

<b>PEOPLE TARGETED</b>	<b>PEOPLE REACHED</b>
<b>6.7 M</b>	<b>2.5 M *</b> (37%)
<b>WOREDAS TARGETED</b>	<b>WOREDAS REACHED</b>
<b>980</b>	<b>379</b> (39%)
<b>USD REQUIRED</b>	<b>USD RECEIVED</b>
<b>187.3 M</b>	<b>13.7 M **</b> (7.3%)
<b>TOTAL HEALTH CLUSTER PARTNERS</b>	<b>REPORTING HEALTH CLUSTER PARTNERS</b>
<b>76</b>	<b>48</b>

All data from 31 May 2024

\* Excludes people receiving health messages  
\*\* <https://fts.unocha.org/plans/1195/summary>

## Highlights

- New pockets of measles outbreaks in Amhara and South Ethiopia despite overall decrease in measles burden throughout the country
- Thanks to the **STOP CHOLERA NOW!** campaign led by the Ethiopian Public Health Institute (EPHI), a 53% decrease in cholera cases reported since 15 May 2024. Due to ongoing issues with lack of safe drinking water and open defecation, cholera outbreaks continue to emerge in Oromia, Somali, and Amhara. Thanks to 1M Euro support from ECHO, IMC is working closely together with health authorities on cholera response.
- Ministry of Health strongly focusing on concerted response to ongoing malaria surge in the country. No data received since 9 June 2024, but reports received from regions like Southwest Ethiopia, Western Oromia and others show consistent increase in malaria cases and deaths.
- Almost **690,000 displaced population in Tigray** awaiting to be returned to their place of origin. The vast majority are in poorly maintained shelters without access to health services, overflowed latrines and lack of access to safe drinking water, at increased risk of disease outbreaks.
- High rates of mental health problems, some leading to suicides, reported from conflict-affected areas in Amhara. IMC and WHO are conducting in-depth assessments to address these matters, including through the provision of psychotropic drugs and training of health workers.

## Health cluster action

### Floods

Displaced populations in Shire (Tigray) have been affected by flooding, destroying shelters that were already in deplorable state. Thanks to Mobile Health and Nutrition Teams (MHNT) run by health partners like IMC, IOM, IRC, Samaritan's Purse and others, people still have access to basic health services, treating an increasing number of skin diseases like scabies that are caused by lack of access to water for washing, and high rates of mental health disorders.

### Conflict

Ongoing clashes in Amhara and Somali are resulting in further displacement. A large number of health facilities is not functional because of damage or destruction sustained during fighting, or because of (temporary) occupation by armed groups. Numerous attacks on health workers and ambulances continue to be reported, the majority from Amhara. The Amhara health cluster closely coordinated with partners for last-mile delivery of supplies in Amhara.

The mental health impact of conflict is staggering, both in the short and longer term, like in post-conflict areas like Tigray.

*IMC-run MHNT in flood-affected IDP site in Shire reporting high number of scabies, malaria, and diarrhoea cases because of overflowed latrines and lack of access to safe water.*



*The International Orthodox Christian Charities (IOCC) delivering medical supplies in Quarit woreda (Amhara). Many partners like Self Health Africa, Marie Stopes, MTI, ICRC, and the Ethiopian Red Cross support with last-mile delivery of medical and sexual reproductive health supplies in difficult-to-access areas in Amhara*



## Measles

**Decrease in the number of woredas with active measles outbreaks** from 64 on 27 May to 38 on 1 July 2024, the majority from Oromia (52%), Sidama (17%), Amhara (11%) and South Ethiopia (9%).

Thanks to enhanced coordination, routine immunization interventions are monitored on a weekly basis, to enable rapid corrective action where need be. Many of the ongoing outbreaks are in hard-to-reach areas where routine immunization is limited, for which EPHI is planning to implement emergency response vaccination in the third week of July, thanks to currently available emergency measles vaccines.

Furthermore, a *Measles Outbreak Root Cause Analysis (RCA)* is ongoing with EPHI, expected to provide a comprehensive and real cause of the measles cases and outbreaks, including why children who have received at least one dose of measles vaccine continue to be infected with measles.

The Afar health cluster mobilized 16 health partners to support with the catch-up vaccination campaign targeting zero-dose children in 23 woredas.

In response to a measles outbreak in Kolme woreda in Konso zone (South Ethiopia), IOM conducted community-based surveillance and health education efforts in nearby Karat Zuria woreda.

## Malaria

**Continuous increase in the number woredas reporting at least one confirmed malaria case** from 1,399 on 26 May to 1,403 on 9 June 2024. Between 1 January and 9 June 2024, **over 2.1M malaria cases including 371 deaths** were reported.

*No data received after 9 June 2024.*

The Oromia health cluster mobilized health partners to support health authorities with last-mile delivery of life-saving malaria supplies in difficult-to-access areas in Western Oromia: Action Against Hunger, Ethiopian Red Cross, FIDO, Food for the Hungry, ICRC, MSF, Project Hope, and World Vision have all been playing a crucial role in ensuring health facilities do not run out of essential malaria medicines and rapid diagnostics tests.

Southwest Ethiopia Peoples Region (SWEPR) is reporting a 242% increase in admissions due to malaria, and a 200% increase in reported deaths as of 15 June 2024, when compared to the same time period in 2023. There is a lack of health partners in the region, impeding rapid response to these and other disease outbreaks. SWAN, the joint rapid response mechanism between Save the Children, World Vision, Action Against Hunger and the Norwegian Refugee Council are in the process of supporting the health authorities to deal with the increasing malaria expansion in the region.

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

	31-Mar	28-Apr	26-May	1-Jul
<b>Cases</b>	13,433	17,012	21,679	24,672
<b>% ↑</b>	137%	27%	27%	14%
<b>Deaths</b>	100	132	178	200
<b>% ↑↓</b>	170%	32%	35%	12%
<b>CFR</b>	0.74%	0.78%	0.82%	0.81%

*IMC-run MHNT in Medebay Terer, Tahtay Koraro (Shire, Tigray), where malaria is the most pressing health threat among the host and returnee populations, who depend on the MHNT as the only access to basic health care. This area did not report any malaria cases 2 years ago and has now become endemic.*



*Variation in cumulative **malaria** cases and deaths reported between 1 January and 9 June 2024*

	31-Mar	28-Apr	26-May	9-Jun
<b>Cases</b>	1,110,542	1,439,429	1,858,835	2,144,370
<b>% ↑</b>	58%	30%	29%	15%
<b>Deaths</b>	210	248	314	371
<b>% ↑</b>	37%	18%	27%	18%
<b>CFR</b>	0.02%	0.02%	0.02%	0.02%

*World Vision delivering life-saving malaria supplies to difficult-to access areas in Western Oromia like Nedjo town, reporting high rates of malaria and depleted health facilities because of access issues.*





Cholera

Decrease in the number of woredas with active cholera cases from 77 on 29 May to 54 on 2 July 2024, the majority in Oromia (45%), followed by Afar (15%), Somali (11%), Dire Dawa (11%), Harari (10%), and Amhara (10%).

However, new outbreaks continue to be reported daily from Oromia, Somali, and Amhara.

Funding shortages are impeding partners to actively support cholera response throughout the country. Thanks to 1M Euro support from ECHO, IMC is able to support health authorities with cholera response in the most affected woredas.

Perceived decrease in the number of cholera patients treated in Cholera Treatment Centres (CTC) from 179 on 29 May to 56 on 2 July 2024, with no data reported from Somali region. The majority of admissions in CTCs are from Amhara (45%), Oromia (36%), and Afar (20%).

MSF is running a CTC in Gonder (Amhara), to control the rapidly expanding outbreak there. IOM in Gondar is focusing on prevention of further spread of cholera through health education sessions and Oral Rehydration Points (ORP) to treat mild cases in IDP sites.

EPHI close coordinates with its 18 Rapid Response Teams deployed to all cholera affected areas as part of EPHI’s **STOP CHOLERA NOW!** campaign.

In Somali, suspected cholera cases were reported from Shed-dher refugee camp, leading to immediate preventive actions between the health authorities, WHO, UNHCR, MTI, and IMC, coordinated by the Somali health cluster. Confirmed cholera cases were also reported from Qoloji IDP site, where IOM carried out house-to-house risk communication and community engagement and distributed water treatment chemicals for 200 households.

In Afar, cholera cases are still increasing in zone 5 where a lack of health partners is impeding the response. In other zones reporting cholera outbreaks, partners like APDA, the Ethiopian Red Cross, GOAL, and WHO are supporting cholera response in all areas including logistics, capacity building, and community-based awareness raising activities through health extension workers.

The Afar health authorities are working closely together with the Afar mass media agency to disseminate messages on cholera to the broader population through mass media like TV and radio, as well as with the education bureau to raise awareness on cholera to school children and the wider community.

The health and WASH clusters continue to work closely together at national and regional levels to ensure the treatment of water in woredas reported cholera outbreaks, ad well as neighbouring woredas.

Variation in cumulative **cholera** cases and deaths reported between 1 January and 2 July 2024

	31-Mar	28-Apr	26-May	1-Jul
Cases	8,315	12,974	16,339	19,271
% ↑	72%	56%	26%	18%
Deaths	58	97	126	143
% ↑	76%	67%*	30%	14%
CFR	0.70%	0.75%	0.77%	0.74%

\* Correction from last week due to calculation error

IOM awareness creation session on cholera at Kersa IDP Site, Konso zone (South Ethiopia), June 2024



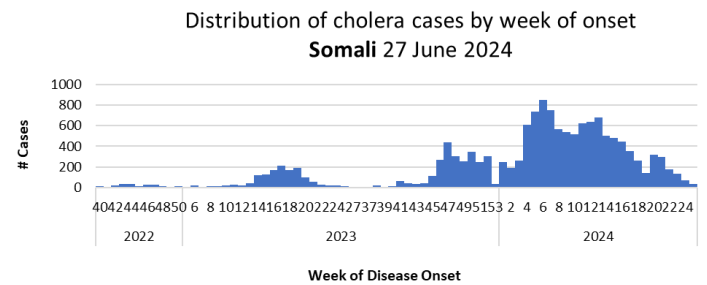
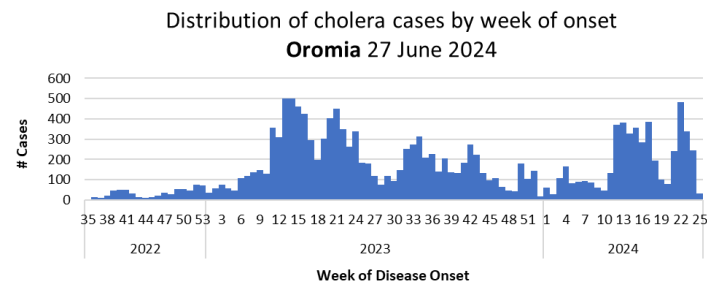
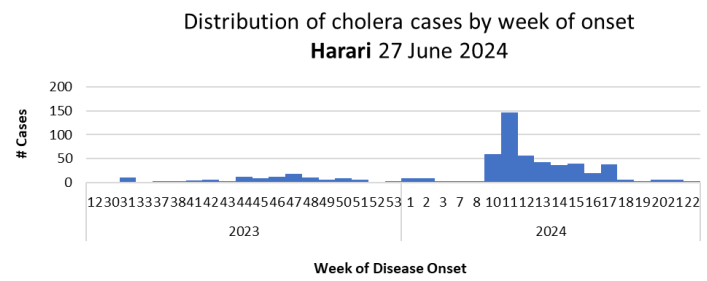
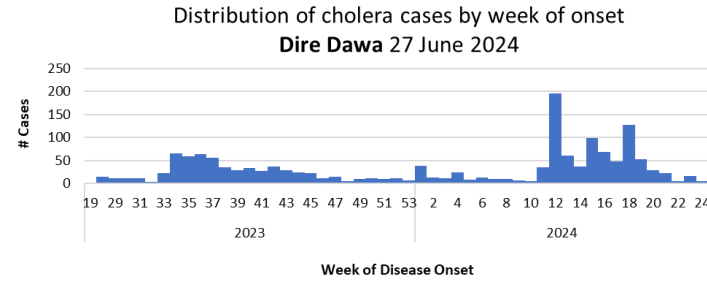
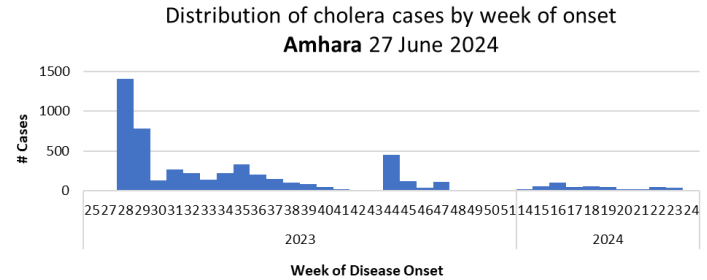
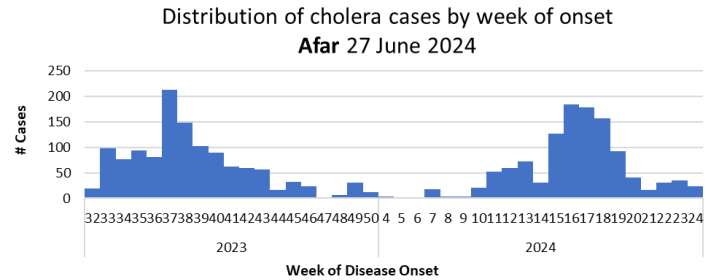
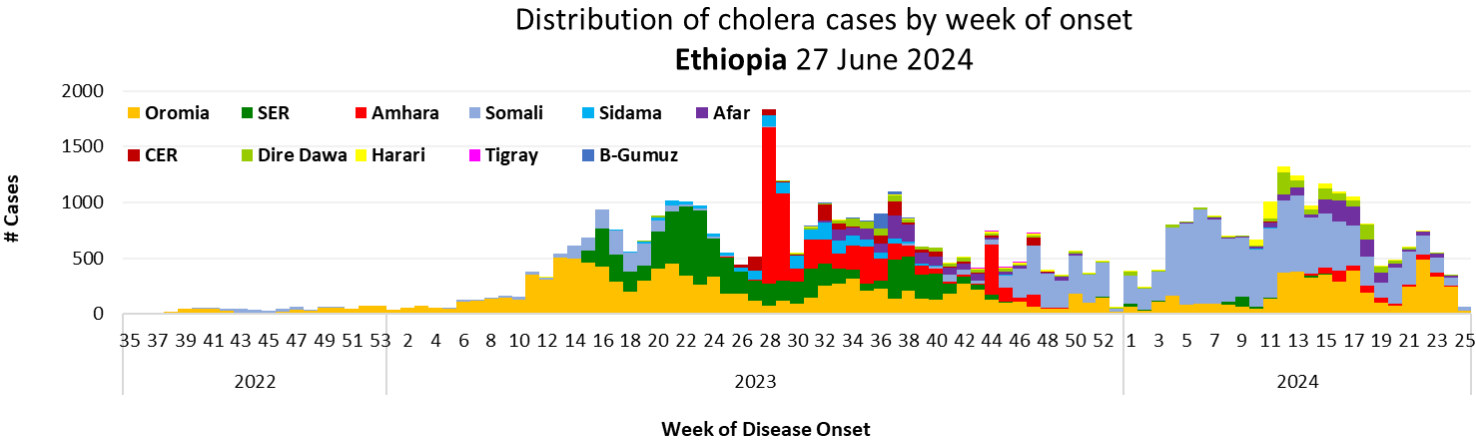
Ethiopian Red Cross raising awareness on cholera in Afar CTC



WHO is disinfecting through spraying at the Kora CTC in Amhara



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





## MHNT support in North Western Zone of Tigray

Cumulatively, a total of 87 MHNT were run by 7 health partners (IMC, IOM, IRC, MTI, Plan International, Samaritan's Purse, and World Vision), providing basic health services to over 630,000 people in 13 woredas in the North Western Zone of Tigray during 2024. The below map does **not** reflect the many discontinued MHNT due to funding restrictions, leaving approximately 400,000 people without access to basic health care.

One MHNT usually only visits a community once per week. MHNT are only deployed in areas where no functional health facility is available, i.e., where people otherwise do not have access to health care. Most MHNT consist of a clinical officer, a medical nurse, a midwife, a psychiatric nurse, and a dispenser.

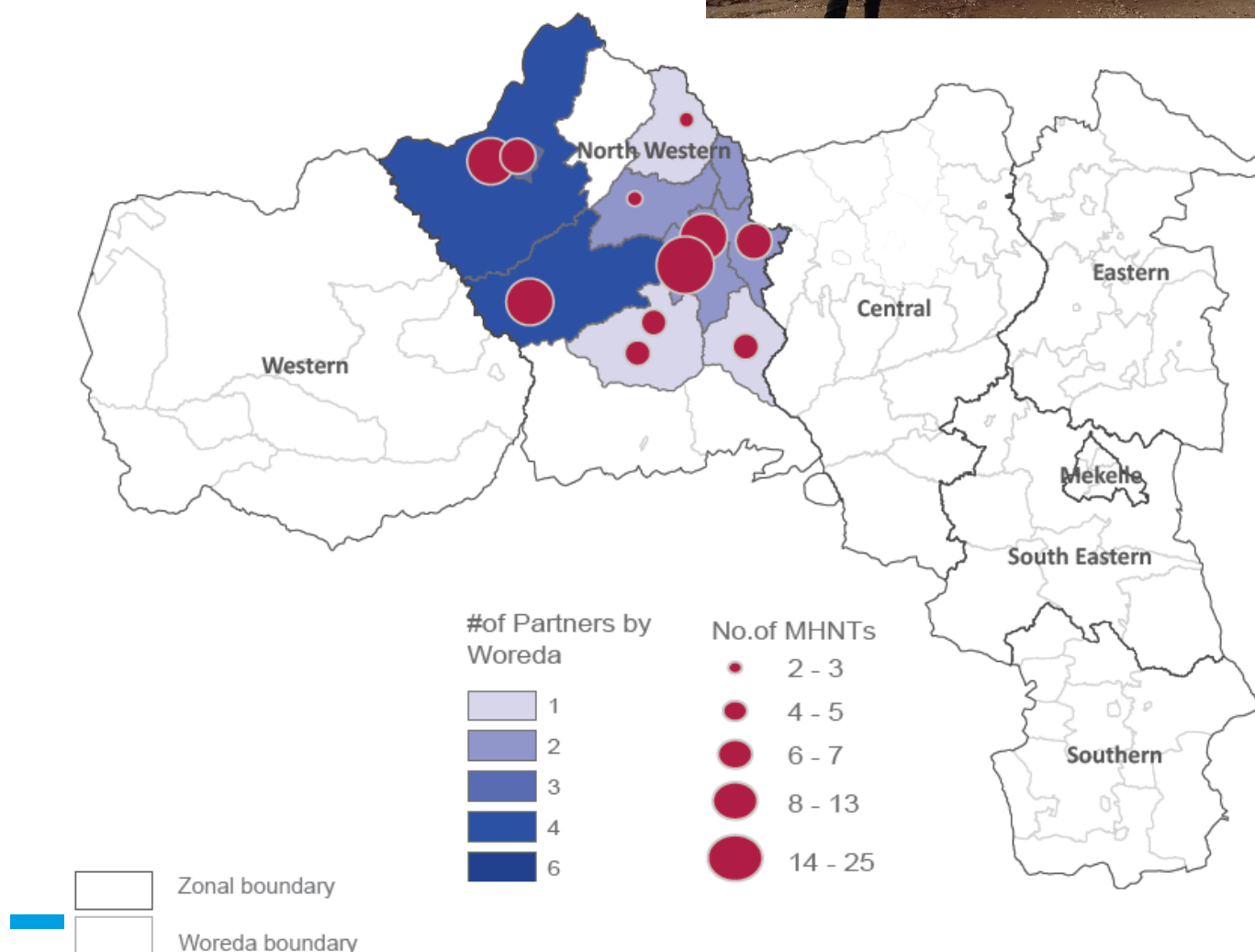
*In other locations, like Adi Mohameday IDP site, Asgede, the veranda of an existing health facility is used for consultations of the MHNT.*



*In Adi Mohameday IDP site, Asgede, IMC also runs a GBV case management centre supported by UNFPA. Many GBV cases have continuous mental health problems, and are then referred back to specialised staff in the MHNT*



*IMC-run MHNT in Shire town where consultations are done in the open air. Only for reproductive health and mental health sessions, a tent is available for increased confidentiality*



## Challenges

- Decrease in support for Mobile Health and Nutrition Teams (MHNT) due to funding restrictions is leaving large numbers of the population without access to health care, posing increased public health risks on already malnourished people.
- Reports of government-organised returns of internally displaced populations in Tigray are increasing already high levels of anxiety and other forms of mental health problems.
- Lack of coordination between developmental and humanitarian initiatives to address the root causes of cholera, i.e., many donors are supporting with construction of safe water supply systems and open defecation free initiatives, but not necessarily in cholera-prone woredas.

## Next steps

- Two half-day workshop to raise awareness among health cluster partners how to **improve inclusion of People with a Disability and Older People in health programming** planned for 19 and 25 July.
- In-person workshop on High Priority Health Services for Humanitarian Response (**H3 Package**) planned for 31 July-2 August 2024
- Region wide **Sexual Reproductive Health Needs Assessment** planned in Amhara during July 2024

### 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).

IOM MHNT conducting nutritional screening for pregnant and lactating women in Keboro meda IDP site, Gondar (Amhara)



IOM MHNT conducting adult consultation at Debulk, Borena (Oromia)

