 to 80% of the people either impacted directly** or living in the drought-affected areas in the country and in need of humanitarian and health assistance.



WHO's life-saving interventions have reached more people than initially targeted in 29 severely drought impacted districts.

Photo credit: WHO / Ismail Taxta

Owing to the speed of rapid scale-up, sense of urgency and ability of WHO to break barriers of access to care for the marginalized communities, WHO's initial target was surpassed. This demonstrated WHO's interventions have reached more vulnerable people than originally planned. This helped these vulnerable people in a rapidly evolving health crisis to fight off and prevent diseases and deaths at the same time as they were fighting against catastrophic levels of acute hunger and malnutrition to cope with for their survival.



**WHO's initial target of reaching 5.97 million people in the drought-affected areas with essential health services surpassed the reach. Outpacing this, more than 26% of vulnerable people initially targeted were reached by WHO.**



# Mounting a scaled up response

The drought and food insecurity situation in Somalia was declared by WHO as a Grade 3 Health emergency (requiring major/maximal response) on 20 May 2022 and on 11 August 2022, the IASC activated the IASC Humanitarian System-Wide Scale-Up for Somalia highlighting the critical need of IASC member organization to enhance the humanitarian response and rapidly mobilize the necessary operational capacities and resources to respond to critical humanitarian needs on the ground.

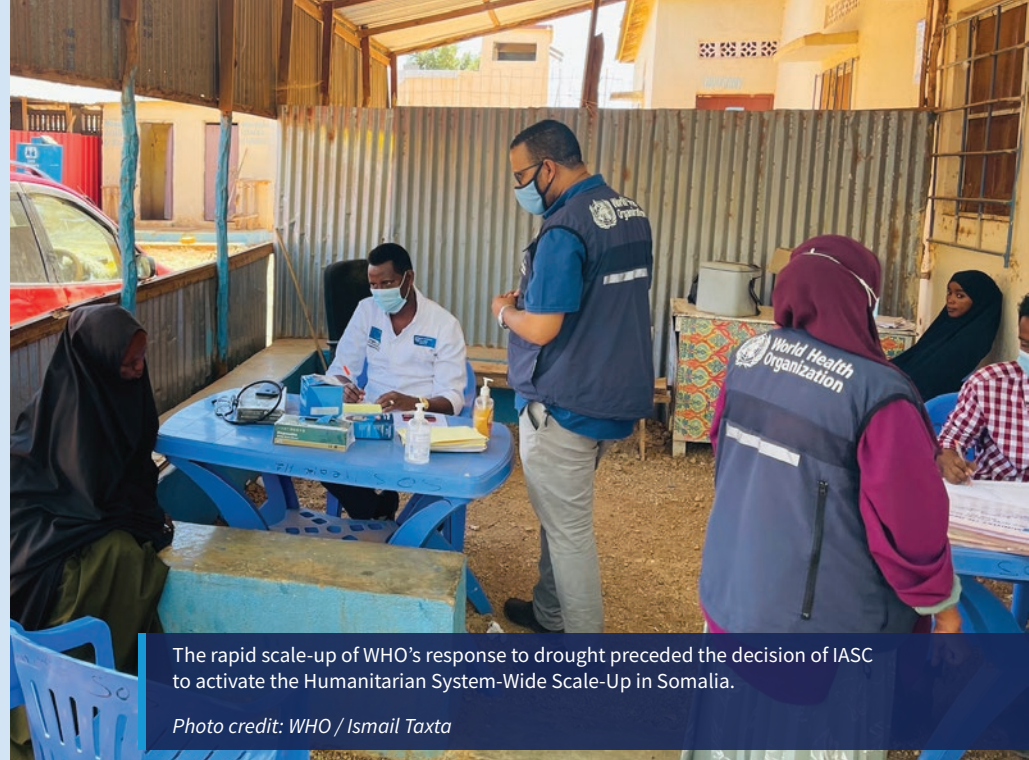
WHO was one of the few UN agencies to **develop and endorse an emergency drought operations plan in May 2022** for effective mobilization of resources for response operations.<sup>1</sup>

The grading of the event in Somalia as a Grade 3 Health Emergency led WHO country office **to activate the Incident Management System** and an Incident Management Support Team was established at the country office as well as in five operational hubs (Baidoa, Banadir, Kismayo, Baledwayne and Galkayo).

A total of 88 national and international surge staff were deployed by WHO to respond to this graded public health emergency event with a dedicated Incident Manager and other full-time staff carrying out the critical response functions (leadership/management, partner coordination, information management and planning, health operations and technical expertise, operations support and logistics, finance and administration) in a standardized and structured way as delineated in the WHO Emergency Response Framework for graded emergencies.<sup>2</sup>

<sup>1</sup> WHO. Emergency health response plan for drought in Somalia: Early action to protect health and save lives April-December 2022. 2022. (<https://applications.emro.who.int/docs/9789292740641-eng.pdf?ua=1>, accessed 2 August 2023).

<sup>2</sup> WHO. Emergency response framework (ERF), 2nd edition. 2017. (<https://www.who.int/publications/i/item/9789241512299>, accessed 2 August 2023).



The rapid scale-up of WHO's response to drought preceded the decision of IASC to activate the Humanitarian System-Wide Scale-Up in Somalia.

Photo credit: WHO / Ismail Taxta

WHO also supported the deployment of dedicated subnational cluster coordinators and information management officers to coordinate the response operations of the partners through the Health Cluster mechanism. **The Health Cluster coordinated the activities of, in total, 55 health partners** (4 UN, 19 international nongovernmental organizations and 32 national nongovernmental organizations) in 61 out of 74 districts in the country throughout 2022 for effective coordination of emergency health response.



**The declaration of Grade 3 Health Emergency and Inter-Agency Standing Committee (IASC) Humanitarian System-Wide Scale-Up necessitated rapid scale-up of WHO's response on the ground.**





# Bringing health service close to the people

While the country was in the midst of a rapidly evolving health crisis, the greatest urgency was to reach the most vulnerable (women and children especially) in Somalia with health care that had the ability to protect from the cascading effect on health of acute hunger and starvation. A total of **2194 community health workers (CHWs) were deployed by WHO** in 29 drought-affected districts. The CHWs reached out to every household possible in the underserved, hard-to-reach access-constrained communities of these districts and bridged the gap in access to health care between these communities and the health systems bringing health services close to the people. These CHWs rapidly scaled up community based care for common childhood illnesses by identifying sick and malnourished children, educating mothers on safe practices and reporting on a high-number of diseases, unusual events or cluster of unnatural deaths.



Responding to the urgent need of improving access to healthcare in peripheral and marginalized communities, WHO deployed community health workers to deliver essential health services which proved to be the lifeline for these communities.

Photo credit: WHO / Ismail Taxta

## KEY RESULT IN 2022

- **CHWs delivered risk communication messages** to the 2 312 857 households they visited.
- **Screened 385 260 children** for malnutrition where 38 414 children were identified to have severe acute malnutrition (SAM) and 92 326 moderate acute malnutrition using MUAC measurement.
- **Treated 34 171 children** suffering from acute diarrhea using oral rehydration solutions and zinc.
- **Dewormed 130 837 children** aged 6–59 months with albendazole tablets.
- **Educated 523 624 pregnant and lactating women** with key messages on infant and young child feeding practices and provided 103 025 pregnant women with iron/folic acid tablets for supplement intake.
- **Measured oxygen saturation level of 7059 children** with pulse oximetry and referred 13 818 children with low oxygen levels and acute respiratory infections to primary health care centers for critical treatment.

# Delivering health and building resilience too

**WHO deployed 160 community outreach teams** in the severely impacted and underserved districts. Working 4 days a week in close proximity to the marginalized communities, these teams delivered a range of life-saving health and nutrition services throughout 2022. This may have prevented a major health crisis during a catastrophic situation of acute food insecurity where millions of people used to go bed hungry and starving.

## KEY RESULT IN 2022

- **Provided basic health care consultation** to 255 002 care seekers.
- **Vaccinated 78 140 children with Penta 1** and 65 499 children with Penta 3 doses ensuring total protection against vaccine preventable diseases.
- **Vaccinated 78 140 zero-dose children** with first dose of routine immunization.
- **Vaccinated 29 316 pregnant women** with tetanus-diphtheria toxoids-Td2.
- **Distributed iron and folic acid** to 103 125 pregnant women.
- **Distributed vitamin A supplementation to 143 774 children** 6 to 59 months of age.
- **Treated 34 408 children** with home management of acute watery diarrhoea.



The community outreach teams and the community health workers deployed by WHO for its health response acted as the bridge for health between the communities and the healthcare facilities.

Photo credit: WHO / Ismail Taxta



When demand for seeking healthcare improved, WHO's support to the primary health care centres ensured that vulnerable populations needing higher level of care are served equitably with appropriate type of care.

Photo credit: WHO / Ismail Taxta

## Supporting primary health centres to meet excess demand for care

While health was delivered to marginalized populations using community based interventions, demand for health care in the primary health care centres increased tremendously with close to 300 000 to 350 000 care seekers visiting primary health centres every month. **WHO supported 281 health facilities** in the drought-affected districts with essential drugs and medical supplies for improving both routine and critical care for people whose low immunity resulting from prolonged starvation and extreme levels of malnutrition risked their health outcome for rapid progression of diseases.

### KEY RESULT IN 2022

- With the support of WHO, these primary health centres **reported 3 948 145 outpatient consultations**, established **67 triage corners** which were equipped with oxygen concentrators, oximeters and additional equipment useful for the management of critically ill patients suffering from emergency medical complications.
- WHO delivered **195 tonnes of medical supplies** to these 281 health facilities for maintaining essential health care when the country was reeling with a risk of famine. These supplies include 410 boxes of oral rehydration salts, **1294 different types of cholera kits** (drugs, equipment and other supplies), **977** interagency emergency health kits, **222 SAM kits**, other emergency medical kits and laboratory supplies.

# Saving the lives of severely acute malnourished children

As part of normative functions, **WHO setup/supported 63 stabilization centres** for treatment of severely acute malnourished children with medical complications across the country with trained health workforce, oxygen concentrators and other intensive care equipment, SAM kits, drugs and medical supplies for treatment of childhood pneumonia.

## KEY RESULT IN 2022

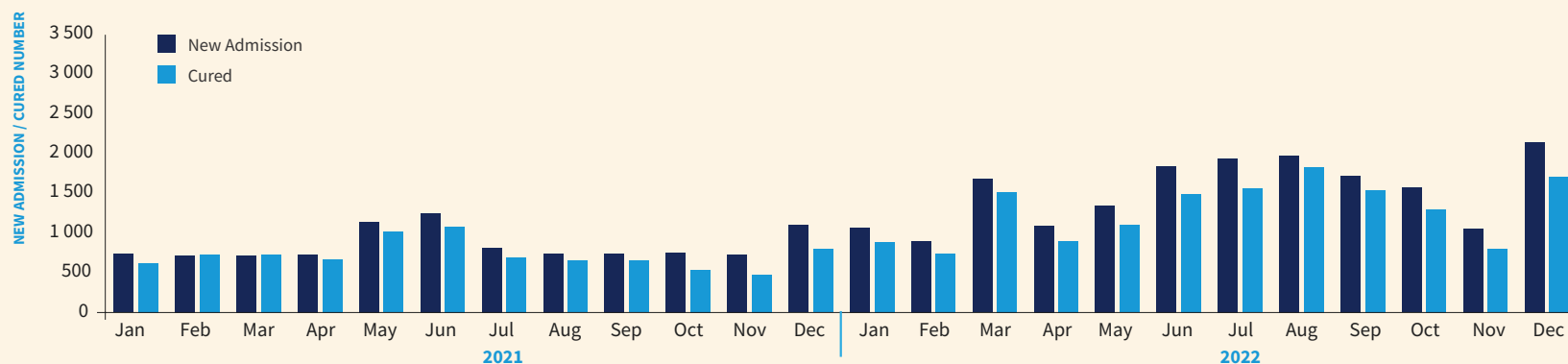
- These stabilization centres **treated 25 867 severely acute malnourished children** with medical complications with a **cure rate of above 84%** despite the number of children seeking admission in these stabilization centres increased by nearly twofold.



WHO supported the nutrition stabilization centres with all necessary drugs and essential equipment allowing the healthcare workers even in the remotest health centres save the lives of thousands of severely acute malnourished children with medical complications.

Photo credit: WHO / Ismail Taxta

Cumulative admission and treatment outcome of severely acute malnourished children with medical complications

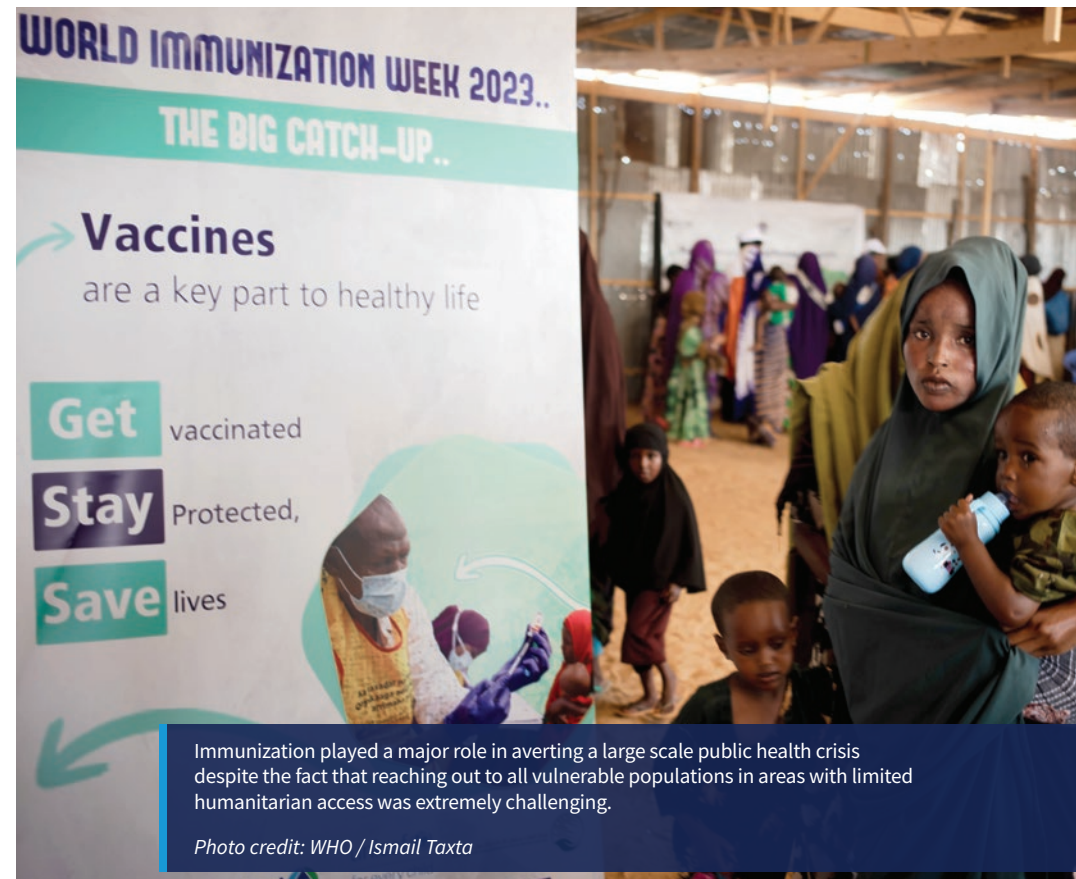


# Immunizing children and vulnerable people to avert large-scale epidemics

The extreme and catastrophic level of hunger and acute malnutrition provided ideal ground for diseases to thrive among children and other vulnerable populations. **WHO averted a major health crisis by rapidly mounting immunization campaigns** that averted large-scale epidemics and plausibly any significantly high “excess deaths” which was the most fearsome consequences of an impending famine. Despite the severe humanitarian context, and in the backdrop of backsliding of routine immunization coverage owing to the impact of COVID-19, these supplementary and mass immunization campaigns restored the immunization services.

## KEY RESULT IN 2022

- **905 229 people above the age of 1 received two-dose oral cholera vaccine** through a mass vaccination campaign in nine high-risk locations. **Additional 1 million people (above the age of 1) received at-least one dose of oral cholera vaccine** as well in some other hotspots.
- **2 931 733 children under 5 was vaccinated against measles** and **3 276 065 children were vaccinated against polio** through an integrated mass vaccination campaigns in November 2022.
- **2.3 million children also received vitamin A supplements and deworming tablets** during the integrated polio and measles campaign.
- **8.7 million children under 10 also received polio vaccine** through supplementary immunization activities.



# Maintaining essential public health functions for surveillance and response

As time was quickly running out, **WHO maintained the essential public health functions built during the COVID-19 pandemic** to support the country for early detection and response to epidemic threats.



WHO worked closely with partners to implement enhanced surveillance system for early warning of diseases and outbreaks. This early warning system, set up during the COVID-19 pandemic was sustained and used for epidemic readiness and prevention during the drought in 2022.

*Photo credit: WHO / Ismail Taxta*

## KEY RESULT IN 2022

- **Established a community based surveillance system in priority districts** (IPC level 3-4-5) through 2194 CHWs and 239 trained integrated public health teams;
- **12 736 community alerts** were generated by these CHWs and timely investigated. Of these alerts, 12 179 (95%) were verified within 24 hours and 576 alerts (4.5%) were investigated as a true outbreak alert and timely responded to;
- **Ten cholera treatment centres (CTCs) were established covering 26 high-risk districts** which treated **16 722 suspected cases of cholera and 87 associated deaths (CFR 0.6%) were** also reported in these CTCs.
- **Three new diagnostic laboratories** were established and equipped with all necessary laboratory supplies with a view to decentralizing testing for cholera;
- **Seven additional serological testing laboratory for measles** were also set up across the country. **A total of 17 379 suspected cases of measles were reported through enhanced surveillance system for measles.**

# Learning while doing



**WHO supported a number of studies and other organizational learning activities** to generate new evidence, capture best practices and address important knowledge gaps that exist in responding to health effects of drought and a food insecurity situation of this scale in a fragile and complex operating environment.

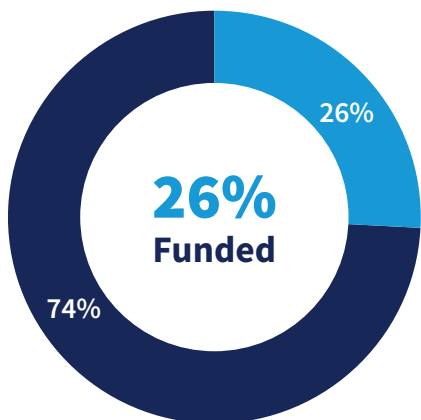
## KEY RESULT IN 2022

- **Established a community based surveillance system** for recording and reporting deaths attributed to drought and food and insecurity situation. The use of verbal autopsy techniques facilitated identifying the most common causes of deaths;
- **Supported a study on retrospective analysis of the effect of the drought on population mortality** in 2022 and offered forecasts based on different scenarios for 2023;
- **Studied the impact of supplementary immunization activities** and mass immunization campaign of measles on the possible measles cases averted and epidemics prevented.

# WHO's Health Emergency Appeal

The World Health Organization appealed for **US\$ 30.1 million** for its emergency health relief and response operations in Somalia in 2022. Many of these funds were requested for life-saving activities and also building resilience of health systems and sustainable recovery from the COVID-19, conflict and climatic shock. Only 26% of its appeal was funded by December 2022.

## 2022 FUNDING STATUS



■ Funded ■ Gap



WHO appealed for **US\$ 30.1 million**



WHO launched its emergency health appeal for its drought response on 10 May 2022 in Mogadishu which was also attended by the WHO Regional Director for the Eastern Mediterranean and the Minister of Health and Human Services of Federal Government of Somalia.



# Targeting communities in the hardest-to-reach areas through the Integrated Response Framework (IRF)

The IRF addressed the needs of the different population groups that needed life-saving humanitarian assistance. It was rolled out with a focus on establishing a multisectoral integrated response that covers, at a minimum, four priority sectors: health, water, sanitation and hygiene (WASH), nutrition and food assistance. The aim was to improve access to basic health and nutrition care for vulnerable community members at their places of origin where access to health care is virtually not non-existent.

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The Integrated Response Framework was an initiative to bring healthcare close to the people. Being deprived of essential health care for decades owing to conflict and violence, this initiative helped WHO to serve the most vulnerable populations with life-saving interventions at their doorsteps.

*Photo credit: WHO / Ismail Taxta*



**From August 2022 to end of January 2023, over 225 000 people were reached with essential health care under this IRF by health outreach teams working in 148 villages of 14 inaccessible and access-constrained districts.** ”

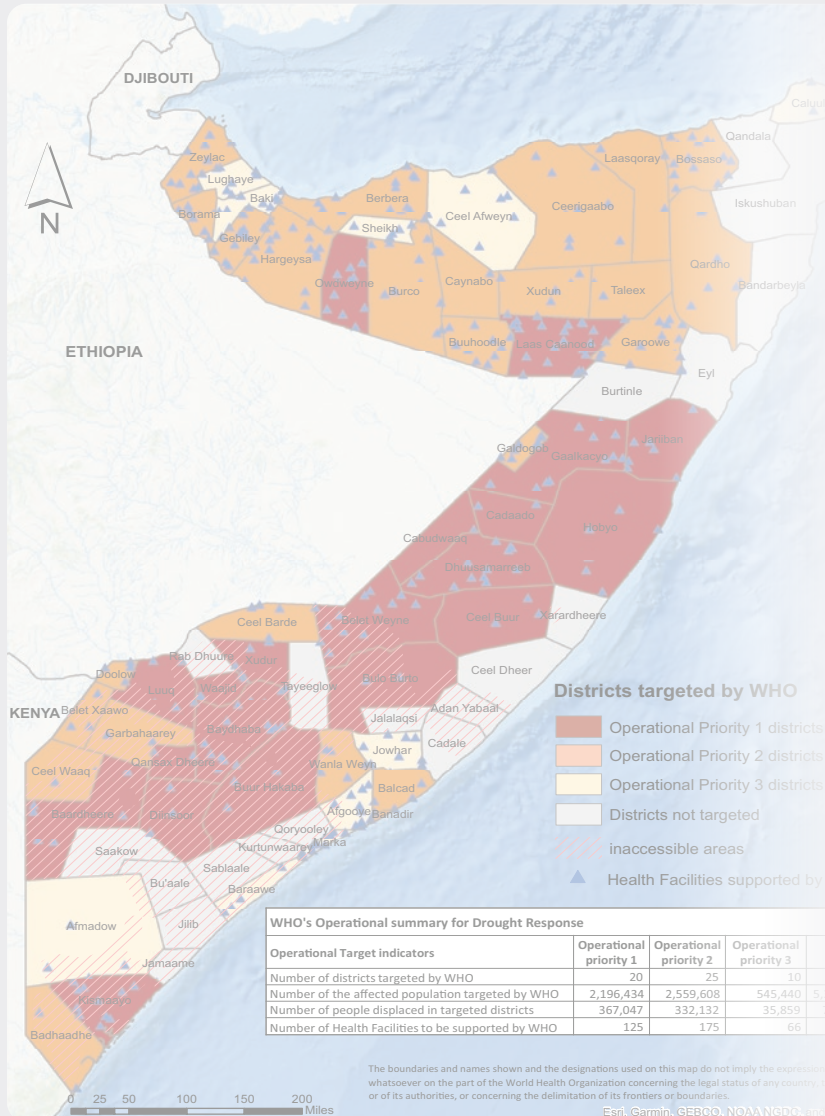
Remote and other communities that are usually difficult to reach were consulted on their needs. WHO, together with WFP and UNICEF, jointly embarked on a mapping of the most affected villages, identifying access constraints and the number of households to be served. Populations living in inaccessible villages were reached through nearby distribution points. Meeting points were agreed upon, in addition to the days on which residents could turn up to receive relief products and services. **Under the IRF, 64 000 children received vitamin A supplements and 30 000 children were dewormed. About 35 000 pregnant women received iron and folic acid tablets** to reduce the risk of maternal anaemia, and risk of delivering low birth weight babies. **The outreach teams also administered 434 000 doses of Penta -1 vaccine, polio and measles. Many of these children were “zero-dose” children who have never received any immunization in the past.** They also gave oral rehydration solutions to 36 000 children for the home-based management of acute watery diarrhoea and cholera, diseases which have shown to worsen during a drought.



The Integrated Response Framework (IRF) provided healthcare to thousands of people trapped in violence and conflict who never received any health care in their lifetime. Many zero-dose children living in these marginalized settings received their first life-saving vaccine during this response operation of WHO.

*Photo credit: WHO / Ismail Taxta*

# OUR IMPACT IN 2022



In 2022, WHO responded to the Grade 3 Health Emergency in Somalia for the drought and food insecurity situation with exceptional level of speed, strength, spirit and determination protecting the health and well-being of millions of vulnerable people trapped in poverty, conflict, hunger and malnutrition.

WHO's work has saved the lives of thousands of lives. Some modeling work and studies of WHO demonstrate measurable impact of its timely interventions.



The supplementary immunization activities and the mass immunization campaign for measles undertaken in 2022 have likely immunized a large susceptible population, roughly 1.9 million children, since 2018.



The vaccination efforts have averted considerable burden of measles and likely prevented an outbreak of the scale of 2017 in the country. On an average, between 40 to 60% of "additional" cases of measles were avoided owing to timely vaccination interventions.



Owing to early detection and rapid scale-up of interventions, between 20 to 30% of cholera cases, projected to have occurred in 2022, were averted.



The mortality estimates for drought showed that in 2022 alone, 43 000 "excess deaths", with half of these deaths occurring in children younger than 5 years, might have occurred in Somalia. This figure is substantially lower than that in the 2010-2011 drought where nearly 258,000 "excess deaths" attributable to the drought occurred in southern and central parts of Somalia.

We thank our donors who have supported WHO's life-saving health interventions in response to drought in Somalia in 2022



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