

PEOPLE TARGETED

**6.7 M**

PEOPLE REACHED

**3.7 M \***

(55%)

WOREDAS TARGETED

**980**

WOREDAS REACHED

**433**

(44%)

USD REQUIRED

**187.3 M**

USD RECEIVED

**26.8 M \*\***

(14.3%)

TOTAL HEALTH  
CLUSTER PARTNERS

**76**

REPORTING HEALTH  
CLUSTER PARTNERS

**53**

All data from 31 July 2024

\* Excludes people receiving health messages

\*\* <https://fts.unocha.org/plans/1195/summary>

## Highlights

- Deterioration of **insecurity** in Amhara, impeding effective response to ongoing disease outbreaks, in particular cholera and malaria.
- Amidst continuing rainfall, **floods and landslides** have so far caused displacement of over 140,000 people in Central Ethiopia (Silite zone), Gambella (Anywaa and Nuer zone), Somali, (Siti zone), South Ethiopia (Gofa zone), and Southwest (16 woredas in Bench Sheko, Kaffa, and Dawuro zones), as well as in parts of Afar, Amhara and Oromia.
- In spite of intensification of **malaria** response by the Ministry of Health, concerning increase observed in the number of malaria cases and deaths. The cumulative number of malaria cases for 2024 so far already exceeds the total number of malaria cases for 2023.
- Alarming reemergence of **cholera** in Amhara, Sidama and Tigray, in spite of effective response interventions including **STOP CHOLERA NOW!** campaign led by the Ethiopian Public Health Institute (EPHI).
- Persistent decrease in the number of woredas reporting active **measles** outbreaks, attributed to large-scale national immunization campaign targeting zero dose children.
- Two suspected cases of **Mpox** in Somali and Tigray discarded after investigation including laboratory tests by EPHI.

## Health cluster action

### Conflict

In spite of the escalating insecurity in Amhara, partners are actively supporting with last mile delivery of life-saving supplies, including for malaria and HIV/AIDS. Local partners like Self Help Africa, and bigger, private entities like Chemonics support with the hiring of trucks to deliver supplies to government warehouses as well as health facilities.

Deteriorating insecurity in West Shewa and East Wollega, Oromia caused new displacement of around 1,500 people in Debre Birhan, Amhara.

In addition, almost 31,000 people were displaced from 6 kebeles in Segen Zuria woreda of Konso Zone, South Ethiopia due to conflict.

Recent assessments conducted into the needs of over 40,000 people displaced as a result of the protracted Afar and Somali-Issa conflict in Mahi Rasu and Gabbi Rasu zones in Afar shows absence of health care services in most woredas where displaced people are residing.

### Floods

Many parts of the country are affected by flooding as a result of heavy rains. In Gambella, the Baro and Gilo rivers overflowed, displacing over 21,000 people in Anywaa and Nuer zones, and damaging 2 health centres, 10 health posts and 2 water schemes. Health partners are continuing to deliver life-saving health services to flood- and landslide- affected populations throughout the country.

OWS Development Fund delivering life-saving health services to flood-affected populations in Gablalu woreda, Siti zone, Somali ↓





## Health response to landslide affected population in Gofa zone, South Ethiopia

In Goza zone, South Ethiopia, where almost 24,000 people were displaced after a deadly landslide, 15 health partners are supporting with 5 mobile health teams (Marie Stopes International, Premiere Urgence International, WHO), training of 95 community health workers in disease surveillance, outbreak response and MHPSS/GBV (EPHI, IOM, Save the Children, WHO).

Because of the large number of people killed as a result of the Gofa landslide, the Ethiopian Disaster Risk Management Commission (EDRMC) has triggered landslide alerts at national level, with more landslides being reported on a daily basis.

Joint need assessment in newly established Melkoza IDP site



World Vision providing nutrition screening, deworming and Vitamin A



Marie Stopes International (MSI) Reproductive Choices mobilized a mobile health team providing health services, including psychosocial support, and GBV specialists



IOM donated 1.7 M ETB worth of medical supplies to the Zonal Health Office



Premiere Urgence conducting nutrition screening and measles vaccination





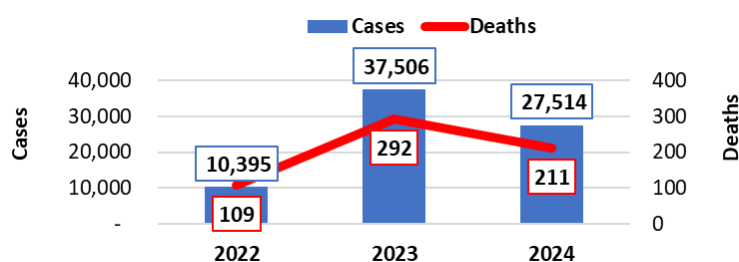
## Measles

**Decrease in the number of woredas with active measles outbreaks** from **20** on 21 July to **18** on 26 August 2024, the majority from Oromia (44%), South Ethiopia (28%), Amhara (22%), and Southwest (6%).

The decrease in measles cases is attributed to the nation-wide measles vaccination campaign, which reached an overall coverage of 76%, with parts of Amhara still pending.

Over 50% of measles cases had not received any prior measles vaccination. Measles outbreaks are expected to continue to appear as a result of the consistently low immunization coverage throughout the country.

*Trend in total measles cases and deaths reported between 1 January 2022 and 26 August 2024*

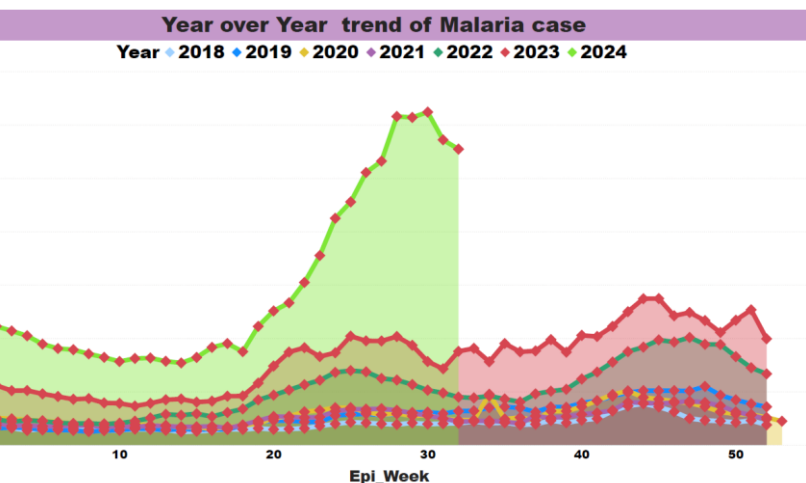


## Malaria

Between 1 January and 18 August 2024, **over 4.7M new malaria cases including 918 deaths** were reported, the majority from Oromia (53%), Amhara (15%), Southwest (11%), South Ethiopia (5%), and Benishangul Gumuz (5%).

The highest number of cases per 100,000 population is reported from Southwest, followed by Benishangul Gumuz and Gambella.

**The cumulative number of malaria cases reported so far in 2024 exceeds the number of total cases reported in 2023. For the past 7 years, the number of malaria cases is seeing an alarming increase in Ethiopia (see graph below).**



*Variation in cumulative **measles** cases and deaths reported between 1 January and 26 August 2024*

|               | 26-May | 01-Jul | 21-Jul | 26-Aug |
|---------------|--------|--------|--------|--------|
| <b>Cases</b>  | 21,679 | 24,672 | 26,317 | 27,514 |
| <b>% ↑</b>    | 27%    | 14%    | 7%     | 5%     |
| <b>Deaths</b> | 178    | 200    | 205    | 211    |
| <b>% ↑↓</b>   | 35%    | 12%    | 3%     | 3%     |
| <b>CFR</b>    | 0.82%  | 0.81%  | 0.78%  | 0.77%  |

*Variation in cumulative **malaria** cases and deaths reported between 1 January and 18 August 2024*

|               | 26-May    | 30-Jun    | 21-Jul    | 18-Aug    |
|---------------|-----------|-----------|-----------|-----------|
| <b>Cases</b>  | 1,858,835 | 3,019,003 | 3,591,562 | 4,773,900 |
| <b>% ↑</b>    | 29%       | 62%       | 19%       | 33%       |
| <b>Deaths</b> | 314       | 621       | 745       | 918       |
| <b>% ↑</b>    | 27%       | 18%       | 20%       | 23%       |
| <b>CFR</b>    | 0.02%     | 0.02%     | 0.02%     | 0.02%     |

*WHO-trained social workers demonstrating the correct use of Insecticide-Treated Nets (ITN) at Tsire IDP site in South Ethiopia ↓*



*Oromia Health Bureau (OHB) conducting cleaning up campaign in East Shawa, Adama zone, as part of malaria prevention ↓*





## Cholera

**Increase in the number of woredas with active cholera cases** from **43** on 31 July to **68** on 26 August 2024, the majority in Amhara (35%), Tigray (28%), Oromia (18%), Afar (7%), Somali (6%), and Sidama (6%).

Cholera has reemerged in Amhara, Tigray and Sidama, attributed to access restrictions due to conflict (Amhara), dilapidated IDP sites without safe water sources and proper sanitation (Tigray) and weather-related events (Sidama). At the same time, the increase in the number of cases and deaths has significantly slowed down thanks to EPHI's **STOP CHOLERA NOW!** Campaign.

A decrease in the number of cholera patients treated in Cholera Treatment Centres (CTC) or Units (CTU) has been reported from **101** on 31 July to **92** on 26 August 2024, the majority in Tigray (44%), Amhara (39%), Oromia (10%), and Sidama (8%).

In **Amhara**, thanks to support from MSF-Holland, the number of cholera cases in Gondar city declined sharply with no new cases reported. However, the outbreak has spread to West Gondar and Welkayit Tegede, which reported a worrying high Case Fatality Rate (CFR) of 6.5% on 24 August 2024.

With funding from ECHO, IMC has been actively responding to the cholera outbreak in Welkayit and West Belessa, Central Gondar, by establishing 4 CTCs, 7 CTUs and 15 Oral Rehydration Points (ORPs), deploying vehicles, mobile health teams, and providing Infection Prevention Control (IPC) materials to health facilities.

Thanks to OCHA, small NGOs like International Orthodox Christian Charities (IOCC) supported the cholera outbreak in Gojjam with sensitization workshops for religious leaders and last mile delivery of over 18 MT of cholera supplies.

In **Tigray**, data show that 86% of cholera patients use unsafe river water for drinking purposes, and only 6% report the use of latrines. Severely dilapidated IDP sites in and around Shire were found at high risk of cholera several months ago, as WASH services were not provided for more than 6 months, leaving people without access to safe drinking water and appropriate sanitation. Floods in Shire increased the risk of cholera, causing latrines to overflow.

WHO mobilized a surge team to Shire, which installed 4 CTUs, while MSF-Holland helped set up the CTU in Suhul hospital and IMC in Dedebit. MSF also provided cholera supplies to the Mai Hanse Health Center in Shire.

IMC expanded its cholera response to North Western Tigray and Western Tigray Setit Humera zones, where IMC set up 9 ORPs, with a special focus on the most affected Asgede woreda. IMC also engaged in the training of health workers, and the Oral Cholera Vaccination (OCV) campaign in Oromia.

IOM established ORP corners in all IOM operational IDP sites across Tigray and donated cholera supplies to Asgede Woreda Health Office, as well printing of IEC materials on cholera in Tigrigna.

*Variation in cumulative **cholera** cases and deaths reported between 1 January and 26 August 2024*

|               | 28-Apr | 26-May | 31-Jul | 26-Aug |
|---------------|--------|--------|--------|--------|
| <b>Cases</b>  | 12,974 | 16,339 | 21,855 | 23,194 |
| <b>% ↑</b>    | 56%    | 26%    | 34%    | 6%     |
| <b>Deaths</b> | 97     | 126    | 190    | 210    |
| <b>% ↑</b>    | 67%*   | 30%    | 51%    | 11%    |
| <b>CFR</b>    | 0.75%  | 0.77%  | 0.87%  | 0.91%  |

\* Correction from last week due to calculation error

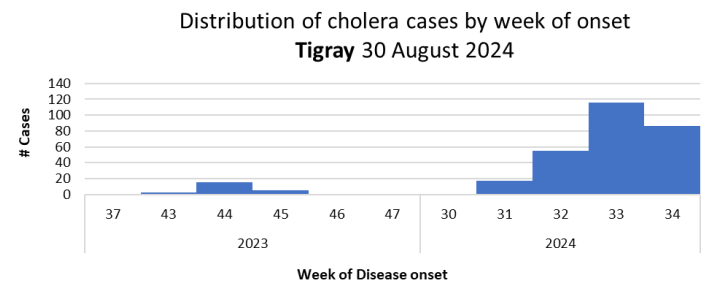
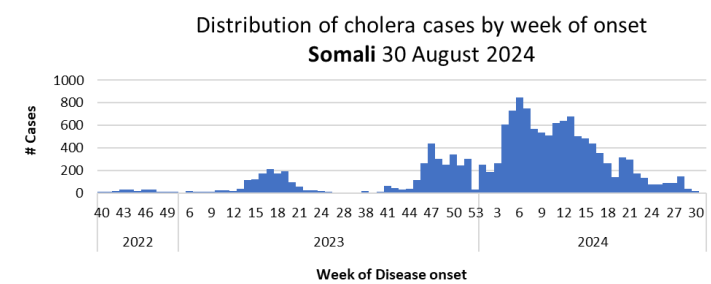
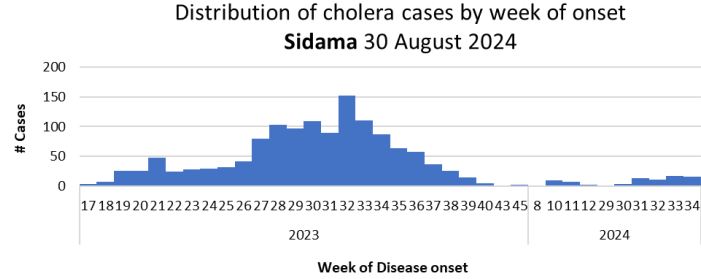
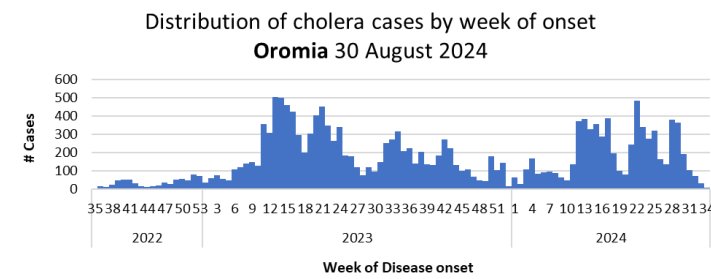
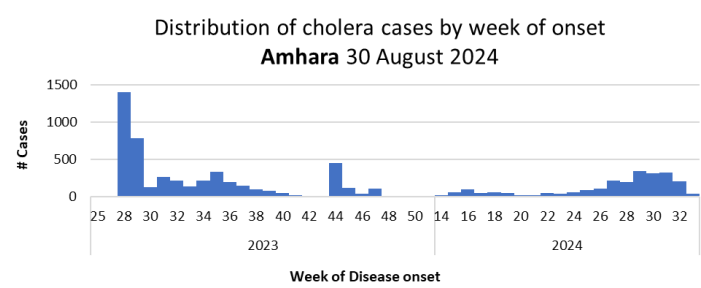
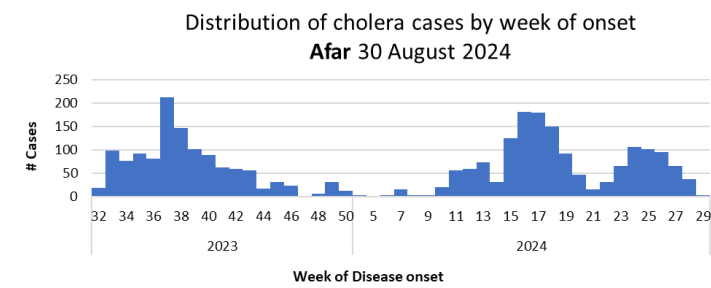
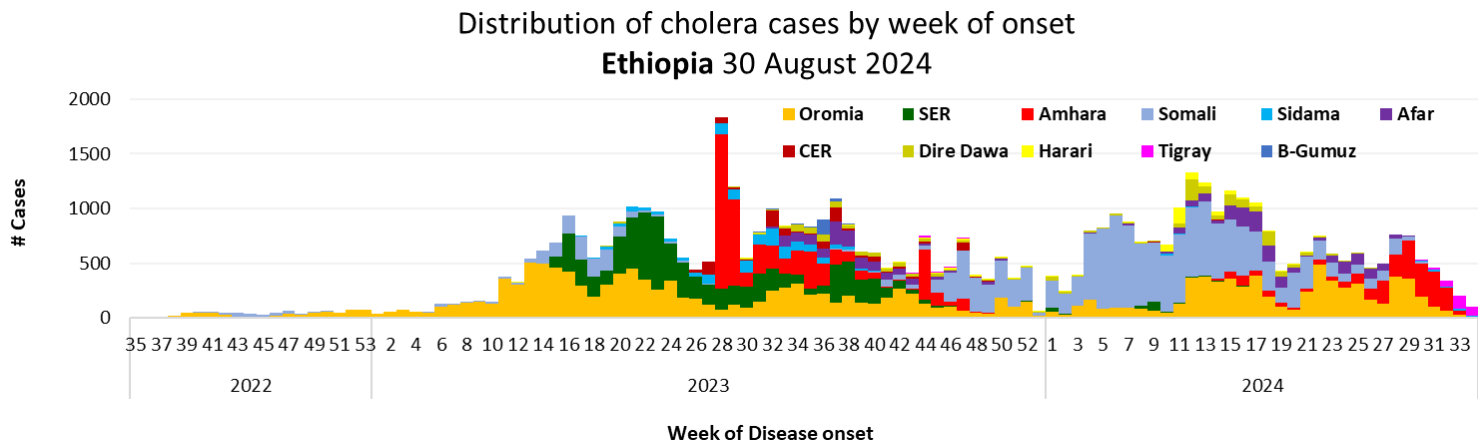
*IMC establishing hand washing facility in IDP site in Shire, Tigray ↓*



*Samaritan's Purse constructed a solid waste disposal pit at the Preparatory IDP site in Shire, Tigray ↓*



For more details, please see EPHI’s interactive cholera situation report [here](#)





## Challenges

- **Resurgence of cholera outbreaks in earlier controlled woredas** in spite of rigorous interventions. There is an **urgent need for better coordination with donors like the World Bank on development investments in the construction and maintenance of water supply systems in cholera hotspot woredas**, as per the **National Cholera Elimination Plan (NCP) 2022-2028**
- **Increased insecurity** in Amhara is negatively impacting access to life-saving health services, including through the damage of health centres, making them inoperable.
- **Lack of GPS coordinates from majority of health facilities is limiting the ability to map flood-vulnerability, accessibility, and other**
- **Lack of access in Western Oromia is limiting availability of malaria supplies in health facilities and community-level**

## Next steps

- Ongoing trainings jointly with IMMAP and OCHA planning for health partners and WHO data managers on **Activityinfo** to address inconsistent monthly reporting on health cluster activities
- Validate zero draft of **High-priority Health services for Humanitarian response (H3 package) for Ethiopia** for finalizing and sharing with partners. [New WHO publication on global H3 Package available online](#)
- Preparations have started for 2025 Humanitarian Program Cycle (HPC), where all clusters identify the expected needs for next year, based on the effectiveness of the response during 2024. The 2025 HPC focuses on intersectoral needs analysis and prioritization.

### Health Cluster Donors

Ethiopia Humanitarian Fund (EHF), European Civil Protection and Humanitarian Aid Operations (ECHO), European Union (EU), Global Alliance for Vaccines and Immunisation (Gavi), Italian Government, Japan Government, Korea International Cooperation Agency (KOICA), the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), the United States Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA).

**Publication:** High-priority Health services for Humanitarian response (H3 package) 12 July 2024



UNICEF handing over 16.5 M ETB worth of medical supplies and equipment to Afar RHB



IOM-run ORP in Mai Dimu IDP site in Shire



IOM raising awareness on cholera prevention Tsehaye IDP site in Shire

