The total multiagency budget of US$11.7 million reflects actual funding needs for the nationwide measles campaign. The previously reported figure of US$14.4 million includes longer term activities such as supporting the surveillance system and routine outreach activities.

**SOMALIA CRISIS**  
Measles Update and Funding Request  
Donor Alert  
August 2017

### People affected

- **5.5 million** people lacking access to basic healthcare services
- **3.3 million** people affected by severe drought and food insecurity
- **2.9 million** people living in ‘Emergency’ or ‘Crisis’ phase
- **14,379** suspected measles cases in 2017

### Funding status

- **0%** funding received for WHO
- **US$11.7 million** required by health partners
- **US$6.8 million** required by WHO

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**WHO is urgently appealing for US$6.8 million** to control a measles outbreak in Somalia and reduce the number of deaths among children. The nationwide measles campaign will be launched by WHO, UNICEF and national health authorities in November 2017, targeting approximately 4.2 million children aged from 6 months to 10 years.

### Current situation

Somalia is currently facing its worst outbreak of measles in the country in four years. Measles cases are on the rise due to mass displacement and overcrowding in temporary settlements as a result of drought and conflict, combined with the overall low vaccination coverage prior to the current crises and low population immunity due to high prevalence of malnutrition.

More than 14,370 suspected cases of measles have been reported this year alone (as of 30 July) compared to between 5,000 to 10,000 total cases per year since 2014. More than 80% of all those affected by the current outbreak are children below the age of 10 years.

18 of the 19 regions in Somalia have reported suspected measles cases in 2017, with the highest number of cases occurring in Banadir, Togdheer, Hiraan, Lower Shabelle and Galbeed.

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1 The total multiagency budget of US$11.7 million reflects actual funding needs for the nationwide measles campaign. The previously reported figure of US$14.4 million includes longer term activities such as supporting the surveillance system and routine outreach activities.
Priority activities

Joint WHO/UNICEF activities include:

- Overall planning and macro-planning
- Conducting training for campaign management and measles case management, including material development and translation into Somali
- Conducting training on vaccine handling, injection safety and waste management
- Monitoring, supervision and campaign assessment
- Joint analysis of campaign coverage reports
- Risk communication for communities relating to the vaccination campaign

Funding needs

The total funding requirement for the upcoming campaign is US$11.7 million, of which WHO requires US$6.8 million.

Along with the vaccination campaign, additional activities include providing vitamin A supplements, and training medical staff in all regions to strengthen case management, especially among internally displaced people, and improve disease surveillance.


Source: Somalia Weekly EPI/POL Update Week 30, as of 30 July 2017.

The overall measles vaccination coverage in Somalia is estimated at 46%. Routine immunization coverage in Somalia in the first quarter of 2017 was only 11%.

Measles vaccine

Routine measles vaccinations for children, combined with mass immunization campaigns, are key public health strategies to reduce deaths. The measles vaccine has been in use for over 50 years and is safe, effective and inexpensive. It costs approximately US$1 to immunize a child against measles. Accelerated immunization activities have had a major impact on reducing measles deaths. During 2000-2015, measles vaccinations prevented an estimated 20.3 million deaths, reducing global measles deaths by 79%.

WHO response

In early 2017, WHO, UNICEF and partners vaccinated 596,328 children aged six months to five years for measles across select hotspots in Somalia. In support of these activities, WHO conducted trained, deployed and provided incentives for vaccinators. The measles vaccinations were monitored by WHO staff at regional, district and community level. WHO staff also supported national health authorities with data collection, analysis and interpretation.

In the second quarter of 2017, WHO conducted training in Hargeisa and Mogadishu on measles case-based surveillance, including laboratory components, for nearly 100 measles sentinel site focal points from selected districts to extend the measles surveillance system across Somalia.

During a series of consultations in May and June 2017, national health authorities and partners, including WHO and UNICEF, agreed to conduct a nationwide measles campaign targeting 4.2 million children from six months to ten years of age. In addition, the consultations resulted in agreement to:

1. Optimize case management using the Health Cluster to disseminate case management guidelines to health partners and ensure administration of Vitamin A to all suspected measles cases;
2. Develop a plan for integrated disease surveillance in collaboration with health cluster; and
3. WHO to host a workshop in August 2017 to develop a long-term plan for measles.