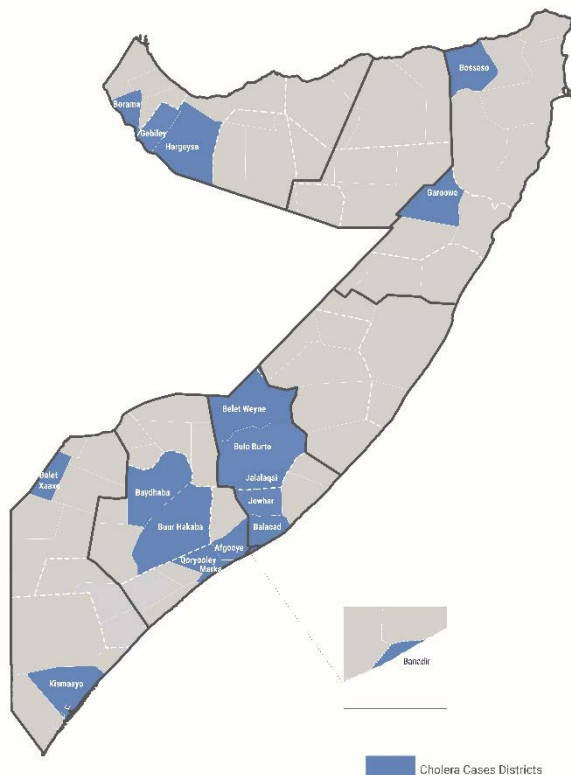


This Flash Update is prepared by OCHA, in coordination with the Health and WASH Clusters in Somalia and covers the situation as of 24 March 2024. The next update will be issued as soon as additional information is available.

HIGHLIGHTS

- Acute Watery Diarrhoea (AWD)/cholera is spreading in Somalia with over 4,380 cases and 54 associated deaths recorded in 32 districts from 1 January to 18 March 2024. Sixty two per cent of the deaths were among children aged under 5.
- The outbreak is driven by high levels of malnutrition among children, insufficient access to clean water, open defecation practices, latrines with poor hygiene and inadequate sanitation among communities, among other factors.
- Safe water and proper sanitation can prevent AWD/cholera, but 28 per cent of Somali families are estimated to lack a functional sanitation facility while 34 per cent practice open defecation and 80 per cent lack a handwashing facility.
- About 1.4 million vaccine doses have been approved for five districts – Daynile, Mahady, Buurhakaba, Bossaso and Balcad. In addition, 105 kits have been prepositioned across the country, enough to treat 10,500 AWD/cholera cases.
- The ongoing response is facing challenges, including limited skilled health workers to manage complicated cases, high population movements, low community sensitization, poor infrastructure in treatment centres and inadequate funding.



Source: OCHA

KEY FIGURES

4,383 Cases recorded from 1 January-18 March	54 Deaths recorded from 1 January-18 March	18.3K Cases reported across Somalia in 2023	US\$5.9M Funding required to scale up the cholera response	1.4M Vaccine doses approved to cover five districts
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SITUATION OVERVIEW

The ongoing outbreak of Acute Watery Diarrhoea (AWD)/cholera in Somalia is spreading with increasing cases being reported in Hirshabelle, Puntland and South West States. Since the start of 2024, the number of reported cases is three times higher than the last three-year average, according to the World Health Organisation (WHO). As of 18 March, over 4,383 cases have been recorded with 54 associated deaths in 32 districts, giving an overall Case Fatality Rate of 1.2 per cent, which is above the WHO threshold for emergencies. About 62 per cent of the deaths were among children aged under 5. According to the [International Coordinating Group \(ICG\) on Vaccine Provision](#), Somalia is among the most severely impacted countries in the world. The ICG, which manages the global cholera vaccine stockpile, has called for immediate action to stem an unprecedented multi-year upsurge in cholera cases worldwide.

The outbreak is expected to escalate when the anticipated heavier-than normal *Gu* (April to June) rains start, especially in high-risk districts located along the Shabelle and Juba River basins. According to WHO, the outbreak is driven by high levels of malnutrition among children, insufficient access to clean water, open defecation practices, latrines with poor hygiene and inadequate sanitation among communities, among other factors. Other contributing factors include extreme weather conditions such as drought and flooding, as well as conflict and movement of people which have led to a spillover of infections from some neighbouring countries. The upcoming *Gu* rains are expected to trigger outbreaks in areas where the disease has not been observed in years. Ahead of the rains, partners and the Somalia health authorities have stepped up response and preparedness activities, guided by a six-months plan of action that requires US\$5.9 million to implement.

In Hirshabelle State, most cases have been reported in Belet Weyne, Buloburte, Jalalaqsi, Mahaday and Balcad districts due to water contamination during flooding in November and December 2023. Cases have started to reduce with 10 cases recorded last week compared to 273 in the first week of January. In Jubaland State, only Kismayo is currently reporting cases, months after the disease was reported in Doolow, Afmadow, Luuq and Mandera districts on the border with Kenya.

Puntland State, however, reported the highest cases numbering 351 with 23 deaths in the last four weeks, a spike attributed to limited access to safe water and open defecation especially in displacement sites, as well as resistance to common antibiotics. Somaliland recorded 21 suspected cases in January, which were mainly attributed to poor sanitation and cross-border population movement. In South West State, several districts are affected including Baidoa, Buurhakaba, Marka, Afgooye and Qoryoley, due to a high number of displaced people and high population movements. In Banadir, authorities are investigating reports of increased cases in displacement sites.



Partners have stepped up cholera response activities in affected areas. Photo: WHO

Somalia has had uninterrupted AWD/cholera transmission since 2016 according to WHO. The disease is an acute intestinal infection that spreads through food and water contaminated with bacteria, often from faeces. In 2023, more than 18,300 cumulative cases and 46 deaths were reported; over half being children aged below 5 years. While safe water and proper sanitation can prevent AWD/cholera, 28 per cent of Somali families are estimated to lack a functional sanitation facility while 34 per cent practice open defecation and 80 per cent lack a handwashing facility.

RESPONSE

- Partners and the Federal Ministry of Health have developed a six-month plan that requires US\$5.9 million to scale up cholera response activities. A National Cholera Technical Working Group is meeting on a weekly basis. Similar coordination fora have been established at state level.
- Health Cluster partners are supporting various interventions including management of cases of cholera. At least 21 cholera treatment centres (CTCs) exist in Hirshabelle, Jubaland, Puntland and South West States, and Banadir region with 520 beds, but this can only accommodate 20 per cent of the anticipated peak caseload.
- Surveillance has been enhanced through integrated disease surveillance and response with laboratory confirmation through regional public health laboratories for antibiotic resistance studies. Genomic surveillance capacities have been initiated.
- On 8 March, the ICG approved about 1.4 million vaccine doses for Dayniile, Mahaday, Buurhakaba, Bossaso and Balcad districts; these are due in the country shortly.
- At least 105 cholera treatment kits were repositioned across the country in preparation for Deyr (November to December 2023) rains. These have sustained the response in the last six months. A total of 82 kits are in the pipeline, enough to treat 8,200 cases.
- In Puntland, the Water, Sanitation and Hygiene (WASH) Cluster and the State Water Development Agency are conducting water quality testing in displacement sites in Garowe and Bossaso. Partners have delivered chlorine drums, 51 cartons of water treatment Aqua-tabs containing 16,000 tabs per carton, hygiene kits for 2,000 families in Bossaso and Garowe, and water treatment items for 500 families.
- The WHO, the Federal Ministry of Energy and Water and Ministry of Health have trained 60 public health practitioners in South West State and Banadir Region, who have conducted testing in Baidoa and Lower Shabelle. Chlorination campaigns are underway.

- Hirshabelle WASH Cluster partners have distributed 15,000 hygiene kits and trucked water for 139,000 mostly displaced people. Some 70 community healthcare workers have been deployed by WHO and the State Ministry of Health in the state and have reached 252,605 with risk communication messages; initiated care for 1,717 people and referred 1,757 people to health facilities and CTCs in the past four weeks. Cholera cases are going down in Hirshabelle but could surge again with the *Gu* rains.
- The risk of transmission between neighboring countries is being updated.

GAPS AND CONSTRAINTS

- Pre-positioning vital supplies like cholera kits, hygiene items and water treatment chemicals in key hot spots including those lacking supply hubs, especially Puntland and South West States.
- Limited access to safe and proper sanitation, especially in displacement sites; 10,000 latrines destroyed by floods in Jubaland.
- Limited skills among health workers to manage complicated cases of cholera, and delayed reporting of alerts and investigation.
- Poor infrastructure in cholera treatment centers and few oral rehydration sites in high-risk communities.
- Low community sensitization and engagement for cholera prevention, and limited access to treatment compounded by insecurity.

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