







Greater Horn of Africa (GHOA) Public Health Situation Analysis (PHSA)		As of 31 December 2023																											
Typologies of emergency	Main health threats	WHO grade	INFORM RISK (RANK) ¹																										
 Food Security  Drought  Epidemics  Conflict  Floods  Displacement	<ul style="list-style-type: none"> ○ Anthrax ○ Cholera ○ Dengue fever ○ Hepatitis E Virus ○ Malaria ○ Measles ○ Meningitis ○ Polio (cVDPV-2) ○ Other vaccine-preventable and vector-borne diseases ○ Rift valley fever ○ Yellow fever 	<p>Grade 3 (since 20 May 2022)</p>	<table border="1"> <thead> <tr> <th>Country</th> <th>INFORM RISK</th> <th>RISK CLASS</th> </tr> </thead> <tbody> <tr> <td>Djibouti</td> <td>4.9</td> <td>High</td> </tr> <tr> <td>Ethiopia</td> <td>7</td> <td>Very High</td> </tr> <tr> <td>Kenya</td> <td>6.6</td> <td>High</td> </tr> <tr> <td>Somalia</td> <td>8.5</td> <td>Very High</td> </tr> <tr> <td>South Sudan</td> <td>8.5</td> <td>Very High</td> </tr> <tr> <td>Sudan</td> <td>7.3</td> <td>Very High</td> </tr> <tr> <td>Uganda</td> <td>7</td> <td>Very High</td> </tr> </tbody> </table>			Country	INFORM RISK	RISK CLASS	Djibouti	4.9	High	Ethiopia	7	Very High	Kenya	6.6	High	Somalia	8.5	Very High	South Sudan	8.5	Very High	Sudan	7.3	Very High	Uganda	7	Very High
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¹ The European Commission Disaster Risk Management Knowledge Centre (2023). INFORM RISK - Country Risk Profile. Available from: <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country-Risk-Profile>

1. Summary of the crisis

Key features

Location:	Greater Horn of Africa (GHOA) Region (Djibouti, Ethiopia, Kenya, Somalia, Sudan, South Sudan, Uganda)
Start date of crisis:	WHO Grade 3 Emergency since May 2022
Typology:	Drought, Food Security, Conflict, Epidemics, Floods and Displacement

Humanitarian Profile

						
308.8 Million (World Bank)	50.1 Million (IPC)	Est. 11.4 Million (IPC, UNICEF, OCHA)	19.4 Million (UNHCR)	0.66 Million (UNHCR)	4.7 Million (UNHCR)	Disease outbreaks (countries affected) (WHO)
Estimated total population	Acutely food insecure population (IPC 3+)	Acute malnutrition	IDPs	Returnees	Refugees	Cholera (4) Measles (7) Malaria (7) Dengue (4) cVDPV2 (2) Anthrax (2) Yellow Fever (1) Rift Valley Fever (1)

Data as of 31 December 2023

Summary of crisis and key findings

With the start of 2024, 50.1 million people in the GHOA region are estimated to be experiencing crisis levels of food insecurity. Among them, 11.4 million children under the age of five are expected to suffer from acute malnutrition, with 2.9 million severely malnourished by June 2024.

The GHOA region is facing numerous disease outbreaks, including cholera, measles, malaria, dengue fever, hepatitis E, polio (cVDPV2), anthrax, rift valley fever, yellow fever, and diphtheria. Factors such as conflict, drought, flooding, displacement, malnutrition, and limited access to healthcare contribute to the increasing risk of outbreaks. Flood-affected areas of Ethiopia, Somalia and Kenya reported a surge in both water-borne and vector-borne diseases: a surge in cholera outbreak as well as the increased number of malaria and dengue fever cases resulting in increased morbidity and mortality.

As of 31 December 2023, over 24.1 million internally displaced persons (IDPs), refugees, and asylum seekers have been recorded in the region with 14.9 million of them internally displaced due to conflict and 4.4 million due to natural disasters including flooding and drought. Sudan, Ethiopia, Somalia and South Sudan reported the highest numbers of IDPs in the region.

The Sudan crisis resulted in 5.9 million people internally displaced and 1.5 million crossing to the neighbouring countries as of 27 December 2024. There is a continuous increased trend of displacement in the region putting a greater risk of a surge and further spread of ongoing disease outbreaks related to poor water, sanitation and hygiene conditions and challenges in accessing essential health services.

The majority of countries in the GHoA region have been affected by conflict in at least some areas. Conflict exacerbates food insecurity and malnutrition crises and disease outbreak risks by driving displacement, disrupting health services and WASH infrastructure, causing shortages of food and non-food items (NFI), disrupting immunization, surveillance, and vector control efforts, and impeding humanitarian access and delivery of aid.

The region's weather patterns were disrupted by El Niño and Positive Indian Ocean Dipole, resulting in increased rainfall in the horn of Africa countries and below-average rainfall in the western parts of the region by late December 2023. While the rainfall had eased by late December, predictions for 2024 indicated that wetter-than-normal conditions were expected over most parts of the region, specifically over Kenya, Somalia, southern Ethiopia, South Sudan and Uganda. The highest probabilities of wetter-than-usual conditions are expected in central to western Kenya and in cross-border areas of Ethiopia, Kenya, and Uganda between March to May 2024.

Heavy rains and river overflows induced by El Niño led to extensive flooding in the Horn of Africa, displacing over 4 million people, and over 350 fatalities, damaging infrastructure including 293 health facilities affecting the provision of essential health services (Kenya, Somalia, Ethiopia) between November and December 2023. Affected areas are currently reporting an increase in vector-borne diseases; malaria and dengue as well as water borne diseases including cholera and acute watery diarrhea cases. The damage to the water, sanitation and hygiene facilities coupled with the high cross-border movement and existing resource constraints, there is an increased risk of further spread of the diseases to more geographic areas unless timely action is taken.

Northern Ethiopia regions (Tigray, Amhara, Afar) are experiencing a drought situation, affecting a great number of people, and the continued conflict in Sudan has increased the number of people in need of humanitarian assistance in December 2023. Several and concurrent disease outbreaks continued to be reported especially in previously drought affected areas of the region. These events are likely to increase the humanitarian needs of the exposed populations, with food security and health expected to be the most affected dimensions.

Outlook for the coming months

Considering the climate forecast for March to May 2024, central to western Kenya and the cross-border areas of Ethiopia, Kenya, and Uganda are predicted to experience the highest probabilities of increased rainfall. The countries in the Horn already saw excessive rain fall and floodings during November to December 2023.

The greater Horn of Africa region is one of the world's most food-insecure regions with Sudan, South Sudan and Ethiopia among the hunger hotspots of highest concern. Ongoing conflicts, coupled with flooding and drought resulted in millions of displacements, damage to health facilities, food price inflation, and an increased number of malnutrition cases. These conditions have also posed significant challenges in responding to ongoing disease outbreaks, including cholera and measles, resulting in increased illness and death.

In addition, the nutrition situation is projected to worsen in the coming months due to ongoing conflicts, increased displacements, drought in northern Ethiopia and Sudan, and multiple disease outbreaks affecting the health status of the vulnerable population. More severe conditions are also expected during the time of the lean season.

2. Health status and threats

Population mortality

Since 2019, the GHoA region, has witnessed a concerning increase in the proportion of deaths related to malnutrition, exacerbated by subsequent successive droughts, diarrheal diseases due to the global resurgence of cholera, and poorer health outcomes due to malnutrition, as well as respiratory infections and COVID-19. These disease outbreaks in the region are driving up both morbidity and mortality rates. Cholera outbreaks in drought-affected countries have resulted in numerous fatalities, with 401 deaths reported in Ethiopia (CFR: 1.7%) and 249 related deaths in Sudan (CFR: 2.78%). Drought related mortality estimates conducted in Somalia by the London School of Hygiene and Tropical Medicine (LSHTM) in collaboration with WHO, UNICEF and the Ministry of Health (MoH), indicated that the drought crisis caused an estimated 43,000 deaths in 2022 (half of which occurred in children under 5) and projected between 18,100 and 34,200 deaths from January to June 2023 (an estimated 135 people dying each day due to the crisis); showing that the drought crisis was more severe than the 2017-2018.²

Crude mortality rates increased from 2020 to 2021 across nearly all countries in the GHoA region, aside from Sudan and Uganda, which showed minimal change (Table 3). This increase in mortality is likely largely attributable to the impacts of the COVID-19 pandemic. Since the start of the conflict in Sudan, there have been 12 920 fatalities reported up to 31 December 2023.³ Given the ongoing conflict, this figure is anticipated to climb further.

Somalia and South Sudan had the highest child mortality rates in the GHoA region, followed by Sudan and Djibouti. Kenya and Uganda boasted the lowest child mortality rates in the GHoA region. Notably, in Kenya, childhood mortality rates have been steadily decreasing since 2003 (Table 1).

In Ethiopia, the collaborative efforts between the Ethiopian Government and its partners have yielded remarkable advancements in health and nutrition outcomes, marking significant progress towards the Millennium Development Goals. Notably, maternal mortality saw a substantial decline, plummeting from 871 to 401 maternal deaths per 100,000 live births by 2020. Moreover, Ethiopia has made substantial strides in enhancing life expectancy reaching 63 years for males and 67 years for females in 2015, a notable ascent from

² World Health Organization, Somalia – News “New study finds that 43 000 “excess deaths” may have occurred in 2022 from the drought in Somalia”. <https://www.emro.who.int/somalia/news/new-study-finds-that-43000-excess-deaths-may-have-occurred-in-2022-from-the-drought-in-somalia.html>

³ Armed Conflict Location and Event Data Project (ACLED). Data export Tool. Available from: <https://acleddata.com/dashboard/#/dashboard>

the mere 49 years recorded in 1990. Similarly, child mortality had a remarkable two-thirds reduction between 1990 and 2015, with a declining tendency reported until 2022.⁴

Despite these commendable achievements, certain health indicators, such as stunting rates and neonatal mortality, continue to lag, exhibiting either stagnant progress or only marginal improvement.

The top causes of death in the GHoA region in 2019, according to Global Burden of Disease data, included lower respiratory infections, diarrheal diseases, and drug-susceptible tuberculosis. These conditions were among the leading causes of death in multiple countries within the region.⁵ However, it is important to note that these data are from well before the drought emergency was declared in 2022, and more recent data are not yet available.

Table 1: Key national mortality indicators in the seven countries in the GHoA region. (World Bank 2020/2021 data and Kenya 2022 DHS).^{6,7}

Country	Life expectancy at birth (years)	Crude mortality rate (per 1000 people)	Under-five mortality rate (per 1,000 live births)	Infant mortality rate (per 1,000 live births)	Neonatal mortality rate (per 1,000 live births)
Djibouti	62	9	54	46	30
Ethiopia	65	7	47	34	26
Kenya	61	8	41	32	21
Somalia	55	12	112	71	36
South Sudan	55	11	99	64	40
Sudan	65	7	55	39	27
Uganda	63	6	42	31	19

⁴ World Bank. The Ethiopia Damage and Needs Assessment – December 2022 report.

⁵ Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualisation. Seattle, 2020. <https://vizhub.healthdata.org/gbd-compare/>

⁶ The World Bank. Death rate, crude (per 1,000 people) and life expectancy at birth, total (years). https://data.worldbank.org/indicator/SP.DYN.CDRT.IN?most_recent_year_desc=true

⁷ [The DHS Program - Kenya: DHS, 2022 - Final Report \(English\)](#)

Vaccination coverage

Routine Immunization

Immunization is one of the key components of the primary health program saving millions of lives. However, extreme weather events caused by El Niño in regions with already weakened health systems has impacted negatively on vaccination activities. In 2022, countries in the horn had experienced the worst drought crisis which disrupted access to essential health services including immunization. The annual WHO UNICEF immunization coverage estimates for 2023 are not yet available. However, in 2022, it was estimated that countries such as Kenya, Uganda, and Sudan had immunization coverage of over 80% for routine antigens, including pentavalent and measles-containing vaccines.

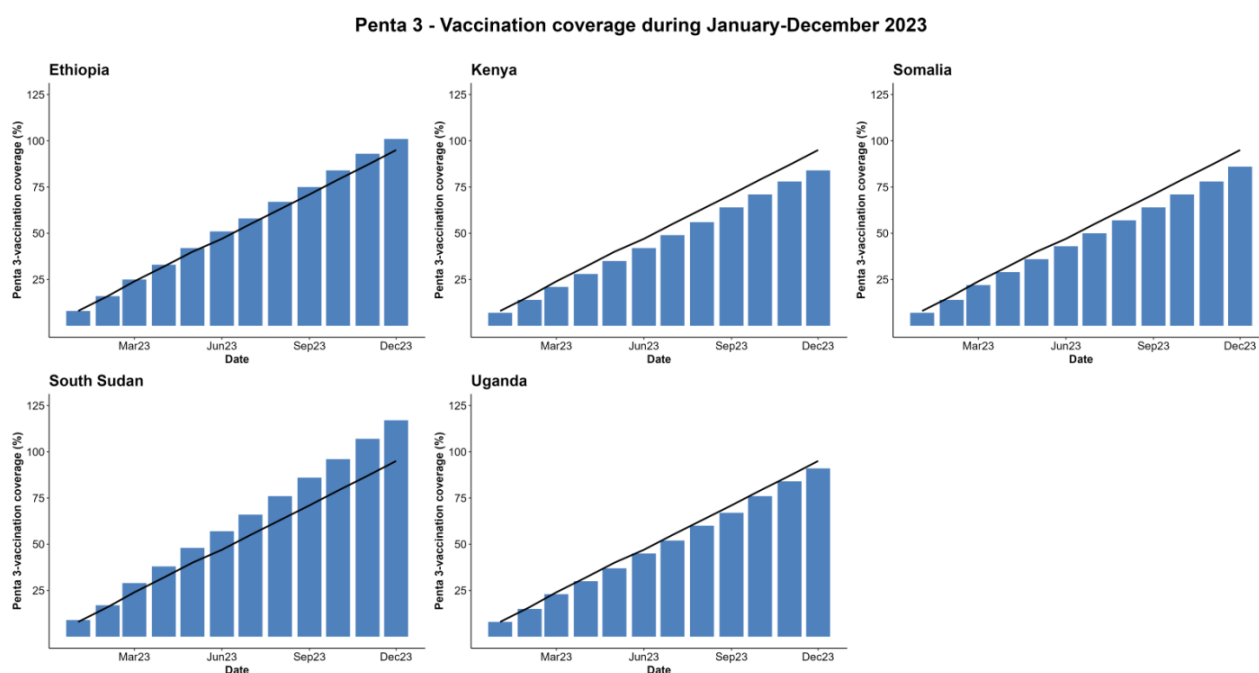


Figure 1. Cumulative immunization coverage for Penta 3 among GHOA countries from January - December 2023. Black line indicates the cumulative target and blue bars indicate the cumulative performance for each country (Available from: MoH, WHO Country Offices).

Other countries in the region, such as Djibouti, Ethiopia, and South Sudan reported below 80% immunization coverage during the same period. South Sudan showed significant improvement in 2022, with pentavalent coverage reaching 76% for the first dose and 73% for the third dose, compared to 51% and 49% respectively in 2021. Somalia reported national coverage of over 90% for the first and third doses of pentavalent vaccines

and the first dose of measles vaccines in 2022.

Measles 1 - Vaccination coverage during January-December 2023

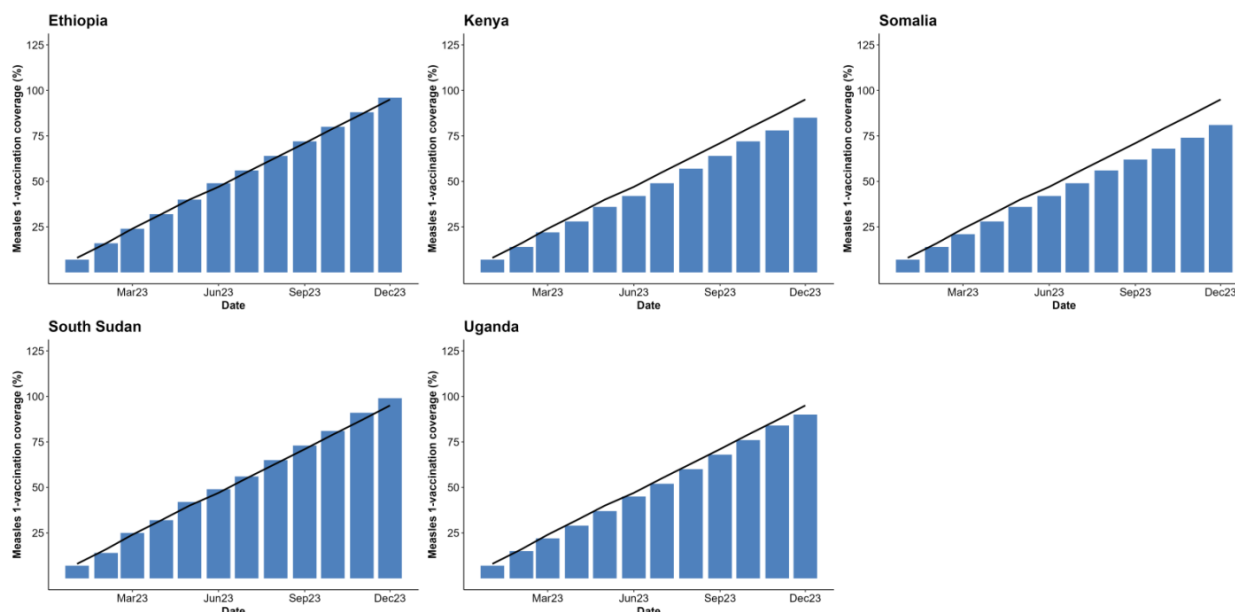


Figure 2. Cumulative Immunization Coverage for Measles 1/Measles Rubella 1 among GHOA countries from January - December 2023. Black line indicates the cumulative target and blue bars indicate the cumulative performance for each country (Available from: MoH, WHO Country Offices).

At the national level, countries are targeting 95% of children under the age of one year to be vaccinated during their planning process to attain the highest coverage and reduce the risk of vaccine preventable diseases. By the end of 2023, countries including Ethiopia, Kenya, South Sudan, and Uganda had achieved a Penta 3 coverage beyond the targeted 95%. This reflects the continued efforts to improve routine immunization services at health facility and community level through the expansion of the outreach programs, periodic intensification of routine immunization programs (PIRI) and other reactive vaccination activities (Figure 1).

The dropout rate (DOR) between the first and third doses of the pentavalent vaccine remained within the acceptable standard of below 10% for Ethiopia, Kenya, and Uganda. However, South Sudan, Sudan, and Somalia reported a slightly higher dropout rate of more than 10%. This indicates the need for investigation into the underlying reasons and underscores the importance of developing improved strategies to reach children who missed their doses, thereby protecting them from vaccine-preventable diseases.

In Sudan, a decline in the implementation of planned vaccination sessions prior to the onset of the crisis resulted in a drop in coverage of the third dose of diphtheria-pertussis-tetanus (DTP3) from 93% in 2019, predating the pandemic, to 84% in 2021 and 2022. Additionally, coverage of the first dose of measles-containing vaccine (MCV1) declined from 90% in 2019 to 81% in 2022 (Figure 3). The number of children receiving zero doses was highest in 2022, influenced by the combined effects of the pandemic and the ongoing political and economic crisis in the country.

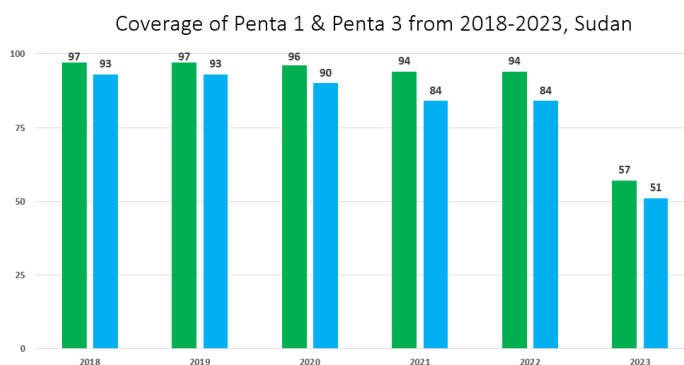


Figure 3. Penta 1 and Penta 3 immunization coverage from 2018-2023 in Sudan (FMOH, WHO country office)

The ongoing conflict in the country disrupted essential health services including routine immunization putting the children at greater risk of vaccine preventable diseases. The overall achievements for Penta 1, Penta 3 and Measles 1 were reported to be 57%, 51% and 51% respectively by the end of December 2023. The country was able to achieve 63% of the planned fixed services, 59% of the outreach programs and 44% of the mobile services. In addition, a total of 817,913(43.3% of the target) un-immunized children were reported with highest number from Khartoum state (219,341) followed by South Darfur (166,508), North Darfur (93,404) and West Darfur (75,626) states.

Vaccination Campaign

Between January and December 2023 (reactive measles campaigns were conducted in all GHoA countries, and Oral Cholera Vaccination (OCV) campaigns in five of the GHoA countries (Ethiopia, Kenya, Somalia, South Sudan, and Sudan) Figure 4).

In **Ethiopia**, a measles outbreak response vaccination campaign was completed in Amhara and Oromia in 2023 with 100% administrative coverage. In the Somali region, the vaccination campaign reached 99% coverage. Over 300 health workers and 430 community volunteers received training on measles and cholera outbreak response measures.

In **Kenya**, an OCV campaign was conducted in February 2023, reaching over 2 million people (98% coverage) across four affected counties. In response to the expansion of the cholera outbreak to more geographic areas, a second round of vaccination campaign was conducted in August 2023, targeting eight counties (Garissa, Homabay, Kajiado, Machakos, Marsabit, Nairobi, Wajir and Mandera) with nearly 1.6 million people being vaccinated and achieving nearly 105% coverage. In response to the reported cVDPV2 outbreak, three rounds of polio campaigns were conducted targeting four counties in August, ten counties in October and seven counties in November 2023 with 104.2%, 104.8% and 102.6% coverage. More than 5.2 million children under five years were vaccinated in the three rounds

In **Somalia**, a total of 41,314 (73% of the target) children under one year of age received the first dose of measles-containing vaccine (MCV1) in drought-affected districts in September 2023. In response to the cVDPV2 outbreak, the third round of sub-national polio immunization campaign was conducted in July 2023 targeting 81 districts across South and Central states with more than 2.4 million children under five (96%) vaccinated.

In addition, another two rounds of nationwide vaccination campaigns were conducted in September and November 2023 across 128 districts including Puntland and Somaliland, with over 3.8 million (96%) and 3.2 million (80%) children under five years vaccinated. Moreover, an OCV vaccination campaign was conducted reaching 530 000 people in Banadir and Jubaland states in August 2023.

In **South Sudan**, a reactive measles vaccination campaign was conducted in January and February 2023 in 19 counties by the MoH with support from WHO and partners. A total of 858,274 children between 6 months and 14 years of age were vaccinated in response to the measles outbreak, affecting a significant number of counties. In April and May 2023, a nationwide vaccination campaign was conducted, reaching 2,383,771 individuals. In October and November 2023, an additional measles scale-up response plan (reactive mop-up campaign) was implemented in 15 prioritized counties reaching 782,184 individuals. Low health seeking behavior, geographic in-accessibility of some areas and related significant number of children with unknown or no vaccination status continued to be a challenge in outbreak response interventions.

In **Sudan**, outbreak control efforts are ongoing including measles vaccination campaigns in southern Sudan supported by WHO and partners. Blue Nile State Ministry of Health conducted an integrated measles vaccination campaign with vitamin A administration in Wad Al Mahi locality in August 2023, targeting 11,311 children under five years of age. In addition, an integrated measles vaccination campaign, which included vitamin A supplementation, nutrition screening, and distribution of hygiene kits, was conducted in August 2023, during which 42,384 children aged 9-59 months were vaccinated. As part of the cholera outbreak response interventions, over 2.6 million people in selected localities of Gedaref, Gezira and Khartoum states have been vaccinated between November and December 2023 and plans are underway to vaccinate communities in active outbreak states. The persistent conflict, leading to the destruction and shutdown of healthcare facilities and the displacement of millions, remains a significant hurdle in implementing effective outbreak response measures. The crowded and inadequate living conditions within internally displaced persons (IDP) and refugee camps have exacerbated the spread of diseases such as cholera, measles, and other contagious illnesses.

Vaccination campaigns conducted in GHOA countries – July 2022 to December 2023

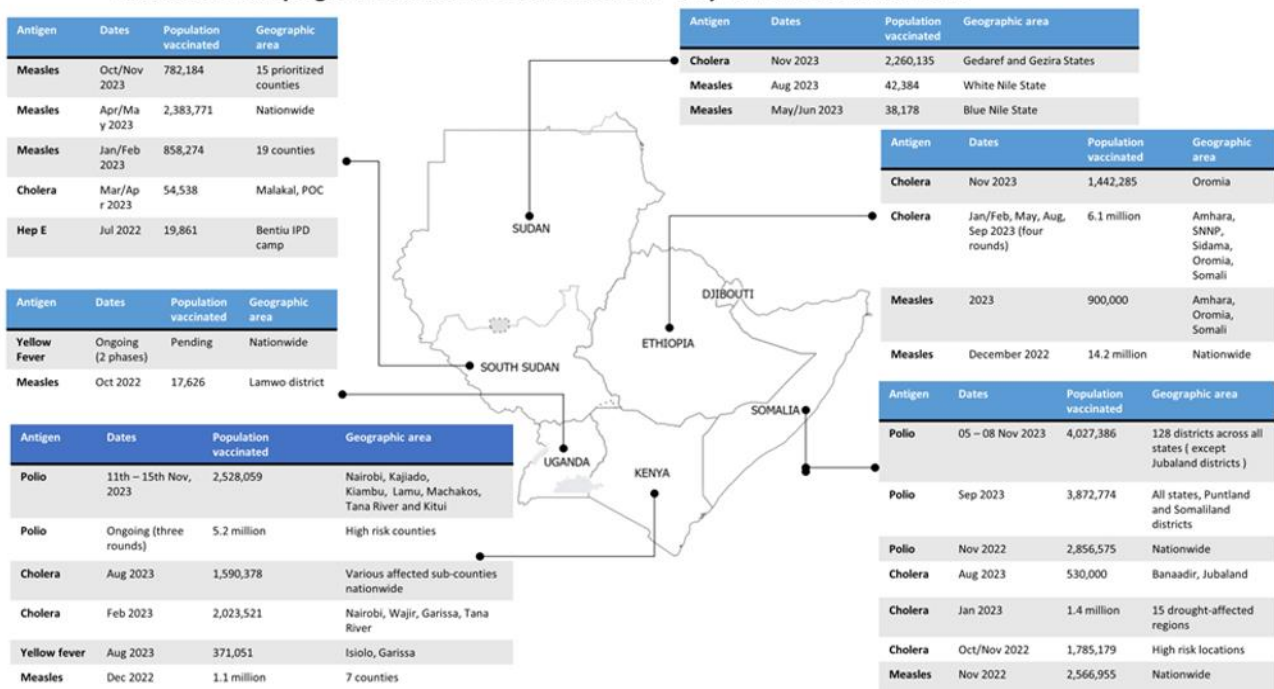


Figure 4. Vaccination campaigns conducted in GHOA countries, July 2022 - December 2023 (MOH, WHO, Health cluster partners).

Priority health threats and risks

A summary of the expected public health risks in the region from January to June 2024, is assessed using WHO's WHE risk assessment methodology (Table 2).⁸ This assessment takes into account the impact of climate change, ENSO weather patterns, and related extreme weather events, disease outbreaks, and malnutrition levels. This methodology combines the estimates of the likelihood with its public health consequences to assess the level of risk.

Table 2: Key health risks in the GHoA region in the context of the drought, food insecurity and health crises, January – June 2024.

Public health risk	Likelihood	Public health consequences	Level of risk*	Rationale
Malnutrition	Almost Certain	Severe	Very High Risk	Rising food insecurity and the prevalence of diarrhea and other disease outbreaks can lead to malnutrition, particularly in drought-stricken areas of the region. The onset of El Niño has the potential to exacerbate existing conditions and could result in displacement and unnecessary mortality among under-five children.
Cholera and other diarrheal diseases	Almost Certain	Severe	Very High Risk	The majority of the GHoA countries are experiencing an increased number of diarrheal diseases including cholera and AWD with the highest risk of water contamination caused by flooding or water scarcity as well as poor WASH services. Cholera and other diarrheal disease outbreaks are likely to persist and extend to more geographic areas due to the impact of El Niño.
Malaria	Almost Certain	Severe	Very High Risk	Ongoing malaria outbreak in most of the countries and increased number observed following Nov-Dec 2023 heavy rains and flooding in the horn. An upsurge in vector breeding is expected due to the anticipated El-Niño related heavy rainfall. Identification of the new mosquito (<i>Anopheles Stephensi</i>) in different locations of the region and frequent interruption of vector control activities due to funding shortages could potentially aggravate the situation.
Rift Valley Fever	Almost Certain	Major	Very high risk	El-Niño induced flooding affected many areas in the horn of Africa, presence of high livestock movement on border areas of countries in the region, ongoing outbreak in Uganda and increased suspected cases in Kenya, increased flood prone areas and mosquito habitat. Previous history of El Niño associated with RVF outbreaks in the region.
Dengue	Almost Certain	Major	Very high risk	There is anticipation of surge in dengue especially in flood affected areas of the horn. An increased trend is being reported from flood affected areas of Kenya, Somalia and Ethiopia. Interruption of vector control measures due to funding shortfalls could also contribute to the increased number.
Measles	Almost Certain	Major	Very high risk	Ongoing measles outbreaks in the GHoA countries, displacement, crowding and disruption in vaccination services are likely to increase the risk of measles. High levels of acute malnutrition increase the risk of further measles outbreak spread. Recent flooding affected essential health services. High number of unvaccinated /unknown vaccination status reports.
Other vaccine-preventable diseases	High likely	Moderate	High risk	Increased number of people being displaced due to conflict and extreme climate events including drought and flooding. High cross border movement. Interruption/reduction of services utilization

⁸ World Health Organization. Rapid risk assessment of acute public health events. No. WHO/HSE/GAR/ARO/2012.1. World Health Organization, 2012. Available from:

https://iris.who.int/bitstream/handle/10665/70810/WHO_HSE_GAR_ARO_2012.1_eng.pdf?sequence=1

				including immunization due to damage /inaccessibility. Ongoing diphtheria, polio outbreaks and increased number of suspected pertussis cases in the region.
Heat stress	Almost certain	Moderate	High risk	Heat stress is the leading cause of weather-related death and can exacerbate underlying NCDs. The situation is likely to be experienced in drier areas of Sudan, Northern Ethiopia and Djibouti
Maternal and child health	Likely	Moderate	High Risk	Displacement decreased access to health services due to conflict and extreme climate events (drought, flooding).
Gender-based violence	Highly Likely	Moderate	High Risk	Ongoing conflict in Sudan, Ethiopia, Somalia; displacement, reduced livelihoods, food insecurity.
Mental health and psychosocial support	Highly Likely	Moderate	High Risk	Conflict, flooding, deduced livelihoods, food insecurity, displacement, others.
Direct injuries	Likely	Minimal	Low Risk	Flooding, storms, wildfires may lead to direct trauma and deaths.

*Level of risk:

Red: Very high risk. Could result in high levels of excess mortality/morbidity.

Orange: High risk. Could result in considerable levels of excess mortality/morbidity.

Yellow: Moderate risk. Could make a moderate contribution to excess mortality/morbidity.

Green: Low Risk. Minimal contribution to excess mortality/morbidity

Acute malnutrition

Acute malnutrition was expected to affect an estimated 11.5 million children under the age of five in 2023, out of which 2.9 million are estimated to be severely malnourished (Table 3).⁹

Between July and December 2023, over 960,000 children with severe acute malnutrition (SAM) were admitted into therapeutic feeding programmes for therapeutic nutrition support (Figure 1). The number of SAM admissions reported between July and December 2023 decreased in most countries in the region compared to the first half year of 2023. In Sudan and Djibouti, the number of SAM admissions increased during this period (with 3% and 17% respectively). The highest numbers of SAM admissions between July and December 2023 were reported from Ethiopia (311,686), followed by Somalia (305,021) and South Sudan (143,326).

Table 3. Acute Malnutrition projections in GHOA region in December 2023 (IPC, UNICEF, OCHA).

Acute malnutrition estimation	Kenya (Jul23-Jun24)	Somalia (Aug - Dec 23)	Uganda (Feb 23- Jan 24)	South Sudan (Jul 23- Jun 24)	Sudan (2023)	Ethiopia (2023)	Djibouti (Jan-Dec 23)	TOTAL	Horn of Africa (Ethiopia, Kenya, Somalia)
Estimated SAM (< 5 yrs)	217K	331K	20K	485K	610K	1.2M	5.6K	2.9M	1.7M
Estimated MAM (< 5 yrs)	729K	1.1M	69K	1.2M	2.4M	3M	27.8K	8.5M	4.8M
Estimated GAM (< 5 yrs)	946K	1.5M	89K	1.7M	3M	4.2M	33.3K	11.5M	6.6M

⁹ Integrated Food Security Phase Classification (IPC) (2023). IPC Analysis Portal. Available from: <https://www.ipcinfo.org/ipc-country-analysis/en/>

- In **Kenya**, a total of 164,371 SAM children were admitted for treatment from January to December 2023, which represents 39,541 more admissions (31.7% increase) than the same period in 2022. The number of SAM admissions was substantially lower in the second half of 2023 compared to the first six months (a decrease of 32.2%), with the largest decrease observed between June and July. This decline can likely be attributed to the downsizing of outreach programs and mass screening campaigns, as well as the positive impact of the short rainy season.
- In **Somalia**, 623,716 SAM children under five were admitted between January and December 2023 showing a 32.8% increase compared to same period last year. The number of SAM admissions slightly reduced (4.3%) in the second half of 2023 (from 318,695 between January and June 2023 to 305,021 between July and December 2023).
- In **Sudan**, more than 240,000 children under five years were admitted in the Outpatient program (OTPs) between January and October 2023. While similar SAM trends were observed in 2023 compared to the year prior, the total number of SAM admissions reduced with 32.3%. A total of 25,131 children with medical complications were admitted to the stabilization centres between January and November 2023.
- In **Ethiopia**, 674,556 SAM children under five were admitted into nutrition programmes between January and December 2023 with 77,088 of them admitted in the stabilization centres. The number of SAM admissions in the last four months of 2023 was considerably lower than at the beginning of the year.
- In **South Sudan**, 293,157 SAM admissions were reported between January and December 2023 – with a decrease of SAM admissions observed from August to December 2023. A total of 11,403 children were admitted in stabilization centres in 2023, with the highest number of admissions reported in July 2023.
- In **Karamoja region of Uganda**, 18,798 SAM children were admitted to the therapeutic feeding programme between January and December 2023. In the second half of 2023 the number of SAM admissions decreased by 26% compared to the first half of the year.
- In **Djibouti**, 6,100 SAM admissions were observed in 2023 which was an 29.6% increase compared to the year before. Two peaks were observed in 2023: in June and November.

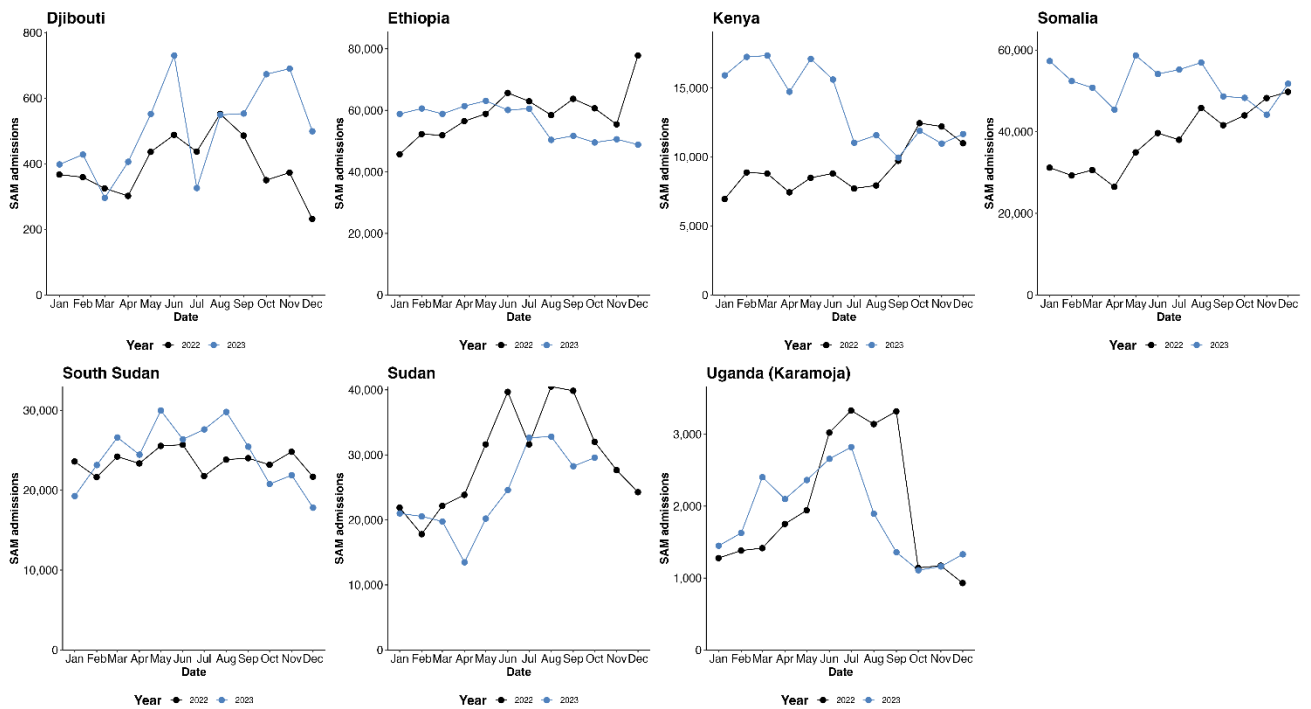


Figure 5: SAM admission trends in GHOA countries, January 2022- December 2023 (UNICEF, WHO).

There have been variations in treatment success rates between countries for children admitted into the therapeutic feeding programmes from January to December 2023. Cure rates of over 75%, death rates and defaulter rates below 10% and 15% respectively are considered within the acceptable sphere standards. Somalia, Kenya, Ethiopia, Sudan, and South Sudan achieved excellent treatment success rates (Figure 6). Karamoja region of Uganda and Djibouti achieved a cure rate below 75% and higher levels of defaulter and non-respondent rates, needing further analysis to identify the underlying reasons coupled with the requirement to design an effective strategy for better outcomes.

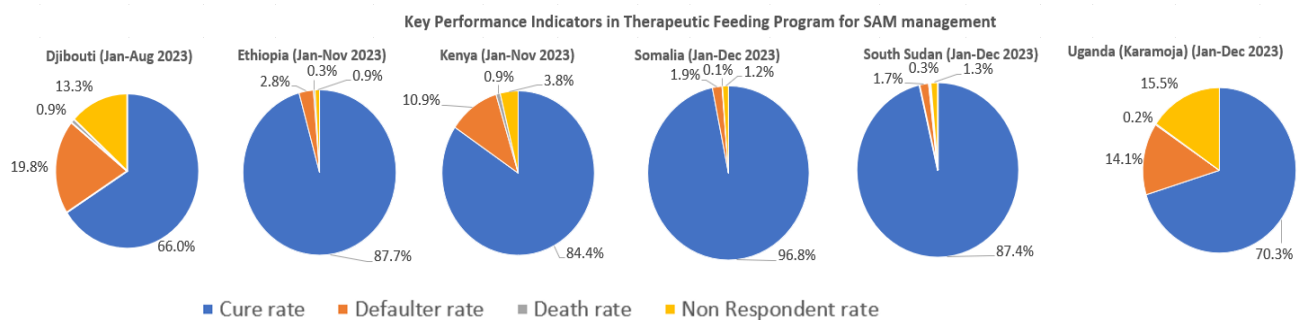


Figure 6: Treatment outcome indicators for children admitted to therapeutic feeding program (OTP and SC), January to December 2023 (Nutrition cluster, UNICEF, WHO).

Within the SAM children admitted to the stabilization centres from January to December 2023, cure rates were 96.1% for Somalia, 91.7% for Uganda (Karamoja), 92.5% for Sudan, 90.0% for Ethiopia and 81.1% for South Sudan, indicating excellent treatment success rates. The other key performance indicators including the defaulter rate, death rate and non-respondent rates were within the acceptable standards (Figure 7).

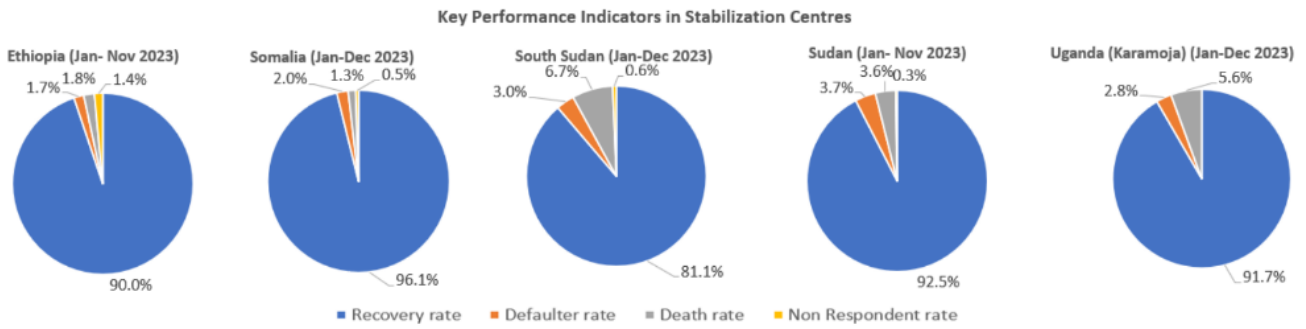


Figure 7: Treatment outcome indicators for children admitted to stabilization centres, January to December 2023 (Nutrition cluster dashboards, WHO).

Epidemic-prone diseases

The GHoA region is grappling with numerous and ongoing disease outbreaks, including cholera, measles, malaria, dengue fever, hepatitis E, polio (cVDPV2), anthrax, rift valley fever, yellow fever, and diphtheria (Figure 8). Factors such as conflict, drought, flooding, displacement, malnutrition, and limited access to healthcare contribute significantly to the increasing risk of outbreaks.

El Niño conditions can significantly impact the dynamics of various vector-borne diseases, including malaria, dengue, chikungunya, and Rift Valley fever (RVF), along with other mosquito-borne viral diseases.

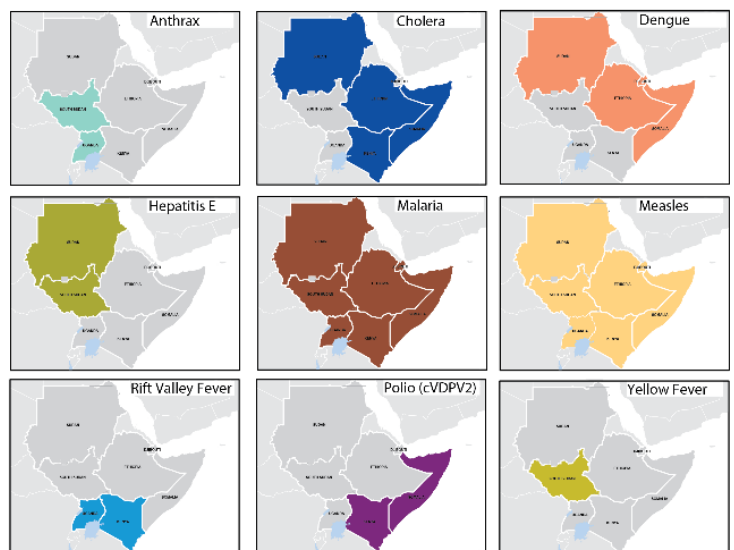


Figure 8. Summary of selected disease outbreaks in the GHoA region as of 31 December 2023.

Unusual increases in temperature, or El Niño-related excessive rainfall can lead to higher mosquito densities and increased transmission, potentially facilitating epidemics. Since early November 2023, heavy rainfall and flooding in Somalia, Ethiopia, and Kenya have further exacerbated the situation, leading to the displacement of millions and an increase in water and vector-borne diseases like cholera, malaria, and dengue fever.^{10,11} Additionally, warmer temperatures during El Niño events can also result in epidemics of vector-borne diseases in highland areas, which are typically too cold for vector survival and disease transmission.

¹⁰ GHoA Briefing Note, 2 January 2024

¹¹ Country Ministries of Health and WHO Country Offices, Surveillance Bulletins, Situation Reports, etc., July – Dec 2023

With increased rainfall observed in much of Eastern Africa in the second half of 2023 and warmer-than-usual surface temperatures across the GHOA, there has been a noticeable uptick in vector-borne diseases in the region as observed as depicted below for each disease.

Measles

Measles remains to be one of the leading causes of death among children under five globally, and when combined with high levels of malnutrition and a lack of sufficient health care, up to 10% of measles cases can result in death. All seven countries are responding to measles outbreaks affecting a significant number of people including internally displaced persons and refugee communities (Figure 5). To contain the measles outbreak affecting the region, countries are implementing reactive and targeted vaccination campaigns.¹²

In **Ethiopia**, the ongoing measles outbreak was declared in August 2021; with a total of 37,177 cases and 292 deaths (CFR 0.79%) reported between 1 January and 31 December 2023. Six regions - SWEP (33%), Oromia (25%), Amhara (15%), Somalia (8%), South Ethiopia (7%) and Central Ethiopia (4%) - accounted for almost 91% of cases reported in 2023.

In **Kenya**, the measles outbreak has been ongoing since January 2023 and a total of 1872 cases with 381 confirmed and 25 deaths (CFR: 1.3%) have been reported between January and December 2023. A total of 1071 cases with 202 laboratory-confirmed and 10 deaths (CFR 0.9%) were reported between July and December 2023. Fourteen (14) counties reported cases between January- December 2023 bringing the number of affected counties to 36 in the country. During the reporting period, 14 counties reported cases with Embu (23), Garissa (5), Isiolo (9), Kilifi (43), Kitui (13), Kwale (17), Mandera (151), Marsabit (55), Meru (18), Mombasa (180), Nairobi (4), Samburu (1), Turkana (536) and Wajir (15). Turkana county had the highest burden of cases with the Turkana West sub county reporting most of the cases (508), Loima(26) and Turkana North (4).

In **South Sudan**, a measles outbreak was declared on 10th December 2022 at the national level. As of 31 December 2023, 12,093 cases and 227 deaths (CFR 1.87%) have been reported. Sixty-seven percent of the total cases were children under five years old and accounted for 77% of all related deaths. The highest number of cases was reported in 2023 compared to the previous 10 years, indicating the need for strengthening routine immunization, surveillance, and outbreak control interventions. In **Somalia**, the measles outbreak has been reported in the country for over three years. As of the end of December 2023, a total of 12,927 measles cases have been reported. The regions reporting the highest number of cases are Banadir (3,862), Bay (2,194) and Lower Juba (1,935).

In **Sudan**, following the crisis, a total of 4,602 suspected measles cases were reported from 11 states. A total of 105 deaths (CFR: 2.3%) were reported by 29 December 2023. The states affected are Blue Nile, River Nile, White Nile, Red Sea, North Darfur, Kassala, Gedaref, Gezira, West Kordofan, Khartoum and Sennar. Most measles cases were reported in White Nile, Blue Nile, Kassala and Al Jazira states.

¹² World Health Organization (2024). Situation Report: Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergency — 01 November - 31 December 2023. Available from: <https://www.who.int/publications/m/item/situation-report--greater-horn-of-africa-food-insecurity-and-health---grade-3-emergency---01-november---31-december-2023>

In Uganda, sporadic Measles outbreaks were registered in a number of districts, notably Bundibugyo, Kiryandongo, Koboko, Arua, Kyegegwa, and Mubende. At least, cumulatively 157 cases were confirmed with 6 deaths. District level response measures were taken focusing on both strengthening routine immunization and reactive vaccination campaigns.

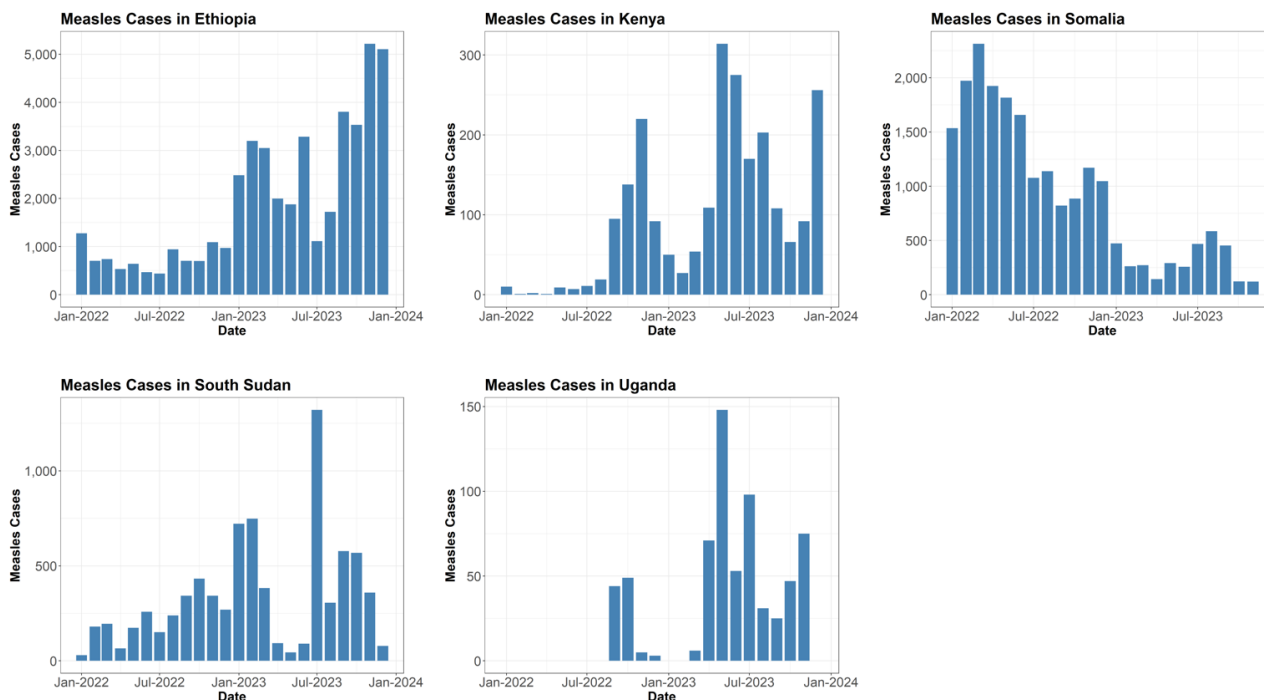


Figure 9: Epi curves for the measles outbreak situation in GHOA countries, as of 31 December 2023 (Ministries of Health, WHO country offices).

Cholera

Five out of seven countries in the region (Djibouti, Ethiopia, Kenya, Somalia and Sudan) are experiencing cholera outbreaks, with some countries reporting more than ten thousand cases. Several factors contribute to this increase. Displacements resulting from ongoing conflicts in these areas can exacerbate cholera outbreaks by disrupting water and sanitation services, leading to unsanitary living conditions among displaced populations. Inadequate healthcare infrastructure further compounds the problem by limiting access to medical resources for diagnosing and treating cholera cases effectively. While no cholera outbreaks were reported in South Sudan during the reporting period, the influx of people fleeing Sudan's conflict to transit centres in Renk has led to overcrowding, lack of access to clean water and sanitation facilities, and increased the risk of a cholera outbreak.

Many areas in the region have experienced wetter than normal conditions, and much wetter than normal conditions were observed, particularly in parts of southern and eastern Sudan, several parts of Somalia, South Sudan, and Northwestern, Western, Southern and Eastern Ethiopia, and most areas in Kenya. This unusual high rainfall observed from October to December 2023, is likely due to El Niño and has caused flooding across parts of the region.

These conditions heighten the risk of a surge in cholera cases and exacerbate pre-existing outbreaks, potentially explaining the increase in outbreaks observed during this period. Wetter-than-usual conditions are forecasted for the next season (February – April 2024) in Uganda, southern South Sudan, much of Ethiopia, Somalia and Djibouti and vigilance should be exercised.

Drier-than-usual conditions resulting from El Niño observed in other parts of the region (central Sudan, central and Northeastern Ethiopia and part of Northwestern Kenya) in the last quarter of 2023 may have further hampered access to safe water sources and also contributed to the risk of cholera and other diarrheal diseases.¹³

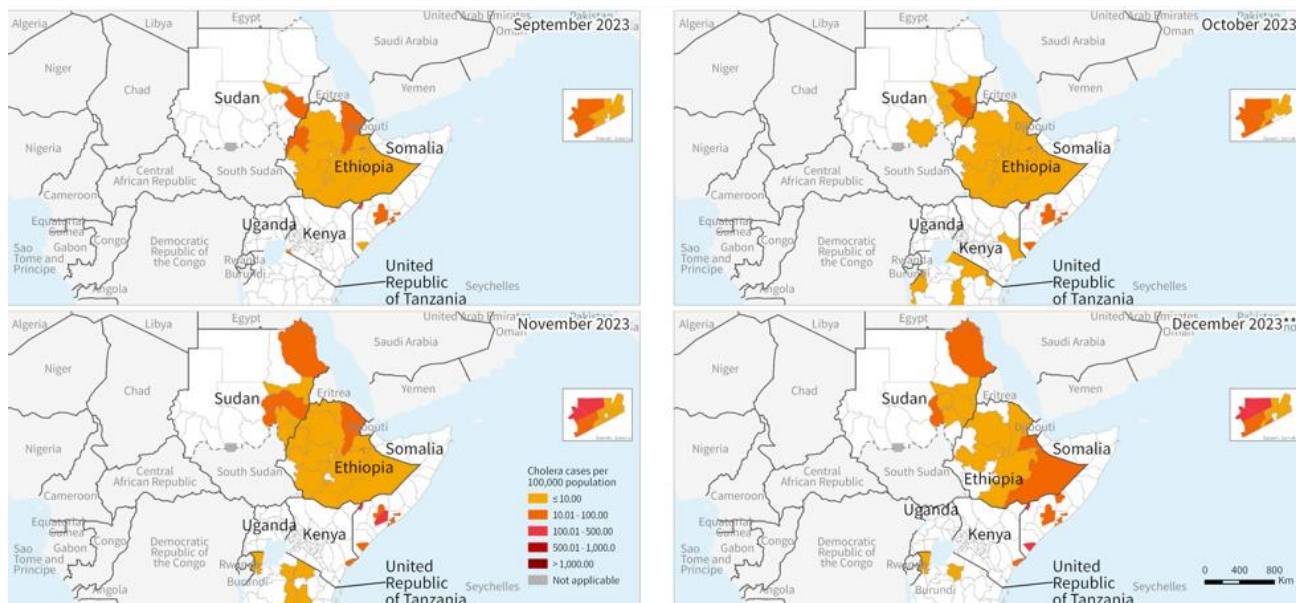


Figure 10. Geographical distribution of cholera cases per 100,000 population in the Horn of Africa, as of December 2023 (WHO HQ Cholera IMST).

In **Ethiopia**, the cholera outbreak started in August 2022, affecting over 86 woredas in Oromia, Somali, SNNP and Sidama regions. A total of 29,941 cholera cases and 447 deaths (CFR: 1.49%) were reported in 2023, with over 74% of reported cases from drought affected regions of Oromia, Somali and SNNP (Figure 11).

In **Somalia**, the cholera outbreak continued to affect more geographical areas of the country with a total of 18,304 cases and 46 deaths (CFR 0.3%) reported from 29 districts since January 2023. Recurrent cholera outbreaks have been reported in the drought-affected districts of Somalia since 2022, with no interruption in transmission in Banadir region since 2017. Fifty-five percent of the cases were children under five years of age. An elevated cholera risk anticipated in the first semester of 2024 due to forecast of El Niño to be wetter than usual conditions from October 2023 – January 2024.¹⁴

The cholera outbreak in **Kenya** started in October 2022 with a total of 12,362 cases and 206 associated deaths (CFR: 1.7%), as of the end of December 2023. Three counties - Garissa, Mandera and Nairobi contributed to almost 60% of the total reported cases nationally. Lamu county is a new addition to the list of affected counties, bringing the total number of affected countries twenty-eight.

¹³ World Health Organization (2023). Public Health Situation Analysis: El Niño. October-December 2023. Available from: <https://reliefweb.int/report/world/public-health-situation-analysis-el-niño-october-december-2023>

¹⁴ World Health Organization. EPI-Watch – Epidemiological Bulletin - Week 48-49 of 2023 (27 November-10 December 2023). Available from: https://www.emro.who.int/images/stories/somalia/EPI_Watch_week_48_49.pdf?ua=1

In **Sudan**, 8,944 cases were reported with 249 deaths (CFR: 2.8%) by the end of December 2023. The outbreak was ongoing in 11 states with the highest number of cases and deaths in the Red Sea (2,638; 94), Gedaref (2,054; 50) and AL-Gezira (1,860; 26). **Djibouti** reported a total of 3,794 cases between 15 October and 11 November 2023, with an outbreak in the Obock region in October 2023. In **Uganda**, a cholera outbreak was registered in Namayingo and Kayunga districts in July and the outbreak was closed in September 2023. The two districts registered a cumulative total of 86 cases with 10 deaths.

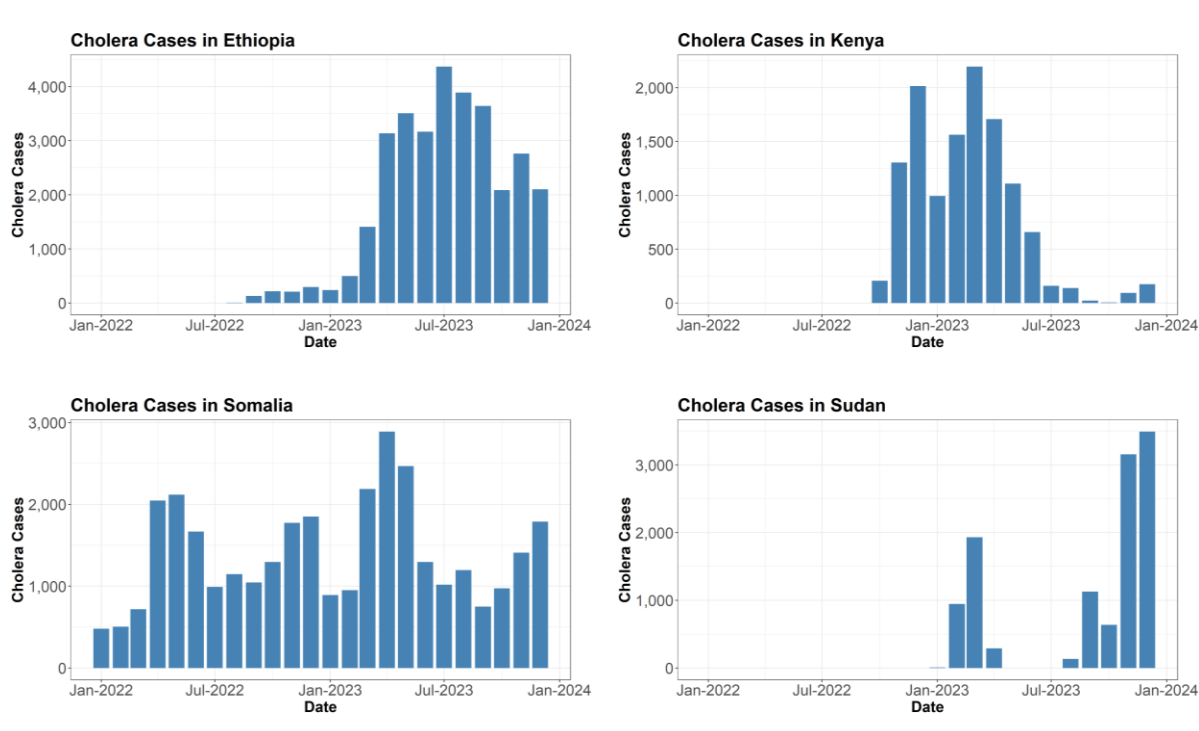


Figure 11: Epi-curves for the cholera outbreak situation in GHOA countries, as of December 2023 (Ministries of Health, WHO country offices).

Polio

Three countries experienced outbreaks of cVDPV2 during the reporting period. In **Kenya**, 13 confirmed cases were reported in 2023 in Garissa County; eight cases were from Hagadera refugee camp in Fafi sub-county, three from Dagahaley camp, one from Ifo camp in Dadaab sub-county and one from the Garissa township sub-county in Garissa County, Kenya. All the reported cases were children under the age of five.

In **Somalia**, five cases of cVDPV2 were reported in 2023. In **South Sudan**, the Ministry of Health was informed of the detection of Polio Virus Type 2 (PV2) in a sample collected from an acute flaccid paralysis (AFP) case on the 7th of December 2023 from Western Equatoria. A laboratory confirmation of the cVDPV2 was established, prompting the Ministry of Health to declare it as public health emergency on December 22, 2023.

Yellow Fever

In **South Sudan**, the Ministry of Health received a report of a suspected case of viral haemorrhagic fever from Yambio County, Western Equatoria State. The patient, a 24-year-old male from Kangura village, exhibited symptoms such as weakness, headache, fever, vomiting of blood, and yellowish discoloration of the eyes. The patient was promptly isolated at a health facility, and a sample was collected for testing, which confirmed a diagnosis of Yellow Fever, prompting the government to officially declare Yellow Fever disease outbreak on December 24, 2023.

Hepatitis E Virus

In **South Sudan**, a total of 1,648 Hepatitis E Virus (HEV) cases, including 39 deaths as of 31 December 2023. The HEV cases were reported from the following counties Rubkona (881), Fangak (398), Wau (347), Jur River (17), Ayod (3), Aweil Centre (1) and Pigi (1) counties. In **Sudan**, a total of 348 Hepatitis E Virus cases were reported as of 29 December 2023. The HEV cases were reported from following states; Al Jazirah (113), River Nile (76), Gedaref (48), Red Sea (46), Northern (41), Kassala (16) and East Darfur (8) states.

Malaria

All seven countries are experiencing an increase in malaria cases in the year 2023, and it continues to be one of the leading causes of morbidity in both outpatient and inpatient treatment facilities. This increase may be attributed to various factors, including climate events such as recent flooding in the Horn of Africa, the emergence of new mosquito species (*Anopheles Stephensi*), and the frequent interruption of vector control strategies due to funding shortages.

Ethiopia, South Sudan, Sudan, and Uganda accounted for the highest caseload in 2023 compared to other countries in the region. Notably, Ethiopia reported the highest number of malaria cases in 2023 compared to the previous six years, highlighting the urgent need for scaling up vector control strategies.

In **Ethiopia**, more than 4.1 million malaria cases were reported in 2023, with 527 deaths across the country. Nearly 100,000 new cases were reported in the last week of 2023, with Oromia and Amhara regions having the highest incidence rate. Furthermore, in the first half of 2023 a total of 1.1 million malaria cases were reported and over 3 million cases between July and December 2023 showing an increased trend.

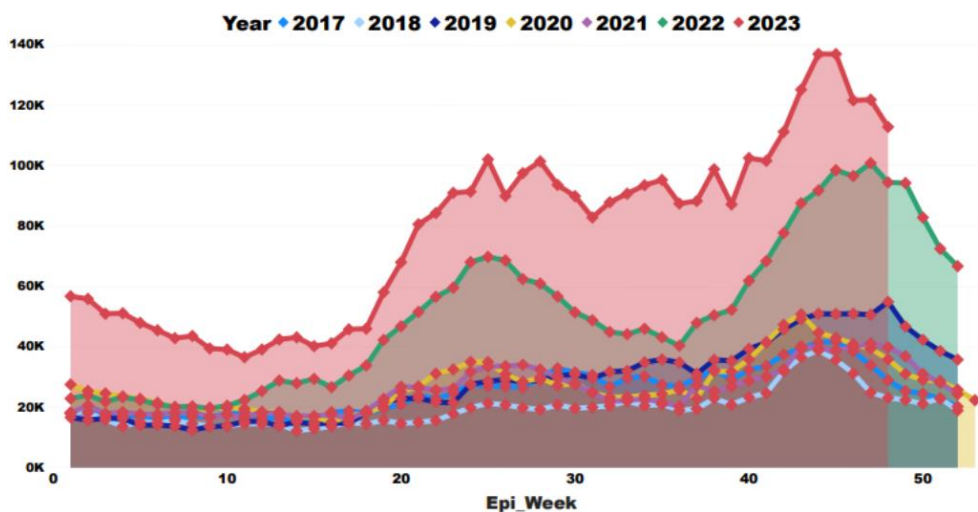


Figure 12. Epi-curves for the malaria outbreak situation in Ethiopia as of 10 December 2023 (MOH-EPHI).

In **Sudan**, a total of 1,155,918 malaria cases with 142 deaths were reported between 15 April to 29 December 2023. **Uganda** reported over 10 million malaria cases with 4,218 deaths (CFR:0.04%) in 2023 (Figure 8). In **Somalia**, as of December 2023, an estimated 330,488 malaria cases were reported, of which 166,799 cases were reported between July and December, which was a 1.9% increase compared to the first half 2023. **Kenya** reported over 10 million malaria cases in 2023, with a peak in weekly cases in May 2023.

In 2023, **South Sudan** reported more than 3.5 million malaria cases, with the weekly number initially increasing in the second half of the year but declining towards the end of the year.

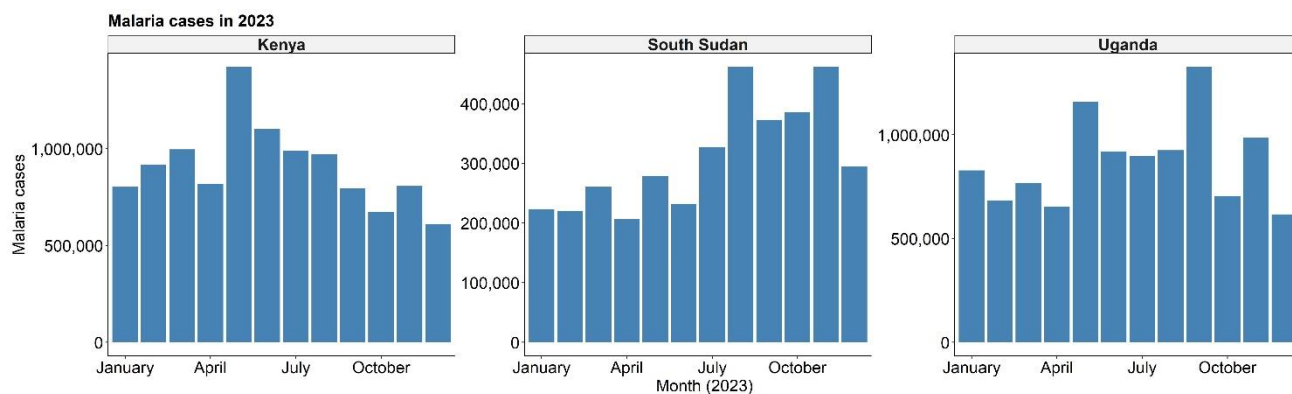


Figure 13. Epi-curves for the malaria outbreak situation in GHOA countries, as of December 2023 (Ministries of Health, WHO country offices).

Dengue

There has been a global resurgence of dengue in recent decades. Dengue is more common in tropical and subtropical climates¹⁵, and unusual warmer temperatures or rainfall caused by El Niño can increase mosquito densities and viral transmission which could facilitate the spread of the dengue virus.¹⁶ With countries in the GHOA region including Sudan, Ethiopia, Somalia, and Djibouti having reported dengue cases before, the risk of outbreaks mediated by El Niño conditions is high, particularly in urban areas and refugee/IDP camps. During the reporting period, a dengue outbreak was reported from 17 woredas in five regions of **Ethiopia**, with a total of 21,469 cases reported up to 25 December 2023. More than half of the cases were reported from Dire Dawa (59%) followed the by Afar region (41%). In **Sudan**, from 15 April to 29 December 2023, almost 7,000 dengue cases were reported from ten different states, with about half of the cases reported from Gedaref (3,548) followed by North Darfur (1,653) and North Kordofan (809). In Somalia, a total of 4,070 dengue cases were reported in 2023. The majority of these cases (3,408) occurred during the reporting period of July to December 2023, with numbers starting to increase in October and peaking in November of that year. Cases were evenly distributed across age groups and gender.

Rift Valley fever

Rift Valley fever (RVF) is a vector-borne viral zoonotic disease, spreading primarily to livestock through infected mosquito bites, humans are infected when they consume meat and meat products from infected animals or when they come in contact (through wounds) with blood and tissues from infected animals. RVF infections have significant socio-economic and public health impacts. Heavy rains and prolonged floods create an environment suitable for breeding RVF-competent mosquitos.

¹⁵ World Health Organization (2023). Factsheet Dengue and severe dengue. Last updated: 17 March 2023. Available from: <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>

¹⁶ World Health Organization (2023). Public Health Situation Analysis: El Niño. October-December 2023. Available from: <https://reliefweb.int/report/world/public-health-situation-analysis-el-Niño-october-december-2023>

Historically, several moderate and large RVF outbreaks in the GHoA region have been linked to El Niño-mediated above rainfall patterns. The prior last outbreak of RVF in the GHoA region was in December 2007 in North-Eastern Kenya and Southern Somalia.^{16,11}

On 15 June 2023, FAO and IGAD issued an alert for Eastern Africa warning of a high risk of RVF occurrence in Eastern Africa, due to increased vector amplification, abundance, and distribution following heavy rains March to May 2023. Favorable conditions have been observed due to increased rainfall predicted for much of Eastern Africa in the second half of 2023.¹⁷

All countries in GHoA were predicted to have an increased risk of RVF vector amplification, with Kenya, Ethiopia, Somalia, South Sudan, and Djibouti identified as extensive hotspots and Uganda and Sudan as localized hotspots. In **Uganda**, an RVF outbreak was reported with a total of 182 cases (55 confirmed) and 13 deaths (CFR: 7.8%). across nine districts between January and November 2023.

Maternal, newborn and child health

Food insecurity and malnutrition are directly linked to poorer health outcomes and increased mortality in women and children, including anaemia in pregnant and breastfeeding women and increased prevalence of malaria, diarrhoea, cholera, and overall poor health in children under five.

Maternal and child health are expected to be negatively impacted by the El Niño phenomenon, which will have a disproportionate impact on women and children. Increased rainfall, flooding, and drought resulting from El Niño are expected to limit food access contributing to suboptimal complementary feeding practices.¹⁸ Additionally, high heat can adversely impact pregnancy and prenatal outcomes including increasing rates of preterm birth, stillbirths, and low birth weight. The latest data on key perinatal care indicators in the GHoA region by country, as well as country-specific newborn care data, are reported from 2022 and are available in the latest Public Health Situation Analysis of the Greater Horn of Africa, focusing on Health and Food Insecurity.¹⁹

Tuberculosis

Tuberculosis was the world's second leading cause of death from a single infectious agent, after coronavirus disease (COVID-19), and caused almost twice as many deaths as HIV/AIDS in 2022 and continued to be one of the major public health risks in the region.

¹⁷ IGAD Climate Prediction and Application Centre (ICPAC). Weekly and seasonal forecasts: rainfall and temperature. <https://www.icpac.net/>

¹⁸ R2HC and ELRHA (2023). Food insecurity, maternal and child malnutrition, morbidity and mortality linkages in humanitarian contexts: A scoping review (2023). Available from: <https://www.elrha.org/researchdatabase/food-insecurity-maternal-and-child-malnutrition-morbidity-and-mortality-linkages-in-humanitarian-contexts/>

¹⁹ World Health Organization (2023). Public Health Situation Analysis – Greater Horn of Africa – Health and Food Insecurity. Available from: https://cdn.who.int/media/docs/default-source/documents/emergencies/greater-horn-of-africa--public-health-situation-analysis-january-2023.pdf?sfvrsn=ab0b51db_4&download=true#:~:text=The%20situation%20is%20expected%20to,insecurity%20or%20higher40.

People with undernutrition are three times more likely to develop TB, have poorer TB treatment outcomes, and increased mortality risk from TB. Evidence from 2020 indicates that food security was responsible for approximately 20% of new TB cases¹⁸. Drug-susceptible TB was among the top five causes of death for all GHOA countries, except Sudan and South Sudan, based on 2019 Global Burden of Disease data.

According to the WHO Global TB Report for 2022, all GHOA countries, except Somalia, had a more than 30% reduction in the TB death rate compared to 2015²⁰. In Somalia, the TB incidence dropped from 286 per 100,000 population in 2010 to 246 per 100,000 in 2022. The decline stagnated at the same rate for 2023, which remains high compared to other countries in the GHOA. All countries have reported TB treatment success rates of over 80% with Somalia an average treatment success rate of 87% registered in 2023.

Non-communicable diseases

Food insecurity has been associated with increased risk and severity of non-communicable diseases (NCDs) including diabetes, dyslipidaemia, hypertension, and mental health disorders including depression. It is also associated with non-adherence to dietary counselling and regimens among diabetics.¹⁸

While data for 2023 is not yet available for the region, 2019 data indicates that NCDs accounted for over half of deaths in Djibouti and Sudan. Ischemic heart disease and stroke were among the top three causes of death in both countries in 2019.²¹ Sudan reported a diabetes prevalence of 18.9% in 2021²², well above the regional average, which has significant implications given the ongoing conflict and disruptions to health services and supply chains for essential medicines. In contrast, diabetes prevalence is reported to be relatively low (below 5%) in Kenya and Uganda.²³

According to the WHO global El-Niño public health situation analysis, NCDs are among the diseases identified as potentially negatively affected by the increased temperatures in the western region, and by increased rain fall and flooding in the eastern parts of the region possibly affecting access to treatment facilities. There have been reports of damage and closure of health facilities in flood affected areas of Kenya, Ethiopia and Somalia which interrupted the provision of essential health services including NCD treatment.

The findings of the Somalia Harmonized Health Facility Assessment (HHFA) report conducted in 2023 revealed the low level of NCD response interventions in the country. Only 40% of health facilities nationwide provide services for NCDs, with specific percentages for diabetes care (30%), cardiovascular disease (29%), chronic respiratory diseases (27%), any cancer services (6%), and cervical and breast cancer screening services (3%).

²⁰ Global tuberculosis report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Available from: <https://iris.who.int/bitstream/handle/10665/363752/9789240061729-eng.pdf?sequence=1>

²¹ World Health Organization. Global health estimates: Leading causes of death - Cause-specific mortality, 2000–2019. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>

²² The World Bank. Diabetes prevalence (% of population ages 20 to 79). International Diabetes Federation, Diabetes Atlas. Available from: <https://data.worldbank.org/indicator/SH.STA.DIAB.ZS>

²³ The World Bank. Diabetes prevalence (% of population ages 20 to 79). International Diabetes Federation, Diabetes Atlas. Available from: <https://data.worldbank.org/indicator/SH.STA.DIAB.ZS>

Currently, there is no comprehensive national data available for NCDs in Somalia. Previously, a STEP wise survey was conducted, but technical issues hampered its completion. Data on NCDs are scattered, WHO is working with partners to improve reporting in DHIS 2 and utilizing other sources and studies to understand current burden.

Gender-based violence

Food insecurity and hunger places additional stress on households, which can contribute to negative coping strategies, and reduce likelihood of conception during seasonal periods of hunger. Influenced by these factors, food security has been associated with increased levels of intimate partner violence.¹⁸

Displacement and travelling long distances to access safe waters sources can expose women and girls to increased risks of gender-based violence (GBV).^{24,25} The drought exposed women and children to multiple and intersecting vulnerabilities, heightening the risk of gender-based violence and sexual exploitation and abuse, and hampering children's access to education. Risks of gender-based violence including sexual violence, sexual exploitation, intimate partner violence, and female genital mutilation have increased during this crisis, while services to respond remain limited. GBV and child protections concerns increased as a result of the drought; issues of concern include families resorting to child marriage to replenish livestock through dowry, school dropouts, teen pregnancies, child migration, family separation, and transactional sex for basic needs. These trends were reported in some counties in Kenya.

An assessment carried out in 2023 by the Health Cluster and partners recommended provision of supplies and equipment in most hospitals, translated Information, Education and Communication (IEC) materials in health facilities and regular training of healthcare workers given the high turnover. WHO supported ministry of health adopt the Female Genital Mutilation (FGM) and Clinical Management of Rape (CMR) guidelines to country context to strengthen to respond to GBV in emergency context. A total of 753,279 persons were reached with GBV services, with approximately 103 survivors receiving Clinical Management of Rape services in 2023. An increase in number of GBV cases has been witnessed since the COVID 19 outbreak, with the increase in cases likely attributed to back-to-back emergency situation in the country, exacerbated by the El Niño season that caused massive displacements. These displacement caused girls to move away from shelters and schools, exposing them to risk of FGM.

In Ethiopia, due to the multiple shocks affecting the country, the population in several areas of the country was exposed to severe protection risks, especially those in conflict zones. Health experts estimate that between 40 and 50% of women in Tigray experienced gender-based violence (GBV), with more than 80% of those having been raped, and nearly 70% of those having been gang raped.²⁶

²⁴ PLAN International (2023). Girls in Kenya face violence as further drought expected. Available from: <https://plan-international.org/news/2023/04/26/girls-in-kenya-face-violence-as-further-drought-expected/>

²⁵ OCHA (2023). Kenya Drought Response Dashboard (January to September 2023). Available from: <https://reliefweb.int/report/kenya/kenya-drought-response-dashboard-january-june-2023>

²⁶ OCHA (February 2024), Ethiopia 2024 Humanitarian Response Plan

According to the Sudan GBV sub-cluster, since 15 April when the armed conflict started in Sudan between the Sudanese army and the Rapid Support Forces (RSF), the number of people in need of GBV services increased from over 1 million to 4.2 million. The number of individuals targeted for GBV services proportionately increased to 1.3 million, with an increase of over 90% of targeted individuals in states heavily impacted but still accessible.

Since the beginning of the crises in Sudan, surging reports of cases of GBV, including sexual violence, have been reported by the GBV sub-sector in Sudan and health services providers in hospitals and health centers. Most at-risk groups are internally displaced persons (IDPs) fleeing from one state to another, residents when homes are being looted. Displaced women and girls are at very high risk of sexual violence and exploitation.

In more than **90% of the localities across Sudan, GBV services are unavailable**. This lack of access poses significant challenges, especially during emergencies when essential resources like water may be far from temporary shelters or located in unsafe areas.

During the period between May and December 2023, WHO Sudan supported different interventions contributing to prevention and response to GBV under the essential service pillar in the national humanitarian health plan including the integration of the provision of health service for the GBV and SV survivors in 18 mobile clinics in 12 states including hot spots and relatively stable states that have huge number of IDPs. Through these mobile clinics, 120 SV cases were reported over three months (October-December 2023) including rape. Capacity building of more than 120 health care providers from 5 states on the GBV first line support and CMR was provided. An integration of GBV and PRSEAH in Cholera response was done in Red Sea state which has included community outreach activities targeting the IDPs gathering points in Red Sea state to orient them about key messages on SRH, FGM, GBV, and PRSEAH.

Mental health and psychosocial support

Food insecurity has long-term social, physical, and economic impacts and exacerbates risks to social and general well-being.¹⁸ The impacts of prolonged drought and food insecurity, reduced livelihoods, household resource constraints, destruction of property and loss of income, displacement, and barriers to accessing health care can place immense stressors on individuals, households, and communities and lead to severe psychological consequences. This is further exacerbated by conflict, and insecurity affecting parts of every country in the GHoA region. The uncertainty, fear, and loss experienced during such events can trigger feelings of anxiety, depression, and post-traumatic stress disorder.¹³

Displaced populations are especially vulnerable to these mental health challenges. While forced to leave their homes and communities, they often face isolation, a lack of access to basic necessities, and limited social support. A study published in August 2023 on the mental health of refugee populations hosted in East Africa (Kenya, Uganda, and Ethiopia) found a high prevalence (estimated 31%) of elevated depressive symptoms and functional impairment among refugee populations, which was significantly higher than the host populations.

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²⁷ Pozuelo, J.R., Bradenbrink, R., Stierna, M.F. and Sterck, O., 2023. Depression, violence and socioeconomic outcomes among refugees in East Africa: evidence from a multicountry representative survey. *BMJ mental health*, 26(1).

Health determinants

Extreme weather

In the past year, the Horn of Africa has undergone rapid changes in weather patterns, including the end of the most severe drought observed in the last 40 years. The impacts of this drought are likely to persist for a long time. Following the end of the drought in March 2023, the region experienced extreme El Niño rains. This intense rainfall, fuelled by the El Niño phenomenon, has led to extensive flooding throughout the Horn of Africa.

The relentless downpour, which started in October 2023, led to death, destruction, and displacements across Somalia, Kenya, and Ethiopia. With the severe rains causing massive floods, many remain vulnerable as rivers burst banks and dams threaten to overflow. By mid to late December, the rainfall subsided over most regions of the GHOA, with light rainfall in parts of Uganda and eastern and southern Kenya. Dry conditions were observed over Somalia, eastern Uganda and central to southern Kenya between 27 December to 03 January. Predictions for the coming quarter of 2024 indicate wetter than usual conditions in Uganda, southern South Sudan, much of Ethiopia, Somalia and Djibouti, and drier than usual conditions in localised regions in Ethiopia. Besides the heavy rains, warmer than usual conditions are expected over most parts of the region during the same period. ¹²

Food insecurity

As of 31 December 2023, in the GHOA region, an estimated 50.1 million people were classified under Integrated Food Security Phase Classification (IPC) Phase 3+, facing crisis levels of food insecurity including 21.9 million in a crisis (IPC Phase 3), 8.0 million in an emergency (IPC Phase 4), and 25,000 facing catastrophe (IPC Phase 5).

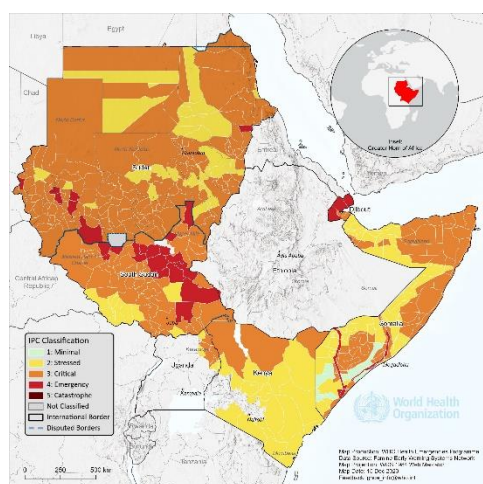


Figure 14. Projected Food Insecurity in GHOA countries, December 2023 (IPC, OCHA).

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 (Oct 23 – Jan 24)	16,617,000	1,258,750	265,600	0	1,524,350	9%
SOMALIA (Oct – Dec 23)	16,955,266	3,280,770	1,014,100	0	4,294,870	25%
SOUTH SUDAN (Dec 23 – March 24)	12,613,120	4,040,000	1,713,000	25,000	5,778,000	46%
SUDAN (Oct 23 – Feb 24)	48,190,706	12,828,395	4,898,486	0	17,726,881	37%
UGANDA/ Karamoja (Sep 23 – Feb 24)	1,285,000	293,150	48,440	0	341,590	27%
Sub-Total	96,842,767	21,886,377	8,039,728	25,000	29,951,105	
OTHER FOOD SECURITY ESTIMATES						
ETHIOPIA 2023	123,000,000	People in need of food assistance (Source: HRP 2023)			20,100,000	16%
Total food insecure population in need of assistance IGAD Caseload					50,051,105	

Table 4. Projected Food Insecurity in GHOA countries, 31 December 2023 (IPC, WFP, OCHA).

The level of hunger in the region represents an increase of 31.8% from about 38 million in mid-2022 when WHO first graded the emergency. The key drivers of acute food insecurity in the region include the combined effects of climatic shocks and hazards, conflict, displacement and macro-economic challenges related to increased food and fuel prices. Funding shortfalls are affecting the humanitarian assistance coverage despite the increased need. In August 2023, over 61 million people were in IPC phase 3 and above, which was the highest number reported so far.

The numbers reduced gradually in the region with the return of rain in the Horn of Africa, the joint efforts and the system-wide scale-ups by humanitarian partners despite the funding challenges. The major changes were observed in Kenya, Karamoja (Uganda), Somalia, South Sudan and Sudan with a reduction of 72% (Kenya), 41% (Karamoja), 34.7% (Somalia), 25.6% (South Sudan) and 12.6% (Sudan) in comparison to the projections in August 2023.

Security/Conflict

The majority of countries in the GHoA region are affected by conflict in at least some areas. Conflict exacerbates food insecurity and malnutrition crises and disease outbreak risks by driving displacement, disrupting health services and WASH infrastructure, causing shortages of food and non-food items (NFI), disrupting immunization, surveillance, and vector control efforts, and impeding humanitarian access and delivery of aid.

The ongoing conflict in **Sudan**, notably intensified on April 15, 2023, severely impacted the country's food insecurity, malnutrition, and health crises, with consequences extending to the broader region. The WHO classified it as a grade 3 public health emergency on June 5, 2023.²⁸ IASC announced a System-Wide Scale-Up activation on 29 August 2023, which was extended until 30 June 2024.²⁹ The violence led to mass displacements, extensive damage to infrastructure, disrupted essential services, and acute shortages of food and essential supplies. Market prices have soared, affecting the entire region, and areas with active conflict show the highest proportions of food- insecure populations. The conflict also posed an increased risk of communicable diseases, vector-borne diseases, malnutrition, and maternal and child health issues due to disruptions in healthcare services and resource depletion. Challenges in waste management and interrupted vector control efforts compounded the risk of disease outbreaks.³⁰

In **Somalia**, ongoing conflict and insecurity related to al-Shabaab attacks, military operations, and inter-communal violence continued to drive displacement and exacerbate food insecurity.³¹ Large parts of Somalia were inaccessible to humanitarian actors due to insecurity, armed conflict, and control of non-state armed groups. The violence has compounded the humanitarian situation and displacement caused by the drought, and hampered response efforts.^{32,33}

²⁸ GHoA Briefing Note, 1 August 2023.

²⁹ <https://interagencystandingcommittee.org/iasc-humanitarian-system-wide-scale-activations-and-deactivations>

³⁰ Integrated Food Security Phase Classification. Sudan IPC Acute Food Insecurity Analysis June 2023 – February 2024. Published on 2 August 2023. Retrieved from: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_Acute_Food_Insecurity_Jun2023_Feb2024_snapshot.pdf

³¹ USAID (2023). Horn of Africa – Complex Emergency Fact Sheet #12 (30 September 2023). Available from: https://www.usaid.gov/sites/default/files/2023-11/2023-09-30_USG_Horn_of_Africa_Complex_Emergency_Fact_Sheet_12.pdf

³² UN Refugee Agency (2023). UNHCR Operational Update - East and Horn of Africa, and the Great Lakes Region (July – September 2023). Available from: <https://reliefweb.int/report/sudan/unhcr-operational-update-east-and-horn-africa-and-great-lakes-region-july-september-2023#:~:text=OPERATIONAL%20ENVIRONMENT,is%20hosted%20in%20the%20region.>

³³ UN Refugee Agency (2023). Somalia Operational Update (December 2023). Available from: <https://reliefweb.int/report/somalia/unhcr-somalia-operational-update-december-2023>

The conflict in northern **Ethiopia** has resulted in trauma and displacement since November 2020. In March 2023, the conflict in the Amhara region started, resulting in increased trauma and displacement. The conflict’s repercussions have heightened food insecurity and exacerbated the risk of infectious disease outbreaks, including for cholera and vaccine preventable diseases.

Displacement

Over the past three years, the region has seen a steady increase in the number of refugees and internally displaced persons (IDPs) due to exacerbating factors such as drought, food insecurity, floods and protracted conflicts. Over 24.1 million IDPs and refugees have been reported with 19.4 million IDPs and 4.7 million refugees and asylum seekers. Of the total 19.4 million IDPs, 10.1 million were displaced by conflict and over 4.5 million people in the region were displaced by climate-related disasters (Figure 15).

Sudan, Ethiopia, Somalia, and South Sudan reported the highest numbers of IDPs in the region as of 31 December 2023.³⁴

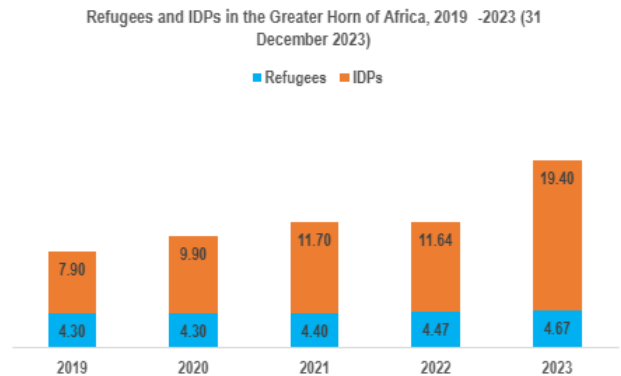


Figure 15. Displaced population (IDP’s, Refugees and Asylum seekers) in GHOA region as of December 2023 (UNHCR).

Since the outbreak of the devastating conflict in mid-April 2023, displacement within **Sudan** and into neighboring countries continued to escalate. This conflict and displacement resulted in one of the largest protection crises in the world, with 7.4 million people forcibly displaced as of the end of December 2023. Of these, over 1.5 million sought refuge in neighboring countries, including the Central African Republic, Chad, Egypt, Ethiopia and South Sudan, including refugees, returnees and third country nationals.

In addition, nearly 6 million people were newly internally displaced within Sudan.³⁵ As of 27 December 2023, over 100,000 people entered Ethiopia and crossings were made through various border points of entry (PoE), in the regions of Amhara and Benishangul Gumz, respectively and an additional 463,660 people were recorded crossing the border from Sudan to South Sudan. The ongoing conflict impacted trade between Sudan and South Sudan, with reduced imports from Sudan triggering a rise in the food basket cost.

In December, amid the ongoing multi-fold humanitarian crisis in **Somalia**, millions continued to require aid, bringing the total number of internal displacements in 2023 to 2.9 million. Additionally, Somalia hosts approximately 38,269 refugees and asylum-seekers, with 68% of them being women and children.

³⁴ UN Refugee Agency (2023). Regional Dashboard RB EHAGL: Refugees and asylum-seekers by situation - 31 Dec 2023. Available from: <https://data.unhcr.org/en/documents/details/106828>

³⁵ UN Refugee Agency (2023). Sudan Emergency – Regional Refugee Response Plan January – December 2023. Available from: <https://data.unhcr.org/en/documents/details/106482>

Ethiopia faces significant internal displacement, with Tigray hosting the highest number of conflict related IDPs (943,285, 42.16% of the national conflict caseload) as of September 2023. Drought was the main cause of 612,250 IDPs (17.7% of the national caseload), concentrated in Somali, Oromia and Afar regions. The Somali region hosts the highest number of droughts affected IDPs in the country (410,749 persons, 67.1% of the national caseload).³⁶

Water, Sanitation and Hygiene (WASH)

In the GHoA region, the lack of adequate and safe water access, coupled with poor sanitation and hygiene practices, is a significant driver of infectious disease transmission, particularly during prolonged drought periods. During the prolonged drought period in the region, supplying clean and reliable water in drought-prone areas, such as pastoral regions, was a significant challenge. During the reporting period, cholera outbreaks affected four countries (Ethiopia, Kenya, Somalia and Sudan) and areas affected by the outbreaks had very limited WASH facilities and posed a significant challenge to the outbreak response measures.

In the Horn of Africa (Ethiopia, Somalia, and Kenya) alone, an estimated 25.6 million people, including 14.1 million children, didn't have access to safe water. This includes 13.0 million people (over 11% of the population) in Ethiopia, 8.2 million people (nearly half, 48% of the population) in Somalia, and 4.4 million (8% of the population) in Kenya.³⁷

The WASH situation in **Sudan** is dire, with millions of people lacking access to safe drinking water and sanitation. As of October 2023, some 7.4 million children lacked access to safe drinking water, increasing their vulnerability to waterborne diseases, compounded by poor nutrition. Conflict remains the main driver of WASH needs, hampering access in conflict zones.³⁸

In **Ethiopia**, as of 18 December, the 2023 Humanitarian Response Plan targeted 8.6 million people for WASH services, with 2.9 million in drought-affected areas. Due to active cholera outbreaks in Oromia, Sidama, SNNP, Somali, and Southern Ethiopia regions, intensified WASH services are needed to prevent and control the outbreak while also addressing the needs in non-affected areas.³⁹

³⁶ IOM UN Migration. Global Data Institute – Displacement Tracking Matrix. Ethiopia National Displacement. Site Assessment Round 34 and village assessment survey round 17 – 1 August – 2 September 2023. Available from: <https://dtm.iom.int/reports/ethiopia-national-displacement-report-17-august-september-2023?close=true>

³⁷ UNICEF (2023). Horn of Africa Drought Response Dashboard, August 2023. Available from: <https://www.unicef.org/media/146536/file/HoA-Drought-Response-Dashboard-August-2023.pdf>

³⁸ DFS (Department of Field Support) and iMMAPI Inc. (Information Management and Mine Action Programs, Incorporated). Sudan Crisis Situational Analysis - 18 December 2023. Available from: <https://reliefweb.int/report/sudan/sudan-crisis-situational-analysis-18-december-2023>

³⁹ Health Cluster Ethiopia (2023). Ethiopia Health Cluster Bulletin (January 2024). Available from: <https://reliefweb.int/report/ethiopia/ethiopia-health-cluster-bulletin-january-2024>

Due to displacements in **Somalia** critical WASH infrastructures were overwhelmed. The WASH needs of conflict-affected and displaced populations in central and eastern Galmudug were surpassing available humanitarian assistance, highlighting a pressing issue within the region.⁴⁰

Women and girls were forced to travel significantly longer distances to reach water sources. This situation, in many cases, resulted in them walking two to three times the distances they typically cover during a normal dry season. Consequently, their vulnerability to gender-based violence and dehydration was exacerbated.

They often went to the deep boreholes to find water, which can be dangerous and is often contaminated and unsafe for consumption.⁴¹ Moreover, the scarcity of water adversely affected efforts to prevent and control infections within healthcare facilities and educational institutions. WASH services were also poorer among displaced persons in the region living in camps.

Substantial gaps in WASH response were reported for **Ethiopia**, with challenges including lack of funding, insufficient partners' presence in many regions, and requirement for long term investments in water systems for water trucking in drought affected areas.⁴²

3. Health system needs

Access to healthcare

As malnutrition rises, particularly among children, health needs increase, especially in areas with poor access to services, making them vulnerable to disease outbreaks. Identifying these underserved areas is crucial for targeting interventions. WHO analysed geographic accessibility in Somalia and Kenya using the AccessMod tool to understand health service marginalization, with plans to expand to other GHoA countries.

According to the analysis conducted for Somalia in June 2023, 15.3 million in IPC AMN Phase 2+ lived more than 2 hours from a SAM stabilization facility. Approximately, 3 in 5 mothers needing cesarean sections in IPC AMN Phase 2+ regions lived more than 2 hours from a CEMONC facility. 40% of population faced geographic barriers if they need access to SAM facilities. The Kenya analysis conducted in May 2023 also showed that 6.1 million in IPC AMN Phase 2+ lived more than 2 hours from a SAM stabilization facility, while more than half of mothers needing cesarean sections in IPC AMN Phase 2+ regions lived more than 2 hours from a CEMONC facility. Half of infants needing immunization in IPC AMN Phase 2+ regions lived more than 1 hour from the immunizing facility suggesting there are populations whose treatment seeking behaviour would be significantly affected by the food insecurity situation.

⁴⁰ USAID (2023). Horn of Africa – Complex Emergency Fact Sheet #12 (30 September 2023). Available from: https://www.usaid.gov/sites/default/files/2023-11/2023-09-30_USG_Horn_of_Africa_Complex_Emergency_Fact_Sheet_12.pdf

⁴¹ UNICEF (2023). WASH Cluster ETF Minutes - Ethiopia: Wash Cluster Coordination Meeting - 23 January 2024. Available from: <https://reliefweb.int/report/ethiopia/ethiopia-wash-cluster-coordination-meeting-23-january-2024-meeting-minutes>

⁴² OCHA. Ethiopia – Situation Report (last updated 1 December 2023). Available from: <https://reliefweb.int/report/ethiopia/ethiopia-situation-report-1-dec-2023>

Damage to health facilities

The region's health infrastructure were damaged by conflict, insecurity, and direct attacks, as well as heavy rains and subsequent flooding. Extremely heavy rainfall in the Horn of Africa region since early November 2023, influenced by El Niño and a positive Indian Ocean dipole, led to floods, flash floods and river overflows. This has resulted in disruptions of health services, with a total of 293 health facilities affected by flooding in the region. As of 18 December 2023, this included 52 health facilities from 12 counties in **Kenya**, 180 health facilities (26 health centres and 154 health posts) in **Ethiopia** and 61 health facilities (9 hospitals, 5 primary health units and 47 health centres) in **Somalia**.

Attacks on health care

Attacks on health care facilities interrupt the effectiveness of response efforts. In Somalia, South Sudan and Sudan, 66 verified attacks were registered as of 31 December 2023, resulting in 63 injuries and 38 deaths (Table 5). Most reports are from Sudan with 63 attacks on healthcare facilities, leading to 45 injuries and 38 deaths.⁴³

Table 5: Registered attacks on health care in Somalia, Sudan, and South Sudan from 01 January 2020 to 31 December 2023. (Available from the WHO Surveillance System for Attacks on Health Care).⁴²

Countries	WHO Surveillance System for Attacks on Health Care											
	Attacks				Deaths				Injuries			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023
Somalia	2	1	1	3	10	0	48	0	0	0	3	10
South Sudan	6	13	9	2	13	24	11	0	8	35	33	8
Sudan	1	29	23	63	0	4	7	38	0	38	4	45
TOTAL	9	43	33	68	23	28	66	38	8	73	40	63

4. Humanitarian Health Response

Health response organization/coordination

Four countries in the GHOA region (Ethiopia, Somalia, South Sudan, and Sudan) have established cluster coordination systems, including the health cluster, to alleviate suffering and save lives during humanitarian emergencies while promoting the well-being and dignity of affected populations (Table 6). WHO leads 40 sub-national hubs under the national health cluster in these countries, providing coordination, guidance, and technical assistance during crises. As of December 2023, 282 health partners were operational, with the highest number reported from South Sudan.⁴⁴

⁴³ World Health Organization (2023). Surveillance System for Attacks on Health Care. Available from: <https://extranet.who.int/ssa/LeftMenu/Index.aspx>

⁴⁴ Health Cluster (2023). Health Cluster Dashboard – Q4 December 2023. Available from: [Health Cluster Dashboard-Q4 December 2023 \(who.int\)](https://www.who.int/health-cluster/dashboard-q4-december-2023)

Table 6: Number of health cluster partners in GHoA countries, December 2023 (Global health cluster).

Country	Number of sub national hubs	Number of partners
Ethiopia	12	74
Somalia	14	55
South Sudan	10	111
Sudan	8	45
TOTAL	40	282

In **Ethiopia**, during the reporting period, 13 sub-national hubs were operational coordinating 74 health partners with 34 of them international NGOs (INGOs), 20 national NGOs (NNGOs), five UN agencies, 10 donors, three observers and three national authorities. A total of 17.4 million people were in need of health sector support and 9.8 million of them were targeted.

To be able to provide the necessary support, a total of USD 303 million was needed and only 24% of the need was funded which continued to affect the response activities.

In **Somalia**, 14 sub-national hubs were providing the needed support to 55 partners with 21 INGOs, 30 NNGOs and 4 UN agencies. A total of 6.7 million people were in need and 6 million of them were targeted by December 2023. As of December 2023, only 47% of the USD 197 million needed.

In **South Sudan**, ten sub-national hubs were functioning as of December 2023 and a total of 111 partners were operational in the country with 57 of them being NNGOs, 34 INGOs, six UN agencies, 11 donors, two observers and one national authority. A total of 3.5 million people out of the six million who were in need, were targeted with a total of USD 128.6 million needed. However, only 69% of the needs was funded despite an increased demand due to presence of an increased humanitarian need and ongoing disease outbreaks.

In **Sudan**, eight sub-national hubs were established and providing support to 45 partners consisting of 22 INGOs, 2 NNGOs, five UN agencies, six donors, eight observers and two national authorities as of December 2023. 11 million people were in need and 7.6 million of them were targeted with only 37% of the required 178 million US dollar was funded. The conflict continued to affect more people and resulted in a significant need for humanitarian support.

The majority of the health cluster partners in the four countries are national NGOs (40%) followed by international NGOs (39%), donors (8%) and UN agencies (7%). Ethiopia, South Sudan, and Sudan had a higher number of international NGOs presence during the reporting period.⁴³ The remaining three countries without cluster coordination systems were supported by the existing mechanism and WHO continued to provide the necessary guidance and technical support to MoH for improved planning and response measures. In Uganda, there are 9 WHO hubs providing technical support to the districts in the region and playing a coordination support role in events and 4W matrix data collection systems and subsequent analysis.

Despite the need for scaling up and sustaining the humanitarian assistance in the region, partners continued to face funding shortages resulting in interruption of the service provision and scaling down some of their activities. With the presence of multiple disease outbreaks and an increased number of people in high level of acute food insecurity and malnutrition, more funding is needed for partners to be able to reach the people in need and contribute to the reduction of morbidity and mortality in the region.

5. Health Information Management landscape, gaps and challenges

Health information management coordination

Following the classification of the drought and food insecurity crisis in the GHoA region as a Grade 3 emergency in May 2022, WHO established an IMST with five strategic objectives to support the crisis response in all seven countries. The IMST focused on strengthening coordination, health information management, surveillance and outbreak response, nutrition interventions and essential health services in the most affected areas. Within the GHoA regional IMST, the HIM team plays a key role by coordinating information products at the regional level, synthesizing health and nutrition-related information from the countries, providing technical guidance, facilitating collaboration, ensuring consistency of methods and products, and serving as a central resource for all seven countries. Furthermore, weekly calls have been held with the HIM teams of the seven countries to consistently share information on alerts, ongoing disease outbreaks, response activities and encountered challenges requiring close attention. WHO's GIS centre for health has continued to support the ongoing response activities through the deployment of GIS experts and conducted training on GIS and data management system in countries.

Gaps and challenges

Table 7: Health information gaps and recommendations for GHoA region.

	Gap	Recommended tools / guidance for primary data collection	Progress since previous reporting period
Health status and threats	Difficulties in getting aggregated data on disease outbreaks and outbreak prone diseases on a regular basis	To work closely with the country, regional office and HQ team	
	Nutrition outcome indicators	Strengthen the data collection and reporting system in countries. Support in developing a dashboard on nutrition interventions	Ongoing and improvements on reporting
	Cross-border disease surveillance	Strengthen regional surveillance capacity and work closely with regional offices, IGAD and partners operating	Ongoing cholera cross border coordination meeting with IGAD, MoH and partners on a bi-weekly basis.
	Disease mortality surveillance	Facility-based mortality surveillance; mortality surveillance study	<u>Somalia</u> : 1 st report on drought related mortality estimate was released in March 2023 and under review for the second one. <u>South Sudan</u> : In the process of signing an agreement with London school of hygiene and tropical medicine to start the study.

			<u>Kenya</u> : Ongoing coordination with UNICEF and LSHTM; received both ethical clearance and NACOSTI approval from government institutions.
Health system needs	Limited information on attacks on health care from countries in the region	Use of WHO SSA	
Health response coordination	Inter-sectoral coordination	Joint inter-sectoral mapping and performance evaluation/assessment at the national and regional level, Joint product on response activities	
Availability / functionality of health resources	Lack of adequate information on health services availability and functionality	Establish HeRAMS across the GHoA region	<u>Ethiopia</u> : HeRAMS was rolled out in Tigray and ongoing in Amhara and Afar regions. Plan to expand to other regions. <u>Sudan</u> : HeRAMS conducted in five states and plan to expand in remaining accessible states (with support from partners) if security situation allows. <u>South Sudan</u> has a pre-existing independent Health Service Functionality monitoring system and ongoing on a regular basis.
Humanitarian health system performance	Inadequate information on partner's presence, reporting and information sharing	Cluster coordination mechanism, partner's mapping (3W/4W/5W matrix)	

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For further information visit GHoA Drought and Food Insecurity website:

[Drought and food insecurity in the greater Horn of Africa \(who.int\)](https://www.who.int/drought-and-food-insecurity)

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