



ICPAC

Climate and Health

March-May Season Advisories

Policy Brief

February 2026



Key Messages



Strengthen Regional Coordination: strengthen cross-border disease surveillance. Share resources during outbreaks. Harmonize early warning systems.



Enhance Climate-Health Integration: Mainstream climate forecasts into health planning. Pre-position supplies. Develop impact-based forecasting.



Prioritize Vulnerable Populations: Gender-sensitive service delivery. Accessible formats for PWDs. Mobile clinics for displaced populations



Scale Up Preventive Interventions: Expand malaria vaccine coverage. Maintain cholera vaccine stockpiles. Accelerate ITN distribution and IRS.



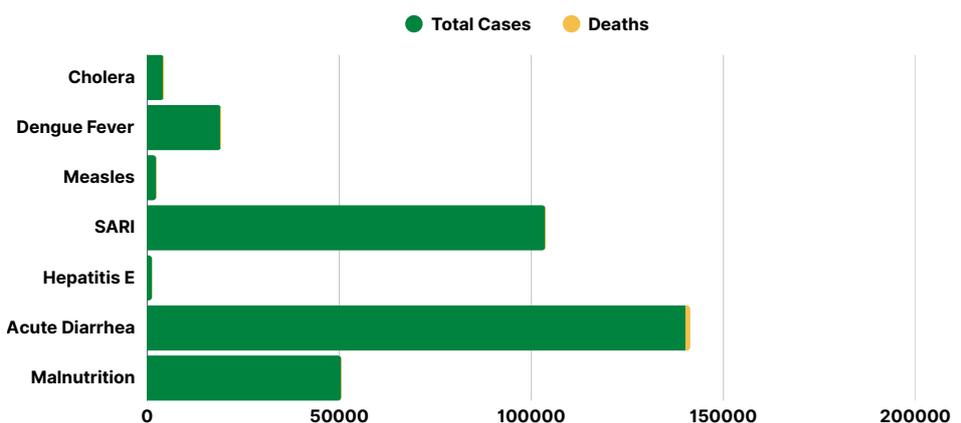
Build Health System Resilience: Protect health facilities. Retain workforce through incentives. Ensure continuity of essential services.

The OND 2025 season revealed significant climate-sensitive health impacts across the Greater Horn of Africa, with approximately 2.7 million malaria cases, 4,205 cholera cases, and over 100,000 acute respiratory infections reported across eight countries. While strengthened surveillance systems and coordinated vaccination campaigns achieved notable successes, including 101% cholera vaccine coverage in Sudan and malaria vaccine introduction in Ethiopia and South Sudan, the season also exposed critical vulnerabilities.

Extreme weather events resulted in 18 landslide deaths in Uganda, widespread infrastructure damage, and acute malnutrition affecting over 50,000 people in South Sudan. Ongoing conflict in Sudan, South Sudan, and Somalia compounded health system challenges through damaged infrastructure, displaced populations in overcrowded IDP camps, and limited access to essential services, particularly affecting women, children, and persons with disabilities.

With near normal to above normal rainfall forecast for the MAM 2026 season across East Africa, countries must proactively address anticipated health risks while capitalizing on positive impacts. Expected improvements in food security and nutrition should be balanced against increased malaria transmission, waterborne disease outbreaks (cholera, typhoid, diarrhea), and flooding impacts on health infrastructure.

In **October to December** the region continued to experience and increase in health related impacts, directly and indirectly linked to the observed weather conditions as summarized. Malaria was the biggest challenge in the season with about 2.7 million cases reported in Ethiopia, Somalia, Uganda, South Sudan. Other diseases reported are seen in the graph below.



Advisories MAM 2026

Rainfall-Related Risks

Vector-Borne Diseases

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- **Children** under five face highest risk of severe malaria and death;
- **Pregnant women** are at increased risk of maternal anemia, stillbirth, low birth weight, and maternal mortality;
- **Displaced populations** in crowded settlements face elevated transmission risk;
- Persons living in **flood-prone** and **marshy areas** have increased exposure to mosquito breeding sites

Pre-position malaria commodities (ITNs, artemisinin-based combination therapies, rapid diagnostic tests) in endemic areas. Conduct Indoor Residual Spraying (IRS) before peak transmission season. Scale up intermittent preventive treatment for pregnant women (IPTp). Strengthen community case management. Deploy mobile clinics to hard-to-reach areas.

Rift Valley Fever

Kenya, Somalia, Sudan, Tanzania



- **Livestock** handlers and veterinarians face occupational exposure;
- Communities in **flood-prone** areas near **livestock** face increased risk;
- **Pregnant women** exposed to infected animals risk miscarriage;
- **Children** consuming unpasteurized milk are at risk.

Activate RVF surveillance systems. Conduct animal vaccination campaigns in high-risk areas. Restrict movement of livestock from affected areas. Issue advisories on proper handling of animal products. Strengthen coordination between human and animal health sectors (One Health approach). Pre-position RVF diagnostic capacity.

Dengue Fever and Chikungunya

Djibouti, Kenya, Somalia, Sudan, Tanzania



- **Urban populations** in areas with poor waste management face increased risk
- **Children** and elderly persons are vulnerable to severe dengue
- **Pregnant women** infected with dengue risk complications

Recommended measures: Conduct vector control through elimination of breeding sites (standing water in containers, tires, etc.). Community mobilization for environmental sanitation. Strengthen clinical case management for severe dengue. Public awareness campaigns on mosquito bite prevention.

Waterborne and Water-Related Diseases

Cholera and Acute Watery Diarrhea

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- **Children** under five are most vulnerable to severe dehydration and death
- **Displaced populations** in overcrowded camps face heightened risk
- **Border communities** along **lakes** (e.g., Lake Tanganyika) are at increased risk
- **Urban informal settlements** with poor sanitation are high-risk areas

Recommended measures: Pre-position oral cholera vaccines for rapid response. Stockpile oral rehydration salts, intravenous fluids, and antibiotics. Strengthen WASH interventions including water chlorination and distribution of water purification tablets. Establish cholera treatment centers/units in high-risk areas. Enhance disease surveillance and rapid response teams. Conduct community health education on hygiene and sanitation.

Typhoid and Other Diarrheal Diseases

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- **Children** face increased risk of typhoid and persistent diarrhea affecting growth
- **Immunocompromised persons** are vulnerable to severe complications
- Communities relying on **contaminated water sources** are at high risk

Recommended measures: Scale up typhoid conjugate vaccine in endemic areas. Ensure functionality of water treatment systems. Promote handwashing with soap at critical times. Strengthen food safety practices in markets and food establishments.

Schistosomiasis and Soil-Transmitted Helminths

Burundi, Ethiopia, Kenya, Rwanda, South Sudan, Tanzania, Uganda



- **School-age children** with frequent water contact face highest infection rates
- **Agricultural workers** in irrigated areas are at occupational risk
- Communities near **marshlands** and **water bodies** have increased exposure

Recommended measures: Conduct mass drug administration with praziquantel for schistosomiasis and albendazole/mebendazole for soil-transmitted helminths in endemic areas. Health education on reducing water contact. Promote use of protective footwear. Improve sanitation facilities, particularly latrines in schools.

Flood and Rainfall-Related Impacts

Flooding Disruption of Health Services

Burundi, Djibouti, Ethiopia, Kenya, Somalia, Tanzania, Uganda



- **Pregnant women** unable to access antenatal care or facility delivery
- **Children** missing routine immunizations due to disrupted services
- **Chronically ill** patients unable to access medications
- **Communities** cut off by **floodwaters** face delayed emergency care

Recommended measures: Pre-position emergency health supplies in flood-prone areas. Deploy mobile health clinics and outreach teams. Establish temporary health posts in accessible locations. Ensure cold chain functionality for vaccines. Coordinate with disaster management authorities for evacuation plans. Stock adequate supplies of essential medicines.

Landslides and Injuries

Burundi, Djibouti, Ethiopia, Kenya, Somalia, Tanzania, Uganda



- Communities in **mountainous regions** (Mt. Elgon, Rwenzori, highland areas) face landslide risk
- **Children** and elderly are most vulnerable to severe injuries
- **Persons with disabilities** require special evacuation support

Strengthen early warning systems in landslide-prone areas. Conduct community training on first aid. Pre-position trauma supplies and ambulances. Establish clear evacuation routes and protocols. Partner with meteorological services for timely weather alerts. Community sensitization on landslide risk signs.

Snakebites

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- **Agricultural workers** in flooded fields face increased encounters with displaced snakes



- **Children** playing near homes in rural areas are at risk



- **Herders moving livestock** through flooded areas face exposure

Stockpile snake anti-venom in health facilities in endemic areas. Train health workers on snakebite case management. Public awareness on snake avoidance and first aid. Provision of protective footwear and clothing for agricultural workers.

Respiratory Infections

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- Children under five face increased risk of pneumonia from damp conditions



- Elderly persons with chronic respiratory conditions are vulnerable



- Overcrowded displaced populations face higher transmission



- Persons with compromised immunity are at increased risk

Strengthen pneumonia case management including pulse oximetry and oxygen availability. Promote pneumococcal and Hib vaccination. Improve ventilation in health facilities and schools. Conduct health education on cough etiquette. Pre-position antibiotics and respiratory medications.

Malnutrition (despite improved food security, pockets may still face challenges)

Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan



- **Children** under five in conflict-affected areas remain at risk of acute malnutrition



- **Pregnant** and lactating women face micronutrient deficiencies



- **Displaced populations** may have limited access to diverse foods

Recommended measures: Continue targeted supplementary feeding programs. Distribute micronutrient supplements. Screen for acute malnutrition in health facilities and community outreach. Support infant and young child feeding counseling.

Mental Health and Psychosocial Impacts

Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda



- Populations displaced by floods experience trauma, anxiety, and depression



- Women and children in flood-affected areas face increased risk of gender-based violence (GBV)



- Loss of homes and property leads to psychological distress



- Men facing livelihood losses may experience increased substance abuse

Recommended measures: Deploy mental health and psychosocial support (MHPSS) teams to affected communities. Train community health workers on psychological first aid. Establish safe spaces for women and children. Strengthen GBV prevention and response mechanisms. Provide emergency sexual and reproductive health kits. Support cash-for-work programs in affected areas. Ensure availability of GBV response services including clinical management of rape.

Cross-Cutting Recommendations

All Countries: Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda

Recommended measures:

- Activate health emergency operations centers
- Enhance integrated disease surveillance and response (IDSR)
- Strengthen coordination with meteorological services for real-time weather updates
- Ensure functionality of cold chain systems for vaccines
- Translate and disseminate climate-health advisories in local languages through radio, SMS, and community meetings
- Engage community health workers for risk communication and early detection
- Establish coordination mechanisms with WASH, agriculture, disaster management, and livestock sectors
- Pre-position emergency health commodities in flood and disease-prone areas
- Strengthen health facility preparedness for potential disease surges
- Coordinate refugee and IDP camp health preparedness with UNHCR, IOM, and humanitarian partners
- Ensure continuity of essential health services including immunization, maternal and child health, and chronic disease management
- Strengthen health information systems for real-time reporting
- Conduct simulation exercises for outbreak response
- Resource mobilization for health emergency particularly in high risk areas.



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