

PEOPLE TARGETED

**6.7 M**

PEOPLE REACHED

**1.7 M \***

(25%)

WOREDAS TARGETED

**980**

WOREDAS REACHED

**336**

(34%)

USD REQUIRED

**187.3 M**

USD RECEIVED

**12.1 M \*\***

(6%)

TOTAL HEALTH  
CLUSTER PARTNERS

**76**

REPORTING HEALTH  
CLUSTER PARTNERS

**45**

All data from 30 April 2024

\* Excludes people receiving health messages

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

## Highlights

- **MTI staff member killed in Amhara** showing the dangers of delivering life-saving health services to areas with active conflict. Lack of adherence to International Humanitarian Law to ensure the protection of humanitarian workers is constantly increasing the risk for health partners to reach vulnerable populations with life-saving health services.
- While joint efforts to control the ongoing **cholera** outbreak are well underway, as part of the **STOP CHOLERA NOW!** campaign led by the Ethiopian Public Health Institute (EPHI), new cases continue to be reported from new woredas, the majority in Oromia and Somali region.
- Perceived decrease in number of woredas with active **measles** outbreaks due to lack of data as a result of network issues.
- Slight increase in already high number of woredas with **malaria** cases (1,399), with ALL regions reporting number of cases far above the emergency threshold, with the highest number of cases reported in 7 years.
- **Polio** outbreaks declared by EPHI due to circulating vaccine-derived poliovirus type 2 (cVDPV2) in Tigray (1), Waghemira Zone in Amhara (2), Zone 2 in Afar (1), and Itang Special Woreda in Gambella (2 cases).

## Health cluster action

### Drought and floods

According to data shared by OCHA, 95,000 people have been displaced as a result of flooding in Afar, Amhara, Central Ethiopia, Oromia, Sidama, Somali, South Ethiopia, and Tigray. Basic health services to flood-affected populations are at risk due to funding reductions for partners deploying Mobile Health and Nutrition Teams (MHNT). GOAL was unable to continue its 10 MHNT in Oromia (Abaya, Delomena, and Medawelabu), Amhara (Raya Kobo and Ataye), and Somali (Boh, Galadi, Danot, Galhamer, and Lehleyube) from 1 April 2024.

### Conflict

Armed clashes around Alamata caused displacement of almost 68,000 people in North Wello and Wag Hamra. Almost 2,000 people seek refuge in Ethiopia each week from the conflict in Sudan. IOM provides screening for new arrivals at the different points of entry.

Continuous fighting in West Sitti (Somali) is resulting in increased displacement. Lack of funding is impeding partners to adequately respond to basic health needs of conflict-affected populations.

ICRC has been treating war-wounded in 100 health facilities in conflict-affected areas of Amhara, Oromia, Tigray and Somalia.

*MHNT in Asgubi kebele, Berhale Woreda (Afar) supported by GOAL thanks to funding from the Ethiopia Humanitarian Fund (EHF)*



*UNICEF handing over life-saving supplies to Alamata General Hospital, after 1 month days closure. Alamata currently has no civilian administration, and the health centre is non-functional. UNICEF is planning to scale up health, nutrition, and WASH programs in Alamata soon, through its partners*



Measles

**Decrease in the number of woredas with active measles outbreaks** from 98 on 28 April to 64 on 27 May 2024, the majority from Oromia (52%), Sidama (17%), Amhara (11%) and South Ethiopia (9%). **The decrease is due to unavailability of data from Oromia and large parts of Amhara due to internet connectivity problems.** In Oromia, West Shewa, Jimma, East Wollega, and West Arsi Zones as well as Shashemene Town are reporting the highest number of measles cases, as per data up to 18 May 2024.

There are still no emergency measles vaccines in-country, but the necessary approvals are expected soon. Catch-up vaccination is conducted in highly affected woredas, using routine measles vaccines.

Proportion of **measles** patients never vaccinated against **measles** and Case Fatality Rate (CFR) by region between 12 August 2021 and 26 May 2024

	Measles patients with 0 dose	CFR
Benishangul Gumuz	84%	2.9%
Afar	72%	1.0%
Addis	71%	8.1%
Somali	63%	2.0%
Gambella	58%	3.6%
Tigray	52%	1.4%
Oromia	51%	0.5%

Malaria

**Slight increase in the number woredas reporting at least one confirmed malaria case** from 1397 on 28 April to 1,399 on 26 May 2024.

Between 1 January and 26 May 2024, **over 1.8M new malaria cases including 314 deaths** were reported from Oromia (35%), Amhara (22%), Southwest (13%), and South (10%).

In Oromia, the largest number of cases are currently reported from the Wellegas, where access is a challenge because of ongoing insecurity.

Gambella followed by Southwest and Benishangul Gumuz regions continue to report the highest number of malaria cases per 100,000 population.

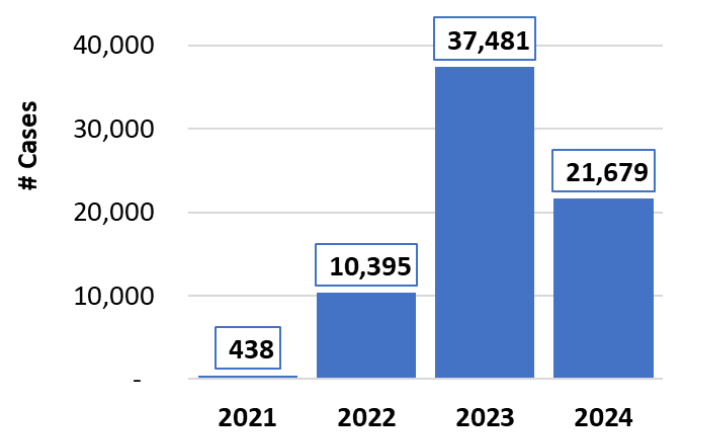
The number of malaria cases so far this year is far exceeding the number of cases reported during the same period in 2023 and is the highest in the past 7 years.

Partners continue to support the government with last-mile delivery of life-saving malaria supplies, training, and other. Partners are reporting a shortage in Rapid Diagnostics Test to detect malaria, particularly in remote areas and areas with difficult access.

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

	25-Feb	31-Mar	28-Apr	26-May
Cases	5,668	13,433	17,012	21,679
% ↑	203%	137%	27%	27%
Deaths	37	100	132	178
% ↑↓		170%	32%	35%
CFR	0.65%	0.74%	0.78%	0.82%

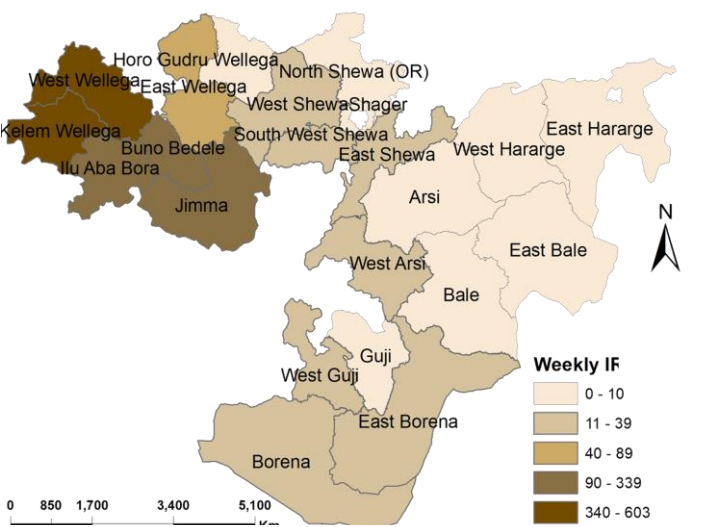
Measles cases reported in Ethiopia by year between 1 January 2021 and 26 May 2024



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

	25-Feb	31-Mar	28-Apr	26-May
Cases	705,054	1,110,542	1,439,429	1,858,835
% ↑	114%	58%	30%	29%
Deaths	153	210	248	314
% ↑	82%	37%	18%	27%
CFR	0.02%	0.02%	0.02%	0.02%

Weekly **malaria** incidence rate in Oromia by zone reported between 1 January and 26 May 2024



Cholera

**Decrease in the number of woredas with active cholera cases** from **93** on 30 April to **77** on 29 May 2024, the majority in Oromia (34%), followed by Somali (17%), Afar (16%), Amhara (12%), Dire Dawa (10%), Harari (9%), and Southern Ethiopia (1%).

However, new outbreaks continue to be reported daily from Oromia, Somali, Afar, and Amhara, including from high-risk holy water sites like Andassa.

Increased flooding is obstructing ongoing efforts to control the outbreak.

Increase in the number of cholera patients treated in Cholera Treatment Centres (CTC) from **156** on 30 April to **179** on 29 May 2024, the majority in Oromia (46%), Somali (41%), and Amhara (7%).

Despite funding shortages, 18 Rapid Response Teams have been deployed to all cholera affected areas as part of EPHI’s **STOP CHOLERA NOW!** campaign.

Teams are focusing on improving Infection Prevention Control to prevent the further spread of cholera inside CTCs, but also enhanced risk communication and early detection and treatment of cholera cases at community level, through the distribution of Oral Rehydration Salts in health posts.

Teams are also focusing on strengthening of coordination between water quality testing and water treatment through chlorination, particularly at the source (pumps and taps) and household level (buckets and jerry cans), but also in water trucks. The WASH and health clusters are planning joint sessions for partners on how to best combine WASH interventions in current cholera response.

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

*Health Partner Cholera Response Interventions as of 21 May 2024 (Please note the map only shows woredas with active cholera outbreaks and does not include woredas where the outbreak has been controlled)*

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

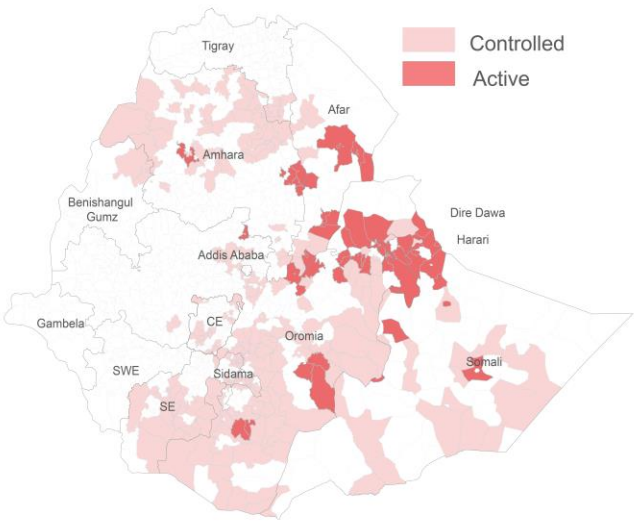
	26-Feb	31-Mar	28-Apr	26-May
<b>Cases</b>	4,824	8,315	12,974	16,339
<b>% ↑</b>		72%	56%	26%
<b>Deaths</b>	33	58	97	126
<b>% ↑</b>		76%	67%*	30%
<b>CFR</b>	0.68%	0.70%	0.75%	0.77%

\* Correction from last week due to calculation error

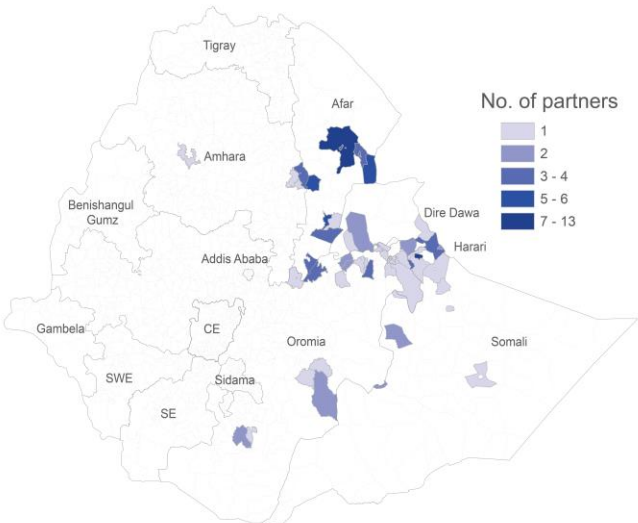
APDA supporting with last-mile delivery of 1MT of cholera supplies provided by WHO to Telalak Health Center (Afar)



Cholera outbreak

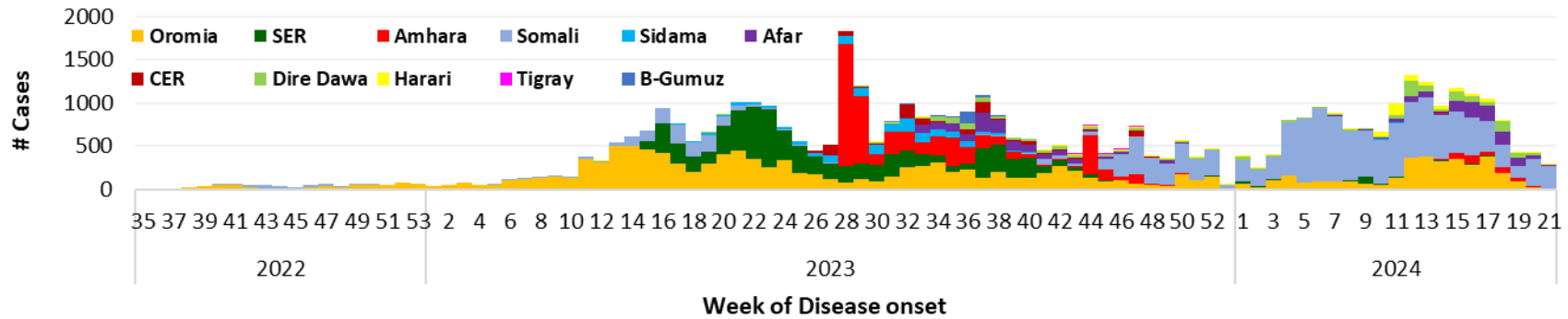


Partners presence/interventions (active woredas)

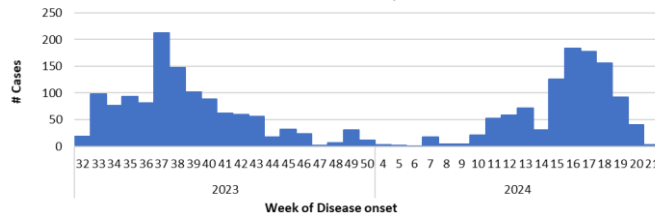




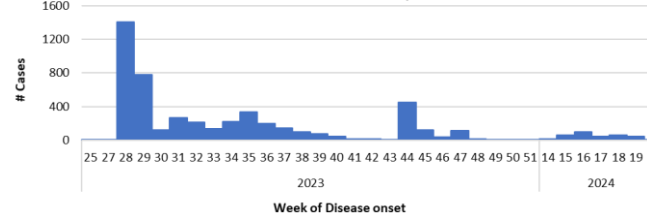
## Distribution of cholera cases by week of disease onset and region Ethiopia 27 May 2024



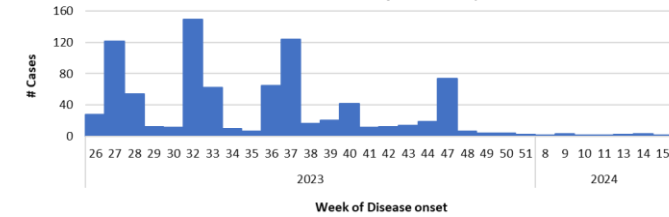
Distribution of cholera cases by week of onset  
Afar 27 May 2024



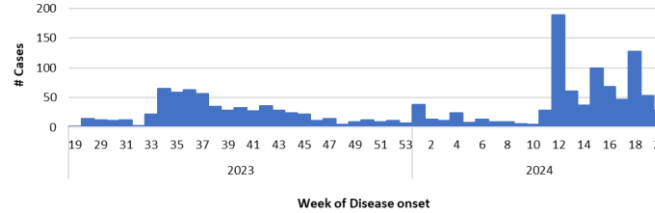
Distribution of cholera cases by week of onset  
Amhara 27 May 2024



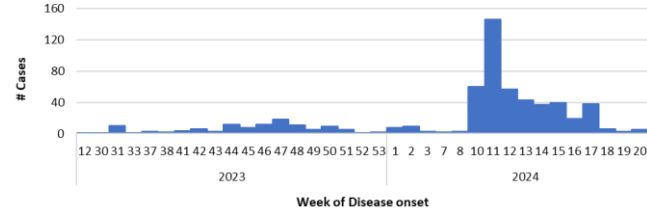
Distribution of cholera cases by week of onset  
Central Ethiopia 27 May 2024



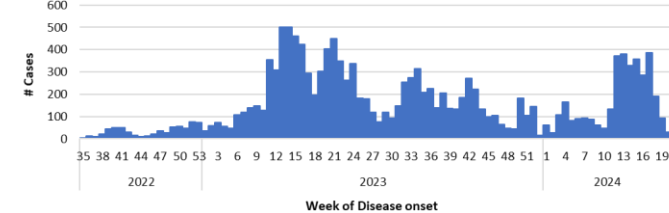
Distribution of cholera cases by week of onset  
Dire Dawa 27 May 2024



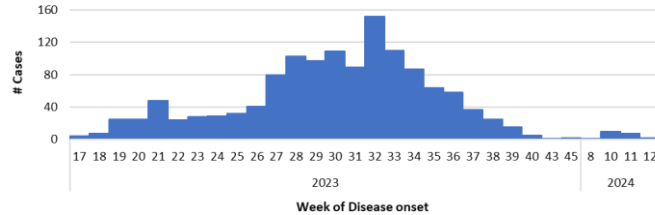
Distribution of cholera cases by week of onset  
Harari 27 May 2024



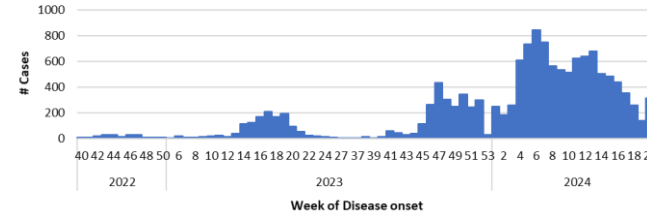
Distribution of cholera cases by week of onset  
Oromia 27 May 2024



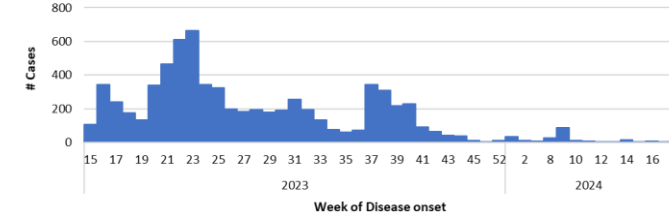
Distribution of cholera cases by week of onset  
Sidama 27 May 2024



Distribution of cholera cases by week of onset  
Somali 27 May 2024



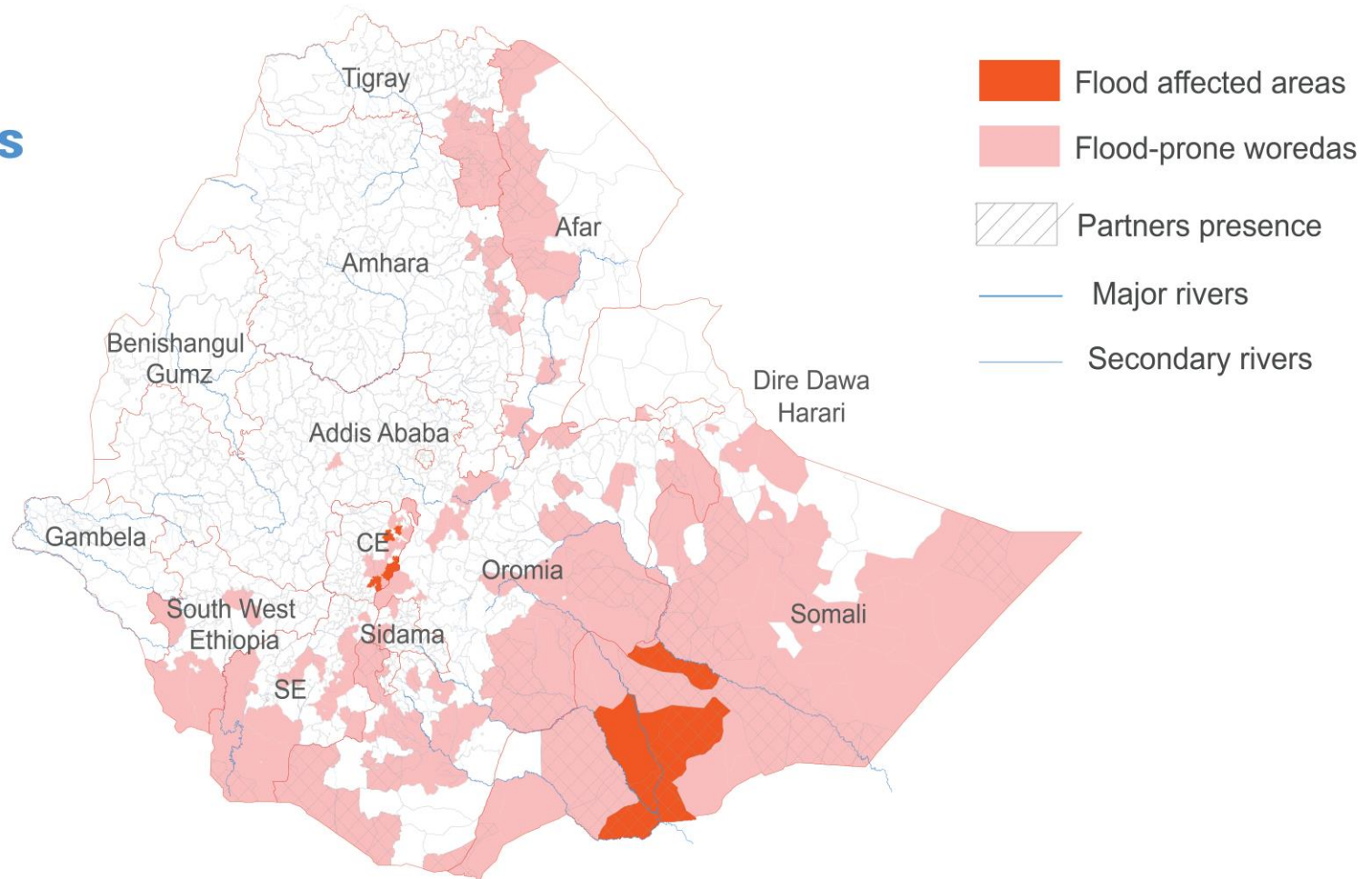
Distribution of cholera cases by week of onset  
South Ethiopia 27 May 2024



## Partner Presence in Flood-Prone and Flood Affected Aras

as of 21 May 2024

**23**  
**partners**

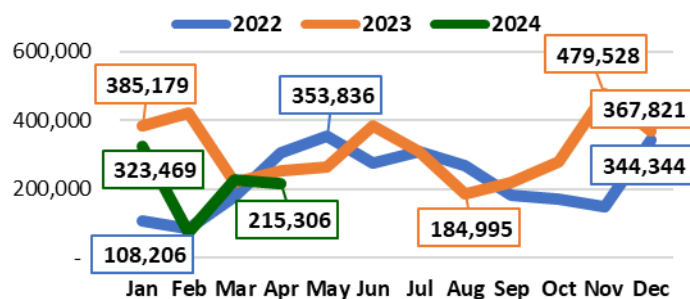


ALIMA, ACF, CWW, MdM, PAPDA, O WDA, GOAL, CUAMM, CARE, FHI360, HPA, Humedica e.V, JSI, IRC, IOM, IMC, MCMDO, OI, PUI, MSI, UNICEF, VSF S, WHO

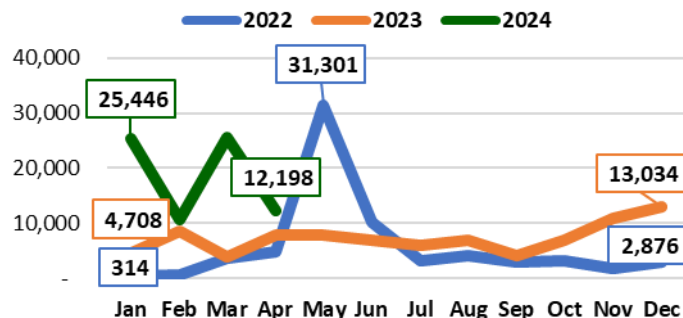
## Service Delivery

The tables below show the trend of the key indicators for the health cluster between January 2022 and April 2024 which are monitored and constantly updated on the [health cluster dashboard](#).

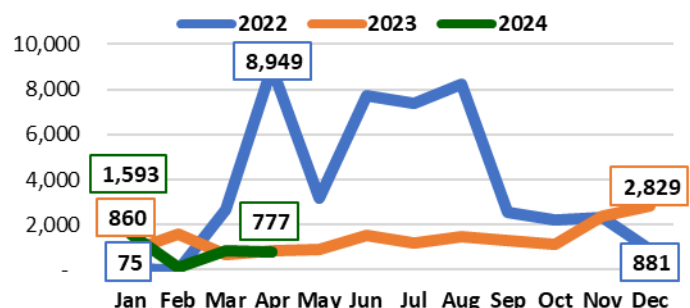
**# of OPD consultations**



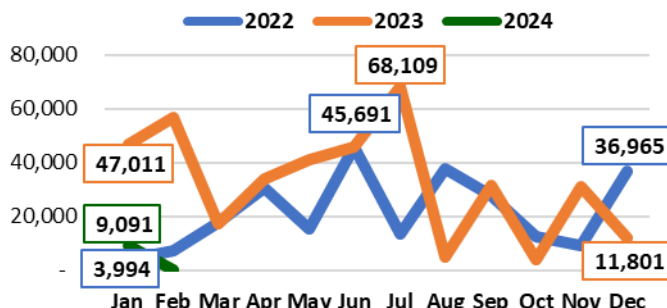
**# of normal deliveries attended by skilled birth attendants**



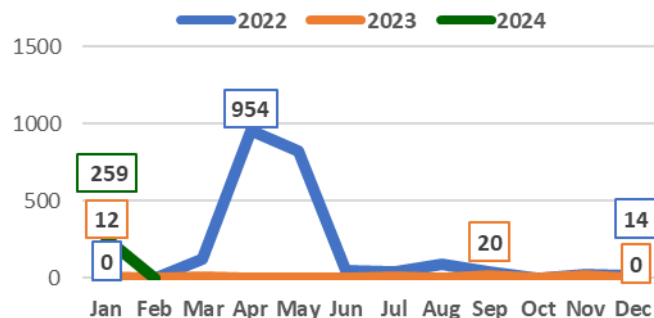
**# of emergency referrals**



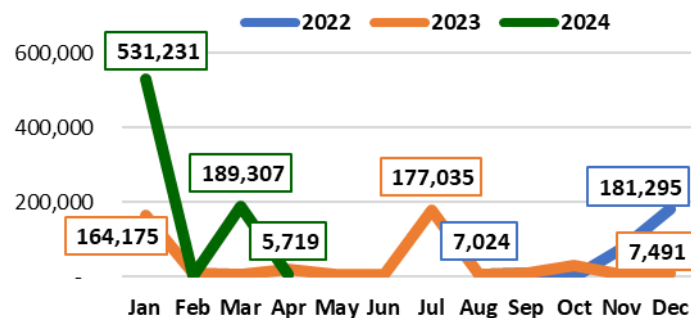
**# of individuals receiving MHPSS\***



**# of eligible survivors of rape receiving PEP\*\***



**# of children 6 months-15 years receiving emergency measles vaccination\*\*\***



\* MHPSS: mental health and psychosocial support

\*\* PEP: post-exposure prophylaxis within 72 hours of an incident or from exposure, and emergency contraception within 120 hours of an incident or from exposure

\*\*\* Data available since August 2022



## Challenges

- Increase in displacement, and ongoing disease outbreaks combined with a decrease in funding is impeding partners to effectively provide timely and adequate health services to affected populations.
- Increased 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.
- Partners not consistently reporting in Activityinfo, affecting overall indicators used to measure the impact of the health cluster

## Next steps

- In-person workshop on High Priority Health Services for Humanitarian Response (**H3 Package**) planned for 31 July-2 August 2024, with at least 1 online workshop to be conducted during June (**with support from ECHO**)
- Partners to prepare for monitoring visits of **Third-Party Monitoring** agency contracted by WHO to check on delivery and usage of WHO's emergency kits contracted
- First 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 27 June.

### 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).



↑ Before and after rehabilitation by IOM of Ziban Gedena Health Center's mothers' waiting rooms and OPD block, Tahtay Adyabo woreda, NorthWest Tigray



↑ WHO handing over emergency kits to Food for the Hungry (FH) in Amhara



↑ IMC conducting social mobilization for polio vaccination campaign in Tigray



← Handover of two ventilated improved pit (VIP) latrines constructed by GOAL in Tebase health centre (Amhara), close to cholera affected areas

↑ UNICEF visiting Dara Health Centre, Zata Woreda, Southern Tigray. While solar refrigerators are functional and EPI is working well, the biggest challenge is water, with the current source being a nearby river. The regional government re-established the Zata administration since 1 May 2024. UNICEF is ready to scale up its health, nutrition, and WASH programs in Zata