

PEOPLE TARGETED

**6.7 M**

PEOPLE REACHED

**1.4 M \***

(21%)

WOREDAS TARGETED

**980**

WOREDAS REACHED

**311**

(32%)

USD REQUIRED

**187.3 M**

USD RECEIVED

**9.2 M \*\***

(5 %)

TOTAL HEALTH  
CLUSTER PARTNERS

**76**

REPORTING HEALTH  
CLUSTER PARTNERS

**46**

All data from 31 March 2024

\* Excludes people receiving health messages

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

## Highlights

- Alarming increase in **cholera** cases, with currently **93 woredas** reporting active cholera outbreaks, the majority in Oromia and Somali region. Lack of funding is severely impeding the response, including for the **STOP CHOLERA NOW!** campaign launched by the Ethiopian Public Health Institute (EPHI).
- Concerning re-emergence of **cholera** in conflict-affected Amhara, close to areas struggling with new displacements in northern Amhara. Despite challenges with access, health partners are actively supporting with life-saving interventions.
- Ongoing **cholera** response interventions should be urgently combined with extensive investments in safe water supply and sanitation systems to address the root cause of cholera.
- Worrying expansion in **measles** outbreaks, affecting **98 woredas**, with emergency vaccination campaigns delayed due to shortage of vaccines.
- Slight increase in already high number of woredas with **malaria** cases (1,397), with ALL regions reporting number of cases far above the emergency threshold.
- Sharp reduction in Mobile Health and Nutrition Teams (MHNT) after 1 May 2024 due to funding restrictions.

## Health cluster action

### Drought and floods

Drastic funding reductions are forcing partners to interrupt Mobile Health and Nutrition Teams (MHNT) in drought- and flood-affected areas. While the health cluster is compiling information on interrupted MHNTs from all health partners, IMC alone must cut 18 MHNT in 75 IDP sites in 19 woredas in Amhara, Oromia, and Tigray, leaving over 800k people with no access to health care services.

### Conflict

Ongoing conflict in Amhara is causing fresh displacement of almost 50,000 people in Kobo (North Wollo), and Sekota (Wag Hemra). Health care provision is limited due to access issues. A comprehensive response plan was developed by the zonal health department jointly with health partners on the ground.

Amhara is furthermore affected by an increasing influx of people fleeing the ongoing war in Sudan, with the past weeks reaching over 1,000 new arrivals per week. Almost 50,000 refugees who have escaped the violence in Sudan are currently residing in UNHCR-run camps in Amhara, Benishangul Gumuz, and Gambella regions.

WHO dispatched trauma kits to health facilities in conflict-affected areas in Amhara region, as well as in Siti zone in Somali region, to treat injured people.

MHNT in Jidhun village, Bokolmayo (Somali) supported by CUAMM



## Measles

**Increase in the number of woredas with active measles outbreaks** from **71** on 26 February to **98** on 28 April 2024. Most measles cases are reported from Oromia (45%), Sidama (19%), and Amhara (12%). Measles outbreaks also affect South and Central Ethiopia, where a lack of partner support is severely hampering response.

Low immunization coverage and lack of awareness among parents on the importance of vaccination are key factors. A shortage in emergency measles vaccines is impeding effective response, with partners eager to support despite funding shortages.

## Malaria

**Slight increase in the number woredas reporting at least one confirmed malaria case** from **1,392** on 26 February to **1397** on 28 April 2024. Between 1 and 28 April 2024, **over 1.4M new malaria cases including 248 deaths** were reported from Oromia (35%), followed by Amhara (19%), Southwest (13%), and South (10%).

Number of malaria cases so far this year is higher than reported during the same period in 2023.

Partners are supporting mostly with delivery of malaria supplies to health facilities in areas with difficult access for government staff.

## Cholera

**Increase in the number of woredas with active cholera cases** from **19** on 26 February to **93** on 30 April 2024. The sudden, rapid expansion of outbreaks can be attributed to weather-related events, and mass gatherings organised in, or close, to the affected areas. Dynamic population movements are facilitating the easy spread of cholera, including to neighbouring Somalia.

75% of cholera cases report drinking untreated surface water or from rivers. This is due to a lack of access to safe drinking water sources. In addition, 23% of cholera patients report drinking water from 'safe' sources like pipes and pumps. This shows water treatment in those locations is inadequate.

The majority of the **156 cholera patients admitted** in Cholera Treatment Centres (CTC) as of 30 April 2024 are in Somali (57%), Oromia (35%), Harari (4%), and Dire Dawa (4%).

Partners are actively supporting with cholera response, treating patients in CTCs, last-mile delivery of cholera supplies, training of health workers, and risk communication.

Waning donor funding for cholera response, including for EPHI's **STOP CHOLERA NOW!** campaign, is limiting partners' ability to effectively respond to the various outbreaks.

During a high-level advocacy meeting held in Jigjiga, Somali, on 30 April 2024, partners showed strong commitment to address the cholera outbreak, but without significant investments in safe drinking water and sanitation, cholera is at serious risk of becoming endemic in Ethiopia.

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

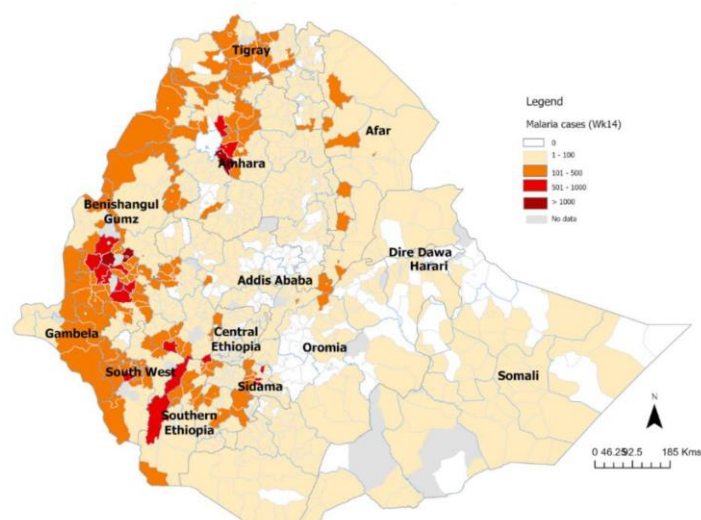
*Variation in cumulative **measles** cases and deaths reported between 1 January and 28 April 2024*

	28-Jan	25-Feb	31-Mar	28-Apr
<b>Cases</b>	1,870	5,668	13,433	17,012
<b>% ↑</b>		203%	137%	27%
<b>Deaths</b>	0	37	100	132
<b>% ↑↓</b>			170%	32%
<b>CFR</b>	0.00%	0.65%	0.74%	0.78%

*Variation in cumulative **malaria** cases and deaths reported between 1 January and 28 April 2024*

	28-Jan	25-Feb	31-Mar	28-Apr
<b>Cases</b>	328,881	705,054	1,110,542	1,439,429
<b>% ↑</b>		114%	58%	30%
<b>Deaths</b>	84	153	210	248
<b>% ↑</b>		82%	37%	18%
<b>CFR</b>	0.03%	0.02%	0.02%	0.02%

*Distribution of **malaria** cases by woreda in Ethiopia reported between 1 January and 16 April 2024*

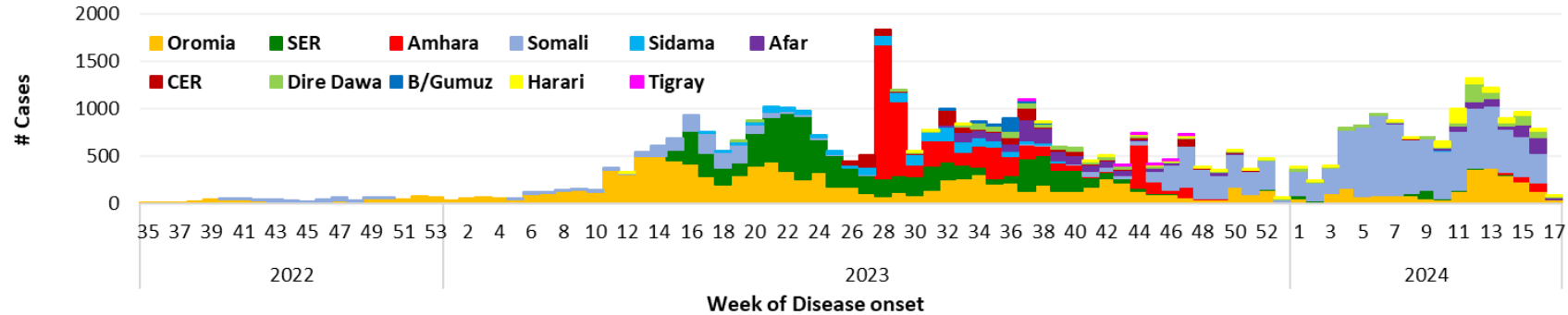


*Variation in cumulative **cholera** cases and deaths reported between 1 January and 28 April 2024*

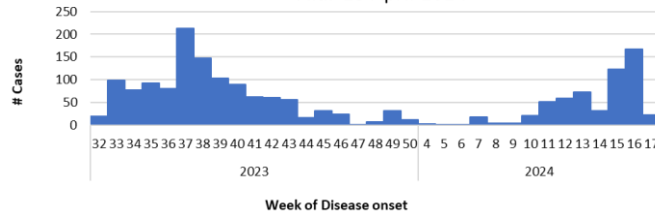
	28-Jan	26-Feb	31-Mar	28-Apr
<b>Cases</b>	1,177	4,824	8,315	12,974
<b>% ↑</b>			72%	56%
<b>Deaths</b>	27	33	58	97
<b>% ↑</b>			76%	-44%
<b>CFR</b>	2.29%	0.68%	0.70%	0.75%

## Distribution of cholera cases by week of disease onset and region

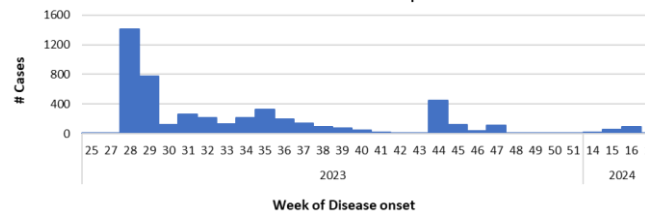
Ethiopia 25 April 2024



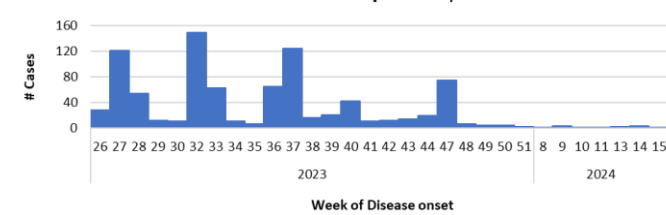
Distribution of cholera cases by week of onset  
Afar 25 April 2024



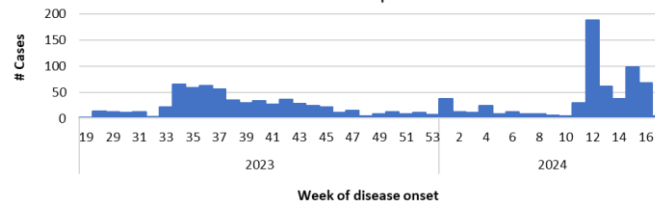
Distribution of cholera cases by week of onset  
Amhara 25 April 2024



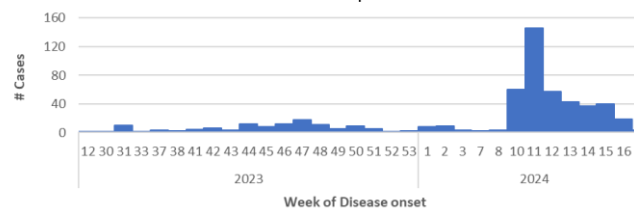
Distribution of cholera cases by week of onset  
Central Ethiopia 25 April 2024



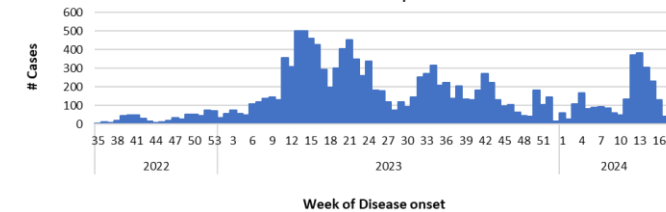
Distribution of cholera cases by week of onset  
Dire Dawa 25 April 2024



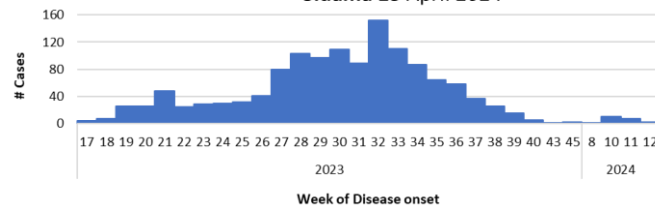
Distribution of cholera cases by week of onset  
Harari 25 April 2024



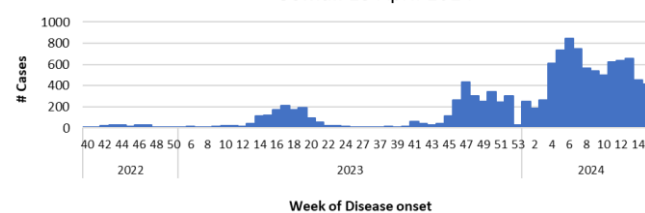
Distribution of cholera cases by week of onset  
Oromia 25 April 2024



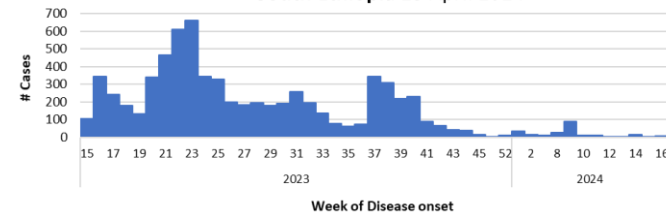
Distribution of cholera cases by week of onset  
Sidama 25 April 2024



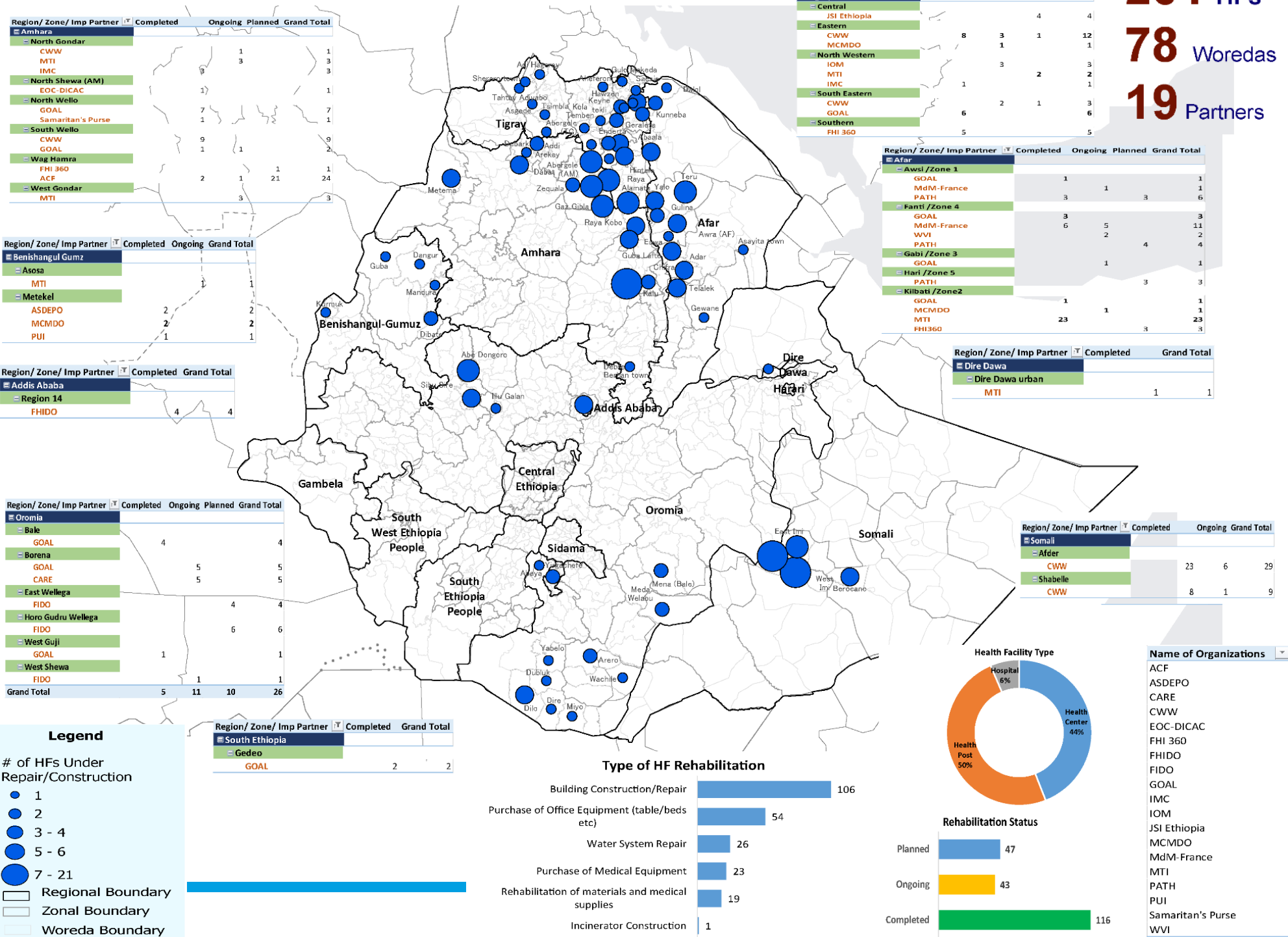
Distribution of cholera cases by week of onset  
Somali 25 April 2024



Distribution of cholera cases by week of onset  
South Ethiopia 25 April 2024



Health Facility Rehabilitation map (up to 31 March 2024)



Region/ Zone/ Imp Partner

Completed

Ongoing

Planned

Grand Total

Oromia

Bale

GOAL

Borena

GOAL

CARE

East Wellega

FIDO

Horo Gudru Wellega

FIDO

West Guji

GOAL

West Shewa

FIDO

Completed

Ongoing

Planned

Grand Total

4

5

5

4

5

5

6

1

1

1

1

5

5

11

10

26

Region/ Zone/ Imp Partner

Completed

Grand Total

South Ethiopia

Gedeo

GOAL

Completed

Grand Total

2

2

Region/ Zone/ Imp Partner

Completed

Ongoing

Planned

Grand Total

Tigray

Central

JSI Ethiopia

Eastern

CWW

MCMDO

North Western

IOM

MTI

IMC

South Eastern

CWW

GOAL

Southern

FHI 360

Completed

Ongoing

Planned

Grand Total

8

3

1

12

1

3

2

3

6

2

1

3

5

5

Region/ Zone/ Imp Partner

Completed

Ongoing

Planned

Grand Total

Afar

Awsil /Zone 1

GOAL

MdM-France

PATH

Fanti /Zone 4

GOAL

MdM-France

WVI

PATH

Gabi /Zone 3

GOAL

Hari /Zone 5

PATH

Kilbati /Zone2

GOAL

MCMDO

MTI

FHI360

Completed

Ongoing

Planned

Grand Total

1

3

3

3

3

5

2

4

1

3

3

1

1

1

23

1

3

23

Region/ Zone/ Imp Partner

Completed

Grand Total

Dire Dawa

Dire Dawa urban

MTI

Completed

Grand Total

1

1

Region/ Zone/ Imp Partner

Completed

Ongoing

Grand Total

Somali

Afdar

CWW

Shabelle

CWW

Completed

Ongoing

Grand Total

23

6

29

8

1

9

Health Facility Type

Donut Chart

Health Center 44%

Health Post 50%

Hospital 6%

Type of HF Rehabilitation

Horizontal Bar Chart

Building Construction/Repair 106

Purchase of Office Equipment (table/beds etc) 54

Water System Repair 26

Purchase of Medical Equipment 23

Rehabilitation of materials and medical supplies 19

Incinerator Construction 1

Rehabilitation Status

Horizontal Bar Chart

Planned 47

Ongoing 43

Completed 116

Legend

# of HFs Under Repair/Construction

1

2

3 - 4

5 - 6

7 - 21

Regional Boundary

Zonal Boundary

Woreda Boundary

Name of Organizations

ACF

ASDEPO

CARE

CWW

EOC-DICAC

FHI 360

FHIDO

GOAL

IMC

IOM

JSI Ethiopia

MCMDO

MdM-France

MTI

PATH

PUI

Samaritan's Purse

WVI



## News

- **JSI** as new health cluster co-coordinator appointed for Central Region.
- New *national* health cluster coordinators appointed for Afar, Amhara, Oromia, Southern regions, and Somali, **thanks to funding from USAID**.

## Challenges

- **Significant increase in disease outbreaks combined with a decrease in funding is forcing partners to apply a different strategy.** Partners -including health authorities at woreda, zonal and regional level- are already reallocating scarce resources to emergencies from their routine programs, but other innovative approaches are urgently needed.
- Without high-level support from key actors like the Ministry of Water, it will be mere impossible to control the current cholera outbreak in the country. Durable investment in safe water and sanitation is the only way to sustainably contain the expanding number of cholera cases.
- **Ongoing insecurity** in Amhara, Benishangul Gumuz, Western Oromia, Somali, and Tigray is negatively impacting access to life-saving health services, including through the damage of health centres, making them inoperable.

*Awareness campaign on cholera prevention and control in Bati (Amhara). Source: WHO*



*Dobi Health Post damaged by windstorm and flood in Elidar Woreda (Afar)*



*Cholera vaccination campaign supported by IMC in Berga Kebele, Aysaita woreda (Afar) Source: IMC*



*Setting up the Oral Rehydration Point and the Cholera Treatment Centre in Hawi Godina woreda in West Hararghe zone (Oromia) Source: IMC*



## Next steps

- First workshop on High Priority Health Services for Humanitarian Response (**H3 Package**) planned for June 2024 (**with support from ECHO**)
- Working on tool for partners to monitor quality of locally procured medicines. Once the tool is finalized, workshops will be organised, combined with awareness on rational use of drugs, to address Antimicrobial Resistance (AMR) thanks to **funding from ECHO**
- Step up health cluster monitoring and assessments thanks to **funding from ECHO and newly appointed health cluster 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).