

PEOPLE TARGETED

6.7 M *

PEOPLE REACHED

867,685 **

(13%)

WOREDAS TARGETED

980

WOREDAS REACHED

237

USD REQUIRED

187.3 M

USD RECEIVED

NA

* 2024 Humanitarian Response Plan

** Excludes people receiving health messages

40

HEALTH CLUSTER PARTNERS ***

NA

MEDICAL KITS DELIVERED ****

NA

USD SPENT ON MEDICAL KITS

*** Number of reporting partners as of 31 January 2024

**** Partners to regularly report on last mile delivery

Highlights

- National **Flood** Alert issued by the Ethiopia Disaster Risk Management Commission (EDRMC) in preparation for excessive rains forecasted for the upcoming *belg* season (March-May), including in areas affected by **drought** in parts of Tigray, Afar, Amhara, Oromia, South and Southwest regions.
- Active conflict and ongoing internet blockage in **Amhara** combined with public health emergencies demanding urgent innovative interventions to access the increasing number of affected populations.
- Re-emergence of **cholera** in 19 woredas in Afar, Dire Dawa, Harari, Oromia, and Somali. Ethiopian Public Health Institute (EPHI) stepping up response through 8-week **STOP CHOLERA NOW!** campaign.
- Unchanged high number of woredas with **measles** outbreaks (71), with clear link between high measles mortality and morbidity in woredas with high **Severe Acute Malnutrition** (SAM) rates.
- Unchanged high number of woredas with **malaria** cases (1,392), with ALL regions reporting number of cases far above the emergency threshold.
- Urgent need to strengthen **Risk Communication and Community Engagement** (RCCE) to address misconceptions and increase knowledge on prevention of cholera, measles, and malaria.
- **2024 Humanitarian Response Plan** launched: available [here](#)

Health cluster action

Drought and floods

Health cluster partners are actively participating in contingency planning exercises initiated by the government, to prepare for expected flooding, and potential increase in infectious disease outbreaks like cholera and measles.

The health cluster is mobilizing resources for continuation of Mobile Health and Nutrition Teams (MHNT) to provide essential health care services to drought- and conflict-affected populations, many of whom are displaced. Assessment visits to Abergele, Kola Temben, Keyih Tekli, Tanqua Milash, Atsbi and Abiadi IDP sites in Tigray show high-risk conditions for disease outbreaks due to overcrowding, lack of access to health care, safe drinking water, sanitation, and hygiene, as well as a shortage of health care workers and medical supplies.

Conflict

Ongoing fighting in Amhara and Oromia, as well as insecurity in Tigray areas bordering Eritrea and Amhara are severely hampering health service provision. Many areas are inaccessible for the government or for UN agencies and can only be reached by NGO partners.

Lack of access and internet connectivity is delaying investigation of potential disease outbreaks, allowing infectious diseases to linger undetected, causing unnecessary high morbidity and mortality.



CARE running MHNT for drought- and conflict-affected IDPs in Gemechu, Doba woreda, West Hararghe zone



World Vision supporting with last mile delivery of WHO emergency kits to difficult-to-reach woredas in Amhara



Measles

No change in the high number of woredas with active measles outbreaks at 71 on 28 January and 26 February 2024. Most measles cases are reported from Oromia (26%), Southwest (24%) Somali (13%), Amhara (14%) and South Ethiopia (9%).

54% of measles cases are children under the age of 5, out of which 32% have not received any measles vaccination.

Serious delays in laboratory confirmation of measles cases in many regions, as samples are sent to Addis Ababa, because laboratory testing in the regions is not available (i.e., lack of spare parts, reagents, and other laboratory supplies).

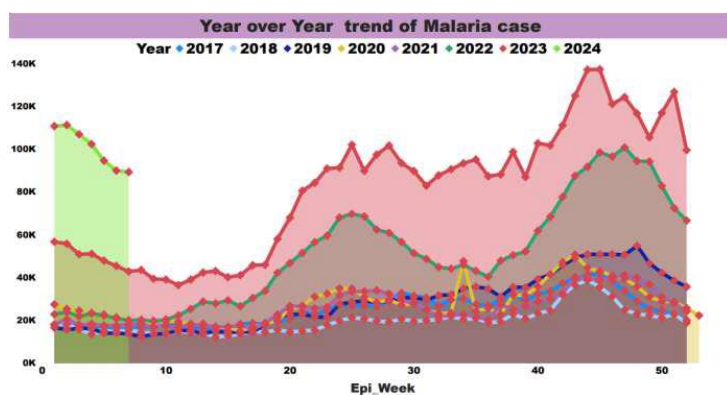
Many regions report mortality due to measles because of **late health seeking behaviour and fear of vaccines**, indicating the urgent need to strengthen risk communication to disseminate appropriate messaging.

Additional training for health care workers and health extension workers on diagnosis and treatment of measles cases is urgently required, particularly in remote areas.

Malaria

Unchanged high number of woredas reporting at least one confirmed malaria case at 1,392 on 28 January and 26 February 2024. Between 1 and 26 February 2024, **705,054 new malaria cases including 153 deaths** were reported from Oromia (34%), followed by Amhara (18%), Southwest (13%), and South (10%).

Number of malaria cases so far this year is already higher than reported during the same period in 2023 (*see graph below*).



Highest number of malaria cases per 100,000 population has been consistently reported from Gambella, followed by Southwest and Benishangul Gumuz (*see graph on the right*).

Urgent risk communication efforts are required to teach the population on the necessity to use bednets, as well as cleaning up campaigns, to reduce mosquito breeding sites.



Population in Bokolmayo woreda in Afdher and Liban zones, Somali, completely rely on CUAMM MHNT for access to health care.

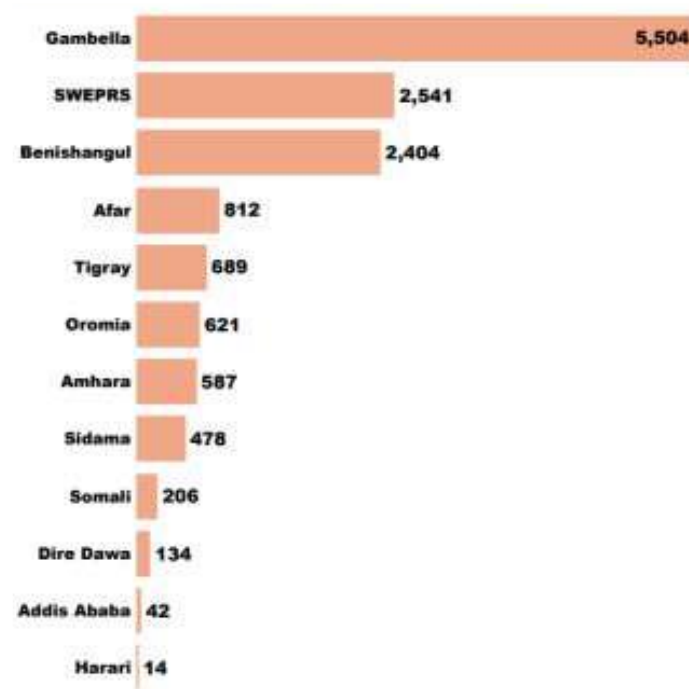
Variation in cumulative **measles** cases and deaths reported between 1 January 2023 and 26 February 2024

	26-Nov	24-Dec	28-Jan	26-Feb
Cases	25,104	30,389	37,586	42,071
% ↑	21%	21%	24%	12%
Deaths	195	233	285	312
% ↑↓	23%	20%*	22%	10%
CFR	0.78%	0.77%	0.76%	0.74%

Variation in cumulative **malaria** cases and deaths reported between 1 January 2023 and 26 February 2024

	24-Dec	31-Dec	28-Jan	26-Feb
Cases	3,705,401	4,189,937	4,518,818	5,223,872
% ↑	14%	13%	8%	16%
Deaths		527	611	764
% ↑			16%	25%
CFR		0.01%	0.01%	0.01%

Malaria case distribution per 100,000 population by region in Ethiopia 1 January-26 February 2024



Cholera

Increase in the number of woredas with active cholera cases

from 11 on 30 January to 19 on 26 February 2024. New cases are reported from Afar, Dire Dawa, Harari, Oromia, and Somali, with almost 30% from densely populated cities (Kebridahir and Jijiga).

Significant increase in the number of **cholera patients admitted** in Cholera Treatment Centres (CTC) from 47 on 30 January to 151 on 26 February 2024 (126 in Somali, 21 in Oromia, and 4 in Afar).

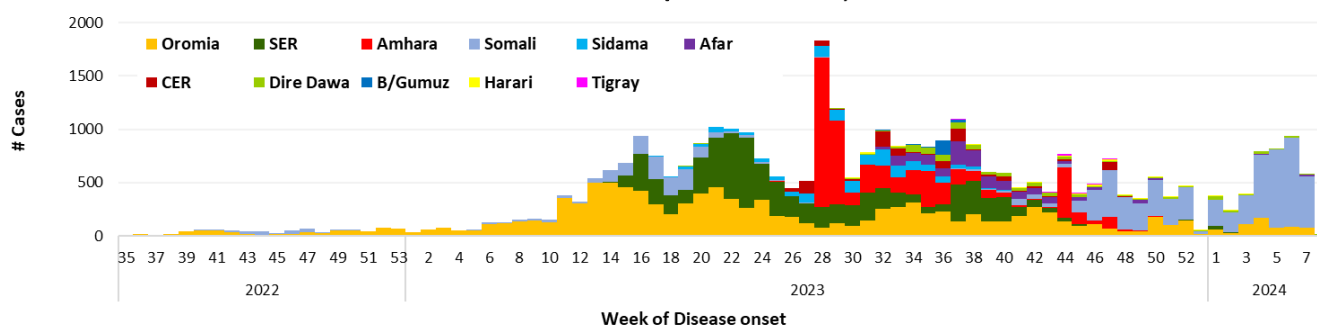
75% of cholera cases report drinking untreated water from rivers, streams, and lakes. Urgent risk communication is needed to inform the population of the risks of drinking unsafe water. EPHI prioritized RCCE and WASH in its **STOP CHOLERA NOW!** Plan.

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

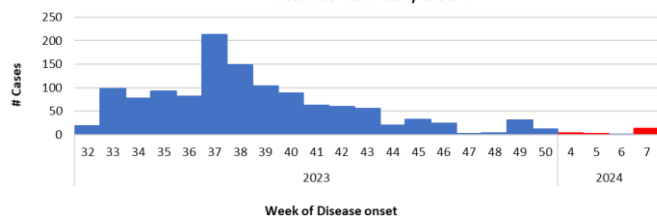
Variation in cumulative **cholera** cases and deaths reported between 27 August 2022 up to 26 February 2024

	29-Nov	26-Dec	30-Jan	26-Feb
Cases	28,333	30,334	32,548	36,061
% ↑	7%	7%	7%	11%
Deaths	404	449	468	515
% ↑	12%	11%	4%	10%
CFR	1.43%	1.48%	1.44%	1.43%

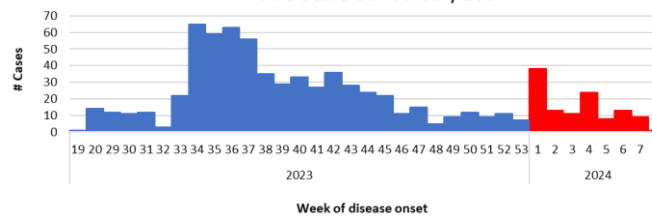
Distribution of cholera cases by week of onset
Ethiopia 26 February 2024



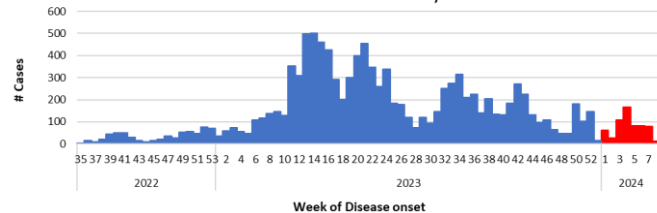
Distribution of cholera cases by week of onset
Afar 26 February 2024



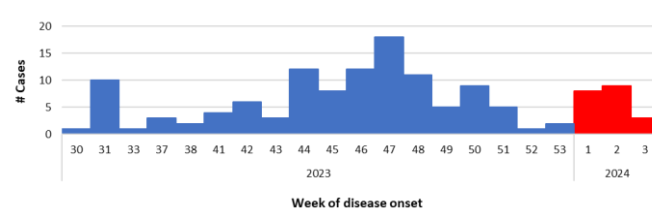
Distribution of cholera cases by week of onset
Dire Dawa 26 February 2024



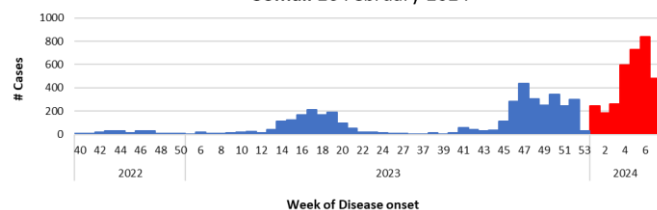
Distribution of cholera cases by week of onset
Oromia 26 February 2024



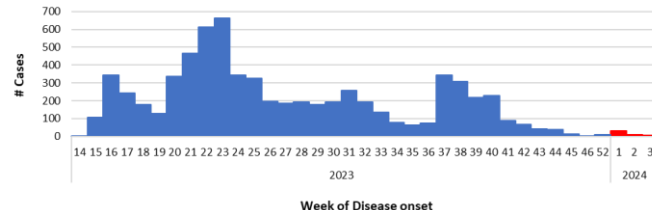
Distribution of cholera cases by week of onset
Harari 26 February 2024



Distribution of cholera cases by week of onset
Somali 26 February 2024



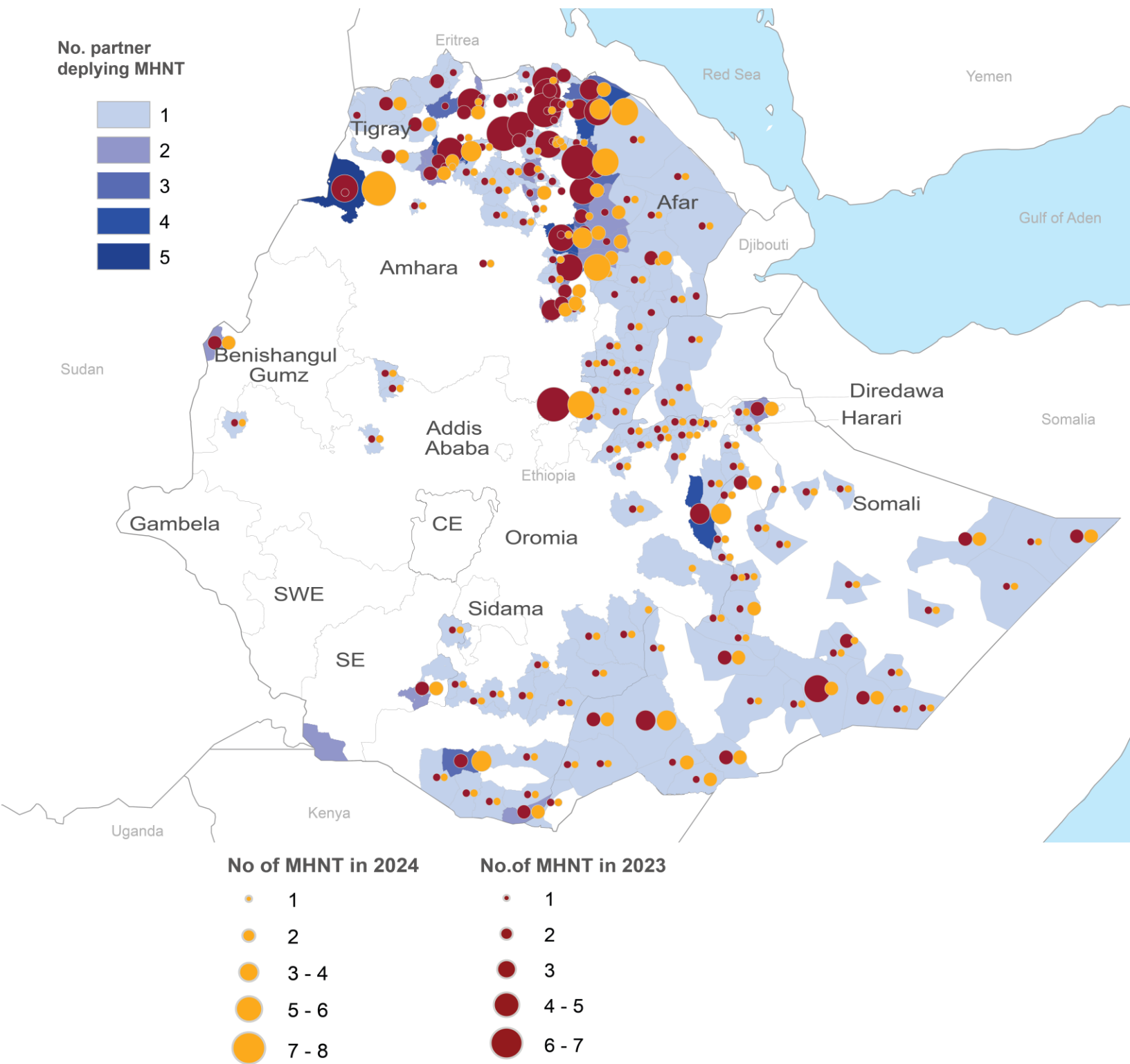
Distribution of cholera cases by week of onset
South Ethiopia 26 February 2024



Service Delivery

Map showing the number of MHNT during 2023 and currently throughout the country. Discontinuation of MHNT due to interrupted funding is negatively affecting access to health care for displaced populations, as well as pastoralist communities in remote areas without functional health facilities.

The health cluster aims to mobilize resources to allow partners to continue providing health services through MHNT in areas without access to static health care centres.



Challenges

- **Regional Health Bureaus (RHBs)** in newly established regions in southern Ethiopia (Central, Sidama, South and Southwest) suffering severe shortages in human resources, infrastructure, logistics support, and budget: most RHB have just 1 vehicle to cover large distances. Also, there are very few partners in these regions, with Central Ethiopia reportedly only having WHO as active health cluster partner.
- **Focus on short-term solutions for disease outbreaks** is pressing partners to reallocate scarce resources to response instead of preparedness and prevention, aimed at addressing root causes of outbreaks
- **Ongoing insecurity** in Amhara, Benishangul Gumuz, Western Oromia, and Tigray is impeding the delivery of basic health services including immunization, distribution of bednets, surveillance and transport of samples for laboratory confirmation, resulting in increased risk of undetected disease outbreaks.

Next steps

- Finalizing **2024-2025 Health Cluster Preparedness and Response Plan** to be shared with health partners for inputs
- Working with **Humanity & Inclusion** to organise sessions for health cluster partners to improve inclusion of most vulnerable groups in health interventions
- Roll out of High Priority Health Services for Humanitarian Response (**H3 Package**) to promote [Universal Health Coverage](#) in Ethiopia
- Formalize agreement with **AMREF** as selected health cluster co-coordinator for **Afar**.
- Follow up with RHBs in southern Ethiopia regions for selection of health cluster co-coordinators

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).

Plan International providing basic health services through MHNT in Afar, where no static health facilities are existent



IRC using donkeys to deliver vaccines to hard-to-reach health facilities in Southern Tigray



WHO last mile delivery to 19 health facilities in Southern Tigray



Multisectoral Initial Rapid Assessment (MIRA) in Fafan zone (Somali) to investigate the drought impact

