

PEOPLE TARGETED

9.8 M

PEOPLE REACHED

1.8 M

WOREDAS TARGETED

369

WOREDAS REACHED

302

USD REQUIRED

303.5 M

USD RECEIVED

36.3 M *
(12%)

* <https://fts.unocha.org/countries/71/summary/2023>

42

HEALTH CLUSTER PARTNERS

701 k

MEDICAL KITS DELIVERED

839 k

USD SPENT ON MEDICAL KITS

4

OUTBREAKS (Cholera,
Measles, Malaria, and
Dengue)

Highlights

- Alarming increase in **cholera** cases since the start of the outbreak on 27 August 2022 from **3,861 on 12 April 2023** in Oromia and Somali regions to **12,198 on 25 June 2023** in Oromia, Somali, SNNP and Sidama regions. The number of **cholera deaths** increased from **69 on 12 April 2023** to **165 on 25 June 2023** with a **Case Fatality Rate (CFR) of 1.38%**
- Cumulatively reported **1,251,910 malaria** cases including **123 deaths** between 1 January and 25 June 2023 **up to 200% higher than in 2022 and 2021**
- New pockets of **measles** outbreaks currently affecting **58 woredas** with **21,739 measles cases including 220 deaths** reported between 1 January and 25 June 2023: 44% of affected woredas are from Amhara region
- **Dengue** outbreak in Afar region affecting **11 woredas** with **6,238 dengue fever cases including 4 deaths** between 4 April and 25 June 2023
- Serious concerns with high levels of **Severe Acute Malnutrition**, particularly in view of ongoing food aid suspension throughout Ethiopia
- Mapping of partners' health facility rehabilitation in Tigray ongoing
- Data on more than **850 accessible health facilities in Tigray** (including hospitals, primary health care centres and health posts) entered in Health Resources and Services Availability Monitoring System (HeRAMS). Amhara and Afar regions currently preparing for HeRAMS exercise

Health cluster action

Cholera

Strengthened coordination between the health and WASH clusters aims to address root causes of recurrent cholera outbreaks, i.e., poor quality drinking water and open defecation. In SNNP, over 3,000 cholera cases were reported in 2 months' time with cholera confirmed in the Weito and Sagan rivers. Many cholera cases are reported from communities adjacent to the rivers, where 60% of the population rely on the river for drinking water.

UNICEF donated a total of 83 tents and other supplies for the Cholera Treatment Centres, whereas WHO dispatched over 150k in cholera treatment and testing supplies since the start of the outbreak in August 2022.

Over 50% of health partners are also WASH partners, facilitating distribution of WASH items and dissemination of health and hygiene promotion messages. Other partners like MSF run a CTC in Moyale town, jointly with government health workers, while IMC supported with the implementation of the Oral Cholera Vaccine (OCV) campaign in Guji zone (Oromia). 1.9 people were vaccinated with 1 dose of OCV, providing an estimated protection of 6 months only.



Cholera Treatment Centre (CTC) in Kondo (SNNP). UNICEF provides the tent; WHO provides the technical support, and medical supplies



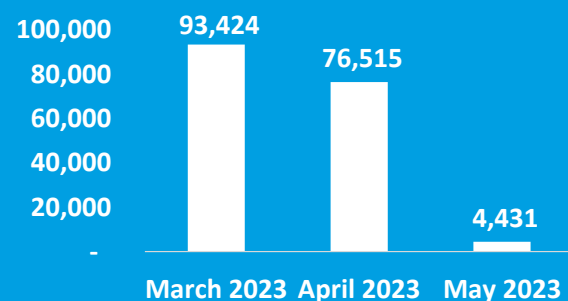
Plan International distributed items like jerrycans, buckets and soap as part of cholera prevention to 3,000 households in Goma and Gofa zones (SNNP) with support from UNICEF (Picture: Plan International) and disseminated cholera messages to 20,000 people

Measles

Health partners support with routine immunization through health facilities and MHNT, as well as with emergency measles vaccination in response to pockets of measles outbreaks.

The table on the right shows the trend of the number of children 6 months-15 years receiving emergency measles vaccination between August 2022 and March 2023 (see [health cluster dashboard](#)).

Children 6 months-15 years receiving emergency measles vaccination from health cluster partners between 1 March and 31 May 2023



Malnutrition

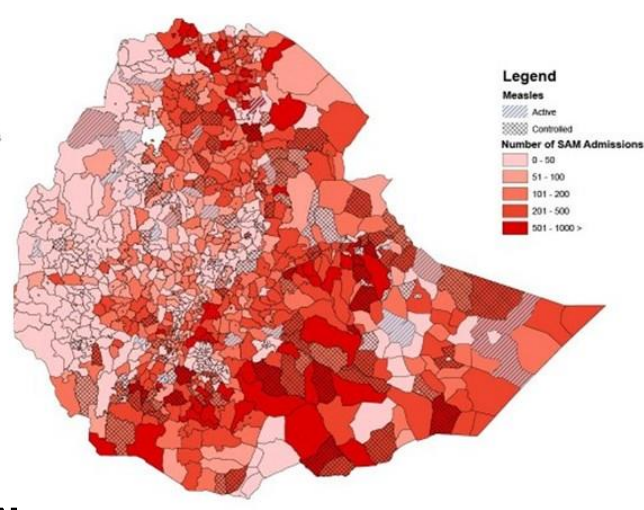
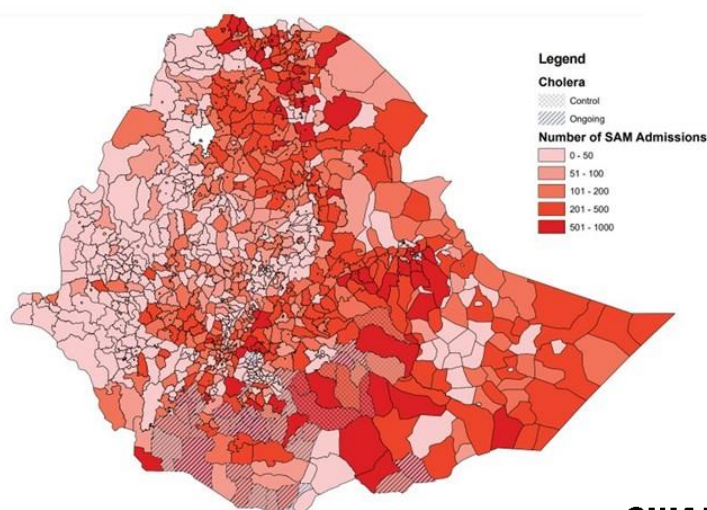
There is a clear correlation between Severe Acute Malnutrition (SAM) and cholera and measles cases (see maps prepared by the nutrition cluster).

Whereas malnutrition is both a driver for measles and cholera (amongst many other infectious diseases), it is also a result. The current food suspension in Ethiopia is expected to further raise malnutrition rates.

According to the [nutrition cluster dashboard](#), 2 million children have been screened so far this year, out of which 20% are considered to be malnourished (Global Acute Malnutrition rate or GAM), whereas 2% are suffering from SAM.

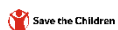
MEASLES AND SAM CASES

CHOLERA- ACUTE WATERY DIARRHOEA [AWD] AND SAM CASES



SWAN

HUMANITARIAN RAPID RESPONSE MECHANISM



SWAN

The SWAN (Save the Children, World Vision, Action Against Hunger and Norwegian Refugee Council) Rapid Response Mechanism has been implementing 6 health emergency projects in the past 3 months, as per the table on the right, with funding from the Ethiopia Humanitarian Fund (EHF) and Save the Children Italy.

What	Where
Cholera	Sidama
Anthrax	Amhara
Cholera	Oromia
Malaria	South West
Cholera	SNNPR
Malaria	Tigray

Arrivals from Sudan

MTI, in coordination with UNHCR, have been running a MHNT in Kumer (Amhara region) since 13 June 2023, providing health services to over 6000 Sudanese and Eritrean refugees and 7500 host population. IMC sadly had to discontinue its MHNT in Metema due to lack of funding. The Amhara Regional Health Bureau has mobilised an Emergency Medical Team (EMT) at the Metema point of entry.

New developments

Logistics

New [online form](#) was introduced for all health partners to submit requests for WHO kits. The requests are then verified by the health cluster at regional level in close coordination with the Regional Health Bureau to avoid duplication, before checking for availability by the WHO Logistics team.

Standard Operating Procedures aimed at smoothening the requests are instructing partners to submit all their requests in the 1st week of every month, so supplies can be delivered before the 25th of that month.

The screenshot shows a web browser displaying the 'WHO-ET-Supply Request Form' on the KoboToolbox platform. The form has a header with logos for WHO, UNICEF, and UNFPA. Below the header, there are instructions for filling out the form, including a note about the process being delayed if there is missing information. The form includes a 'DATE OF REQUEST' field with a date picker set to 'yyyy-mm-dd' and a 'REQUISITING PARTNER' dropdown menu currently set to 'none selected'.

Challenges

- **Perceived return to normalcy in Tigray** after signing of peace agreement, whereas needs remain high and health system has not yet recovered. It is key to continue to support Tigray with ongoing health interventions for an interim period until the health authorities are able to fully resume their operations.
- **Withdrawal of health partners from Afar is hampering health service delivery for difficult-to-reach populations**
- **Lack of reliable data on Sexual and Gender Based Violence (SGBV) survivors**, impeding effective response through One Stop centres, particularly on mental health and psychosocial support, and HIV testing and treatment.

Next steps

- New **Strategic Advisory Group (SAG) members** to be elected during next Health Cluster Meeting on 6 July 2023 in preparation for upcoming 1st Standard Allocation from the Ethiopia Humanitarian Fund (EHF), which focuses on integrated health/nutrition/WASH interventions
- **Afar HeRAMS training of trainers** tentatively planned on 10-12 July 2023 in Semera, to be followed by Amhara
- **1st Health Cluster Review meeting to be conducted for SNNP region**, jointly with the Regional Health Bureau, on 11-12 July 2023 in Arba Minch
- Mapping of ALL partners' **health facility rehabilitations plans** throughout Ethiopia
- Health cluster to strengthen monitoring of **last mile delivery of all core pipeline kits** (UNFPA, UNICEF and WHO)
- Health cluster to initiate [high priority health services for humanitarian response \(H3\) packages](#) in support of Universal Health Coverage (UHC)

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, 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).