

PEOPLE TARGETED

9.8 M

PEOPLE REACHED

3.5 M *

WOREDAS TARGETED

794**

WOREDAS REACHED

376

USD REQUIRED

303.5 M

USD RECEIVED

43.4M**
(14%)

* Excludes people receiving health messages

** Corrected from previous bulletins as per
<https://fts.unocha.org/plans/1128/summary>

45 HEALTH CLUSTER PARTNERS

860 k MEDICAL KITS DELIVERED

1.2 M USD SPENT ON MEDICAL KITS

4 OUTBREAKS (Cholera, Measles,
Malaria, and Dengue)

Highlights

- **Amhara** region reporting severe shortages of medical supplies, particularly for **malaria**. Between 9 July and 14 October 2023, the Amhara Public Health Institute recorded 328,279 malaria cases, **50% higher than the threshold**, with the peak of malaria expected in November-December. Data are an underestimate of the actual situation, with many health facilities not able to report due to ongoing security challenges.
- Health partners are encouraged to resume their operations in **Amhara** in response to the huge public health needs. Access is difficult, but possible. Currently 9 health partners are active in Amhara, supporting with last mile delivery of life-saving supplies to depleted health facilities.
- **Highest** reported number of **malaria cases nation-wide in the past 7 years, EXCLUDING data from Amhara** since August 2023 due to conflict.
- **Re-emergence of cholera in Somali**, after 11 weeks of zero cases, with cases reported in Jijija and Erer. Despite a decline from 113 to 81 woredas affected by **cholera**, the outbreak is expanding to drought affected areas in Amhara, close to the border with Tigray. To prevent further cholera cases, significant investments in safe drinking water and sanitation systems are urgently needed.
- National data show 25 woredas affected by **measles** outbreaks nationwide, as of 26 October, **EXCLUDING data from Amhara** since August 2023 due to conflict. The Amhara Public Health Institute reports 32 woredas with active **measles** outbreaks in Amhara alone. Current measles outbreak started on 12 August 2021.

Health cluster action

Conflict in Amhara

Severe shortages of medical supplies, particularly for malaria, have been reported from Amhara, in spite of large quantities of drugs shipped by WHO (over 25 MT), UNICEF and other health partners.

Access to health facilities is difficult, but not impossible in 42 out of 181 Amhara woredas. Health partners are supporting with last mile delivery to health facilities in these and other areas, like East and West Gojam.

Surveillance data is missing from these woredas, leaving the Amhara Public Health Institute (APHI) with no information on the status of disease, many of these woredas with historically high incidence of malaria.

With only **66% reporting completeness** in the Public Health Emergency Management (PHEM) system, current disease **data are underestimates**.

Internet has been cut off in the entire region, severely impeding timely reporting of disease data.

APHI is closely monitoring accessibility and functionality of health facilities, with an estimated number of **132 health facilities currently not operational**, 123 of them health posts.

Self Help Africa is delivering life-saving supplies from Bahir Dar to 10 health facilities in Gojam, Amhara



There are **no official data on the number of civilian casualties** (both deaths and injured) as a result of the conflict, with estimates far exceeding the 10,000, as well as an **unknown number of cases of Sexual Gender Based Violence**, including of health workers.

Recent assessments conducted by APhi and OCHA show **2.6M population affected by drought in 59 woredas** in Wag Herna and North Gondar, with **global acute malnutrition (GAM) rates of 26%** (threshold is below 15%) among 1.3M population.

The health cluster is working with the Ministry of Health, partners, and donors to ensure additional supplies are urgently sent to Amhara, as well as for last mile delivery to health facilities.

Cholera

The majority of cholera cases are reported from Oromia (37%), followed by Southeast or SER (27%), Amhara (16%), Somali (6%), Sidama (5%), Afar (4%), Central East or CER (3%), Dire Dawa (2%), Benishangul Gumuz (1%), and Harari (0.1%).

There are currently **81 woredas with active cholera outbreaks**, however newly reported cholera cases in Amhara woredas bordering with Tigray are currently being investigated and are not yet officially reported by EPHI. ICRC and MSF are actively responding, with WHO providing cholera kits.

Data only include cases and deaths reported in health facilities. There is no information available on cases and deaths at community level.

Over **6.2 million people have so far been vaccinated** with one dose of Oral Cholera Vaccine (OCV) in 54 woredas of Somali, SER, CER, Sidama, Oromia and Amhara. Preparations are ongoing for the OCV campaign to be conducted in Afar, CER, SER, and Sidama on 10-16 November 2023.

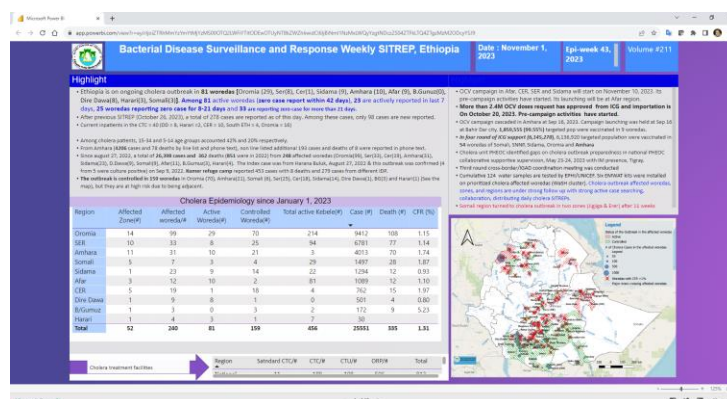
As of 1 November, **40 cholera patients are admitted**, the majority in Oromia (16), followed by Central East (10), Dire Dawa (8), Southeast (4) and Harari (2). There are a total of 307 Cholera Treatment Centres (CTC) and 506 Oral Rehydration Points that have been set up throughout cholera-affected and neighbouring woredas, to treat patients with mild and severe symptoms.

Health and WASH clusters are continuing to advocate for the **urgent need for durable solutions to address root causes of recurrent cholera outbreaks**, i.e., poor quality drinking water and open defecation. Faecal contamination of drinking water is the main source of cholera, with most cholera patients using unsafe drinking water.

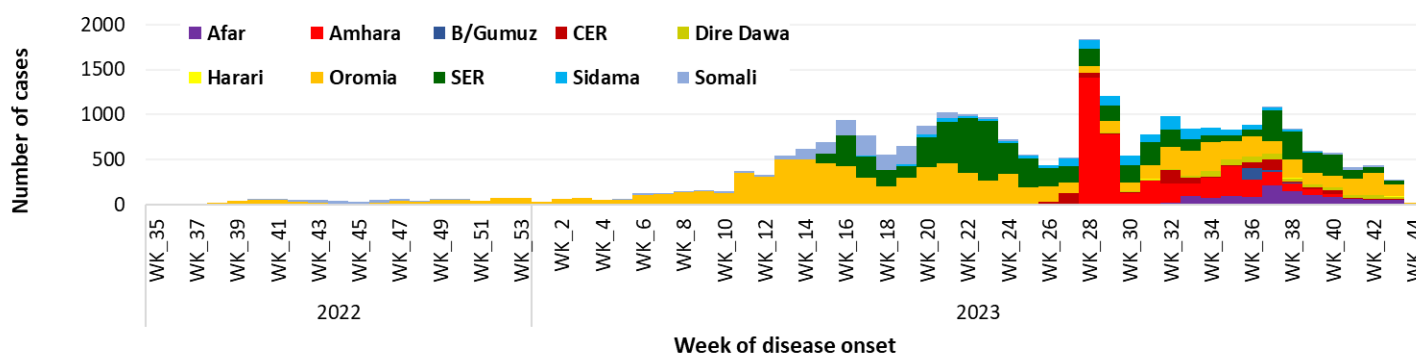
Variation in cumulative number **cholera** cases and deaths since 27 August 2022 up to 1 November 2023

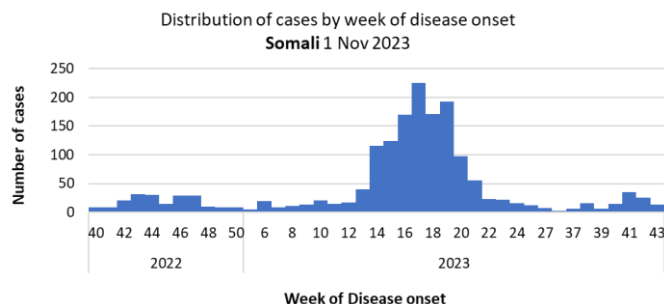
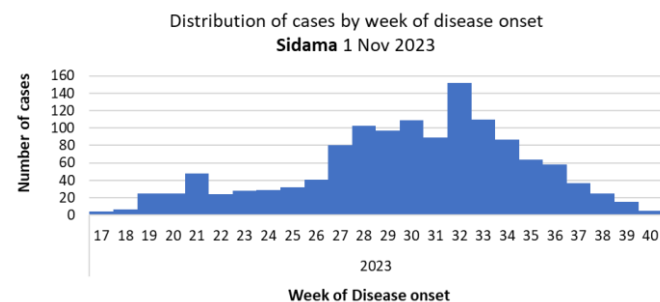
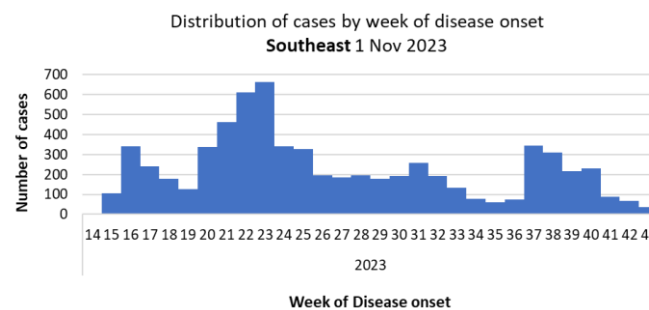
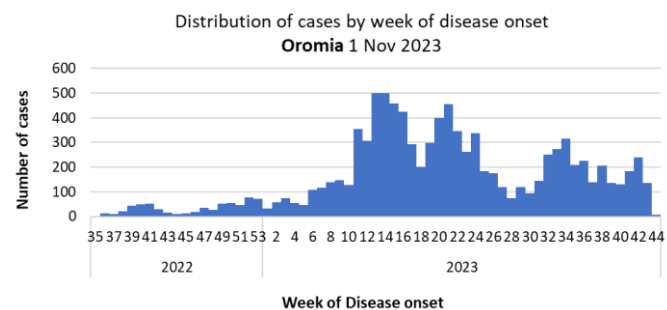
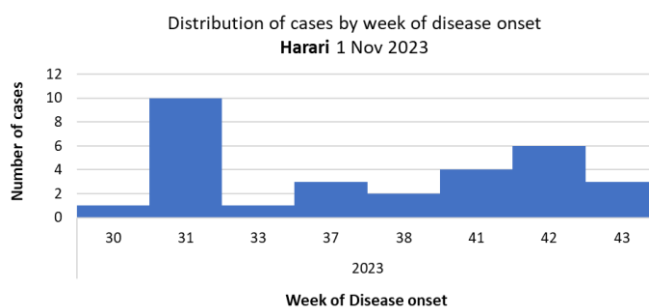
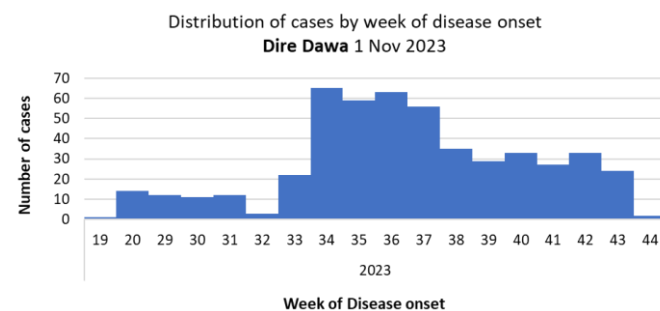
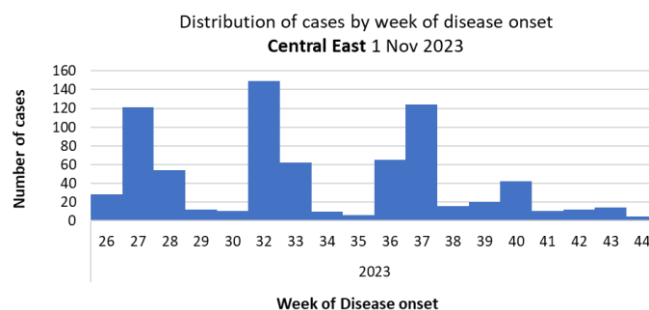
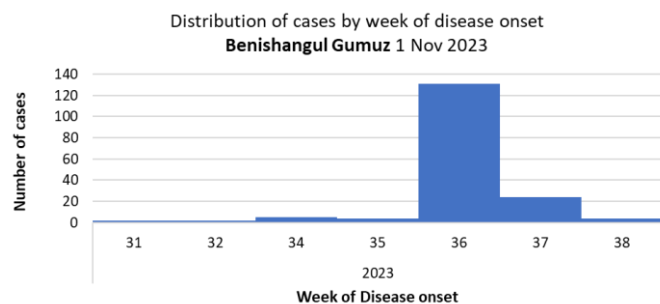
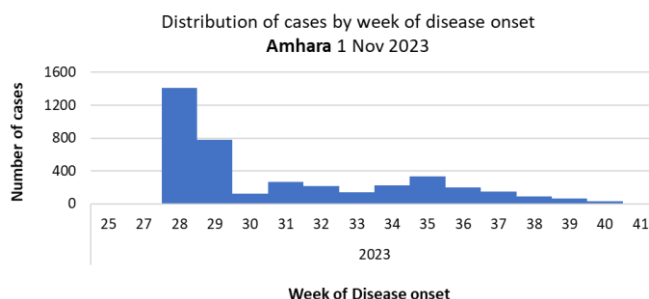
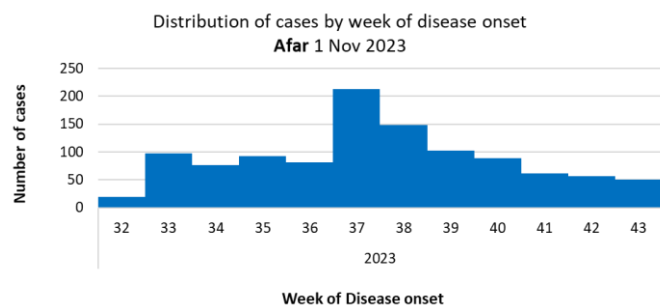
	27-Jul	31-Aug	27-Sep	1-Nov
Cases	16,346	20,201	24,929	26,398
% ↑		24%	23%	6%
Deaths	212	271	327	362
% ↑		28%	21%	11%
CFR	1.30%	1.34%	1.31%	1.37%

New EPHI cholera dashboard as of 1 November 2023



Distribution of **cholera** cases by week of disease onset and region as of 1 Nov 2023





Malaria

The current malaria situation is considered **extremely severe**, with the total number of malaria cases published by the Ethiopian Public Health Institute (EPHI) **not including data from Amhara**. In spite of this, there is a 25% increase in malaria cases within a one-month timespan.

As of 29 October 2023, **901 woredas are reporting at least one confirmed malaria case**, also excluding Amhara woredas.

Over 50% of cases are reported from Oromia, with a large proportion from Western Oromia, followed by Amhara, and Southwest.

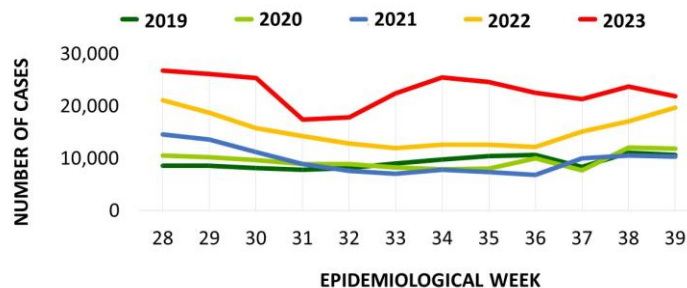
Insecurity is impeding vector control interventions aimed at reducing the mosquito population, further aggravating the **shortages in malaria supplies, including bednets, rapid diagnostic tests and drugs**. Many **health workers in security-affected areas have not been trained in the latest malaria treatment protocols**, leading to unnecessary mortality.

Health partners are supporting the Ministry of Health with **last-mile delivery of malaria supplies** in difficult-to-reach areas like Western Oromia and Amhara.

Variation in cumulative **malaria** cases as of 29 October 2023
(Amhara data not included from August onwards)

	27-Jul	28-Aug	25-Sep	29-Oct
Cases	1,669,406	2,038,973	2,304,227	2,873,114
% ↑		22%	13%	25%

Amhara trend of malaria cases between 2019 and 2023 (only showing epidemiological weeks 28-39)



Variation in cumulative **measles** cases as of 30 October 2023
(Amhara data not included from August onwards)

	27-Jul	28-Aug	25-Sep	29-Oct
Cases	11,631	13,448	16,713	20,782
% ↑		16%	24%	24%
Deaths	108	122	127	159
% ↑		13%	4%	25%
CFR	0.93%	0.91%	0.76%	0.77%

Measles

The current measles outbreak started on 12 August 2021, with a total of 251 woredas affected across the country since then. As of 29 October 2023, **20 woredas are reporting active measles outbreaks**, excluding 32 Amhara woredas as reported by the regional health authorities.

Measles outbreaks are **expanding in different districts of SER and Sidama**, where very few health partners are currently active.

The **measles outbreak continues to expand**, rooted in the **low immunization coverage** with a further 24% increase in cases during October, as compared to 24% increase during September, and 16% during August 2023.

Challenges

- **Peak of malaria** cases expected in **November-December**, with further increase in mortality and morbidity
- Further **expansion of cholera** cases as root causes remain unaddressed (lack of safe drinking water and open defecation)
- **Insecurity** is impeding response to acute needs resulting from various disease outbreaks
- **Lack of funding is limiting access to remote areas** with increasing health needs
- **El Niño causing drought and floods** in different parts of Ethiopia is expected to further aggravate severe malnutrition resulting in an increase in mortality and morbidity

WHO staff orienting 15 Red Cross volunteers recruited by MSF on water treatment at point of collection in Moyale town, Oromia



Next steps

- **Cholera Intra-Action Review for Oromia** to be held in Adama on 7-9 November, organized by WHO and UNICEF.
- **Information Management** training for **Oromia** health cluster partners to be held in Adama on 2-3 November.
- **Data Management** training for **Somali** health cluster partners on 14-16 November in Jigjiga, with support from IMMAP and WHO.
- Focus on **durable solutions for safe drinking water supply systems and combating open defecation** to prevent cholera, increased **immunization coverage** and strengthening of sexual reproductive health to combat high maternal and neonatal mortality
- Advocating for **Mobile Health and Nutrition Teams (MHNT) as a routine health intervention** (NOT just for emergencies), particularly for Afar and Somali with
- Focus on resource mobilization for **health facility rehabilitation** in all (post) conflict affected areas
- Planning ongoing for the **2024 Humanitarian Response Plan**

Health Cluster Dashboard

Health Cluster Shared Folder

Health Cluster Mailing List Sign-up Form

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).

Health cluster delegation jointly visiting key locations in Tigray region with the Regional Health Director.



Two zonal health cluster coordination trainings for Somali organised by the Regional Health Bureau with support from WHO held on 17-21 October



Flash flooding in South and Southeast Somali, Gebeeb Town, Gedee Zone, SER, and Awash and Dulilasa, Gabi Rasu, Afar, posing additional public health threats

