

PEOPLE TARGETED

9.8 M

PEOPLE REACHED

3.2 M *

WOREDAS TARGETED

369

WOREDAS REACHED

362

USD REQUIRED

303.5 M

USD RECEIVED

59 M **
(19%)

* Excludes people receiving health messages

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

47 HEALTH CLUSTER PARTNERS

759 k MEDICAL KITS DELIVERED

1 M USD SPENT ON MEDICAL KITS

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

Highlights

- Ongoing **cholera** outbreak since 27 August 2022 spread to **113 woredas in 10 regions**. Number of cholera cases increased from **13,118** on 12 July to **24,197** on 3 October 2023. The increase in the number of affected regions is also due to the split of the formerly called SNNP region into South East and Central East regions.
- Ongoing security concerns in **Amhara** region after conflict emerged early August. Partners still unable to access many areas, and surveillance not fully resumed because of limited internet access. Reliable epidemiological data as well as data on injuries are lacking.
- Alarming increase in **malaria** cases from **1,251,910** on 25 June to **2,380,578** on 1 October 2023.
- Increase in **measles** cases from **10,614** on 29 June to **17,252** on 1 October 2023¹.
- **Dengue** outbreak spread to 16 woredas in 4 regions with an increase in cases from **6,238** on 25 June to 10,165 on 1 October 2023. 88% of cases are reported from Afar, followed by Dire Dawa, Somali and Oromia.
- Out of **853 assessed health facilities in Tigray**, only **754 (88%)** are **currently operational**. Afar data to be released soon with preparations ongoing to implement the Health Resources and Services Availability Monitoring System ([HeRAMS](#)) in Amhara and Oromia.

Mid-Year Review

In close collaboration with OCHA, all clusters including health, participated in a mid-year review exercise of the [2023 Humanitarian Response Plan](#) (HRP). Data collected from partners up to 31 August show that some of the indicators are way below target, in particular with regards to Sexual and Reproductive Health and immunization (*see below table*).

With only 19% of funding received, partners are unable to reach underserved communities with basic health care services due to the high cost of deploying Mobile Health and Nutrition Teams (MHNT), in a context with high malnutrition rates, and recurrent malaria, cholera and measles outbreaks, as well as high maternal and neonatal mortality. Many partners have had to discontinue their MHNT without having alternatives in place, leaving the population without access to health services.

INDICATORS	NEED	TARGET	ACTUAL*
# primary healthcare consultations provided	1,242,242	1,242,242	2,423,678
# births attended by skilled health personnel	3,444,619	1,919,858	52,816
# children receiving measles vaccine	5,165,499	2,582,750	393,056
# people referred to higher level/specialized health services		750	9,105
# children receiving treatment for SAM with medical complications	123,803	123,803	28,446
# health workers trained and have the capacity to manage an outbreak		333	2,582
# community members receiving health messages	5,798,866	2,345,980	2,996,956

* Reported through the health cluster as of 31 August 2023

¹ Current data on measles cumulative from 1 January 2023, while earlier reported data were cumulative from 12 August 2021

Health cluster action

Cholera

The majority of cholera cases are reported from Oromia (33%), followed by Amhara (19%), Sidama (13%), Southeast or SER (12%), Dire Dawa (9%), Afar (7%), Central East or CER (4%), Benishangul Gumuz (3%), and Harari (1%).

The number of cholera deaths increased from 172 on 12 July to 300 on 3 October 2023 with a decrease in Case Fatality Rate (CFR) from 1.38% to 1.24% respectively. Ongoing cholera response interventions have managed to control the outbreak in 120 woredas in Oromia (47%), SER (18%), CER (12%), Amhara (8%), Sidama (7%), Somali (5%), Dire Dawa (3%), Benishangul Gumuz (3%) and Harari (1%). Unfortunately, some woredas are seeing a re-emergence of cholera cases.

Over 6 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. Despite security restrictions, almost 2 million people were vaccinated in Amhara including 8,098 refugees in Kumer. An additional 1.5 million doses were approved for Afar, Sidama, SER and CER.

As of 3 October, 54 patients are admitted in 192 Cholera Treatment Centres (CTC), many run by partners like MSF. WHO mobilised teams of experts to ensure cholera treatment is in line with international standards. WHO and UNICEF are closely working with health authorities providing technical advice and life-saving supplies. Other partners support with training, Infection Prevention Control (IPC), surveillance, logistics support, and health and hygiene promotion through Risk Communication and Community Engagement.

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 (see graph on the right).

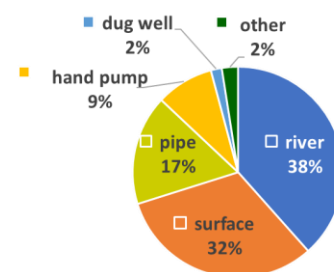
IOM continues to promote close collaboration between health, WASH and CCCM clusters on cholera response and prevention in IDP settings, while UNHCR, GOAL, and MTI have effectively contained cholera cases in refugee settlements in Amhara and Benishangul-Gumuz. In Amhara, cholera cases are reported mostly from Quara district in West Gondar zone, with over 450 cases including 9 deaths reported from Kumer refugee camp. Thanks to effective interventions, no new cases have been reported in the last week of September 2023.

With a stronger focus on community-based interventions, health cluster partners are becoming increasingly involved in cholera response. Thanks to OCHA, WHO is able to support GOAL, IMC, IOM, MCMDO and MTI with cholera activities.

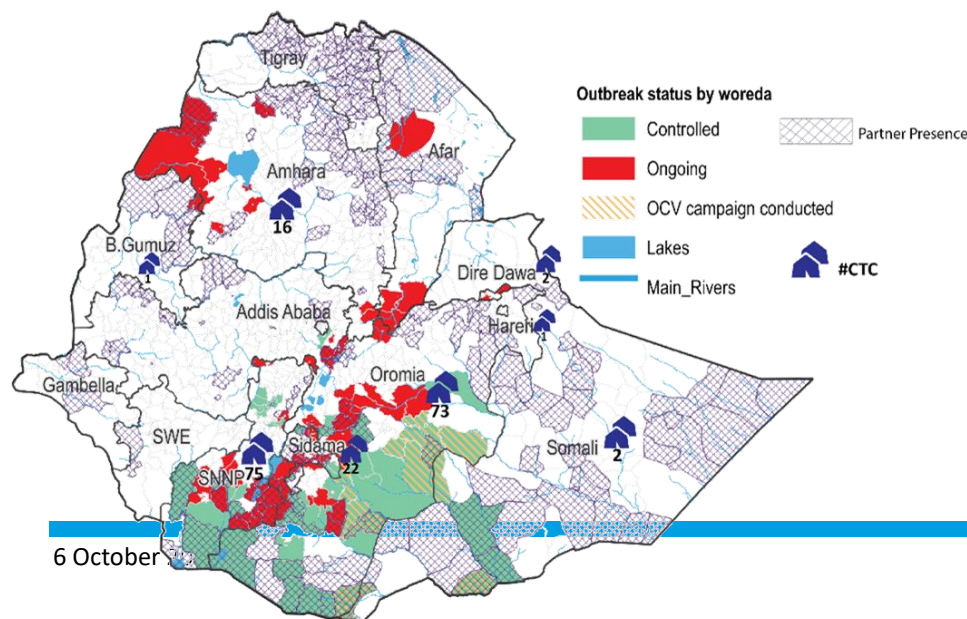
Variation in cholera cases and deaths between 12 July and 3 October 2023

	12-Jul	2-Aug	5-Sep	3-Oct
Cases	13,118	16,842	21,646	24,197
% ↑		28%	28%	11%
Deaths	172	229	275	300
% ↑		33%	20%	9%
CFR	1.31%	1.36%	1.27%	1.24%

Source of drinking water as reported by cholera patients as of 3 October 2023



Cholera outbreak status by woreda with partner presence as of 30 September 2023



IOM supporting with RCCE in Kersa woreda, East Hararghe zone, Oromia, to ensure people are aware of the risks of cholera and how to prevent it.



Conflict in Amhara

Conflict broke out in Amhara in early August, resulting in a large number of injured, overburdening health facilities. A reported shortage of medical supplies was addressed thanks to ICRC, UNICEF and WHO sending emergency kits, and the Ethiopian Red Cross playing a pivotal role in the delivery of the supplies to the hospitals. Access remains a serious constraint for many partners in delivering life-saving health care to the conflict-affected population.

Limited access to internet is delaying the resumption of the surveillance system, with disease data shared by sms.

Malaria

The current malaria situation is considered extremely severe. The outbreak has been ongoing for 3 years, with malaria cases consistently exceeding preceding years' thresholds (*see graph on the right*). One of the key reasons for the prolonged outbreak is lack of insecticide spraying in conflict-affected areas as a result of access restrictions.

Current malaria data published by the Ethiopian Public Health Institute do not include Amhara, with Amhara being among the worst affected regions with malaria burden in the country. This is resulting in a perceived slow-down of increase in malaria cases since early August (*see below table*).

Variation in **malaria** cases between 25 June and 1 October 2023

	25-Jun	30-Jul	28-Aug	1-Oct
Cases	1,251,910	1,762,995	2,038,973	2,380,578
% ↑		40%	15%	17%

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.

Measles

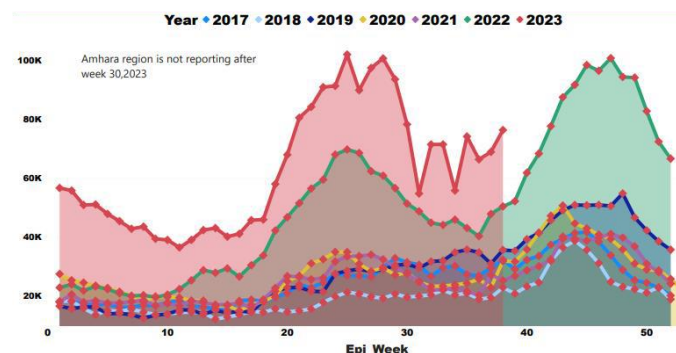
The current measles outbreak started on 12 August 2021, with a total of 237 woredas affected across the country. As of 1 October 2023, 17 woredas in 6 regions (Oromia, Sidama, Somali, SWEP, Tigray, and Gambella) are reporting active measles outbreaks.

Partners are supporting with reactive emergency vaccination campaigns, greatly depending on accessibility of woredas affected by measles outbreaks (*see graph on the right*).

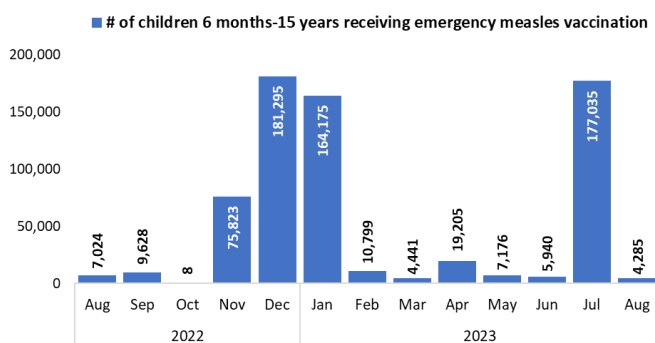
The measles outbreak is still expanding, with a 28% increase in cases during September, as compared to 15% increase during August and 10% in July 2023 (*see below table*).

Variation in **measles** cases between 29 June and 1 October 2023

	29-Jun	30-Jul	28-Aug	1-Oct
Cases	10,614	11,727	13,448	17,252
% ↑		10%	15%	28%



IMC conducting malaria mass screening and treatment campaign in Buka Nagaya, Kumbi Woreda, East Hararghe, Zone, Oromia.



IRC support with routine immunization through health facilities and mobile teams, as well as with emergency measles vaccination, like here in Debre Abay health post in the Northwest zone of Tigray

Health facility assessment and rehabilitation

The Ministry of Health-led Health Resources and Services Availability Monitoring System (HeRAMS) assessed 853 health facilities (including hospitals, primary health care centres and health posts) in Tigray, out of which 28 were found to be completely destroyed, 68 non-functioning, 757 partially functional and 736 partially damaged.

In Afar, approximately 750 health facilities have been assessed, with data currently being verified.

Preparations are currently ongoing to implement HeRAMS in Amhara and Oromia.

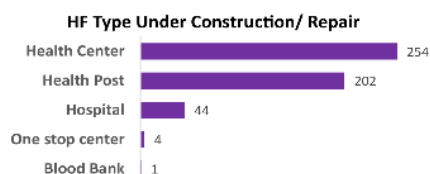
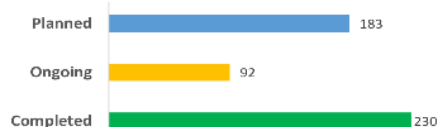
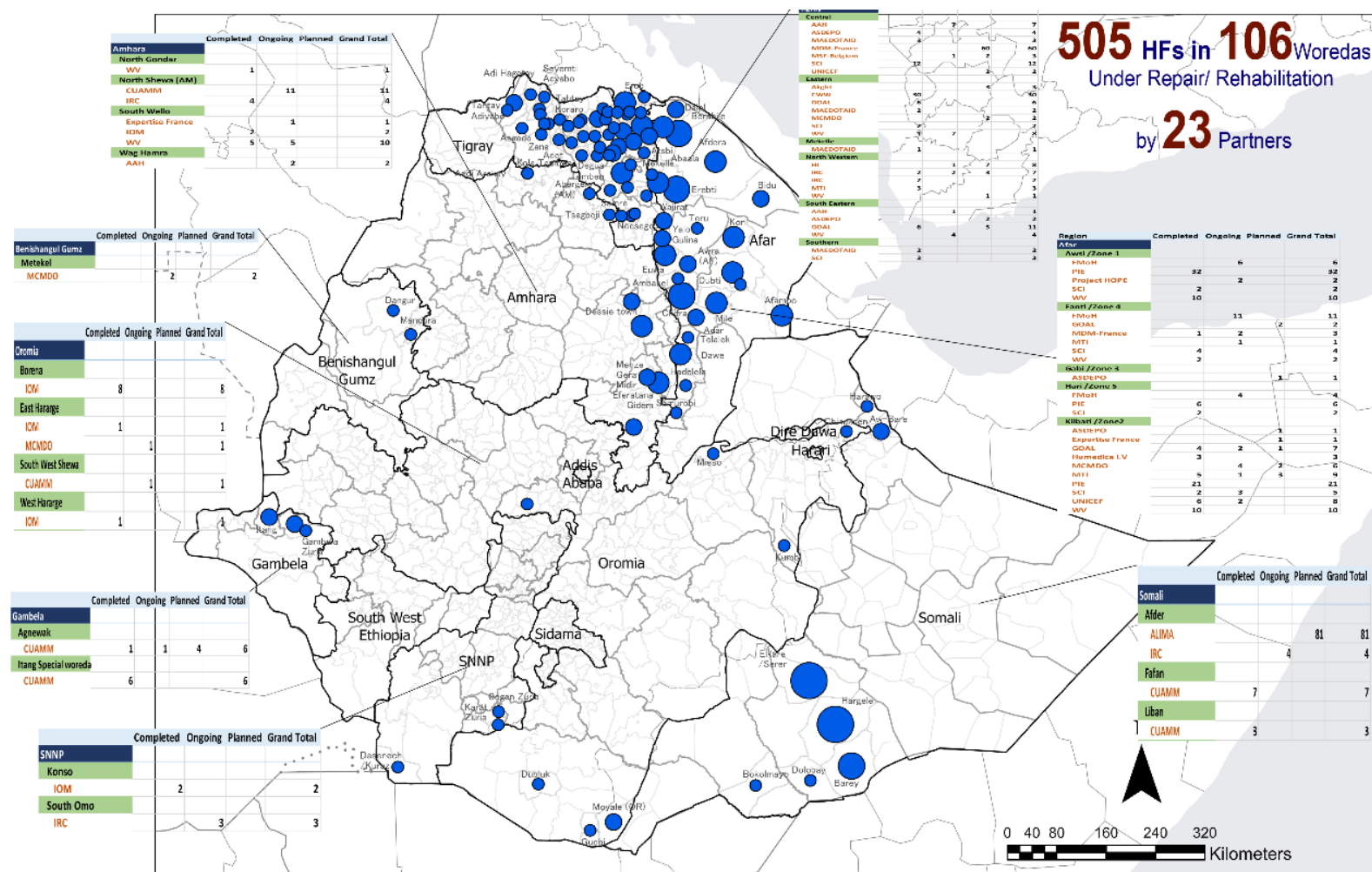
The Tigray HeRAMS report is available [online](#).

In response to the large number of damaged health facilities, 23 partners are supporting with the rehabilitation of a total of 505 health facilities, including small-scale repairs.

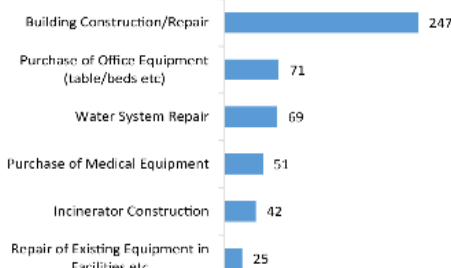
HeRAMS Tigray Baseline Report 2023

OPERATIONAL STATUS OF THE HEALTH SYSTEM

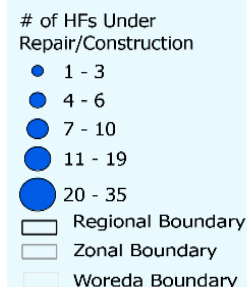
A comprehensive mapping of the operational status of HSDUs



Type of Rehabilitation



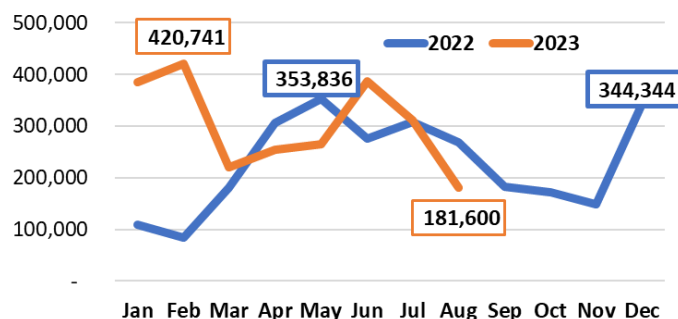
Legend



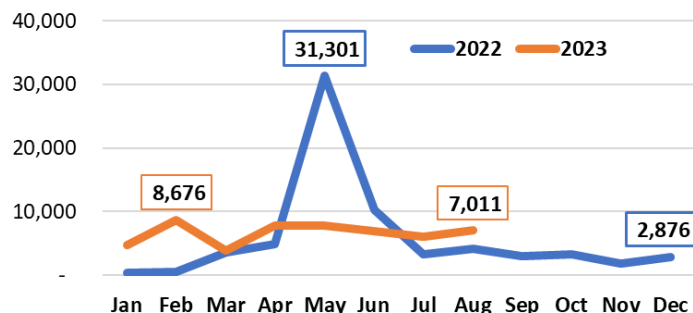
Service Delivery

The tables below show the trend of the key indicators for the health cluster between January 2022 and August 2023, which are monitored and constantly updated on the [health cluster dashboard](#).

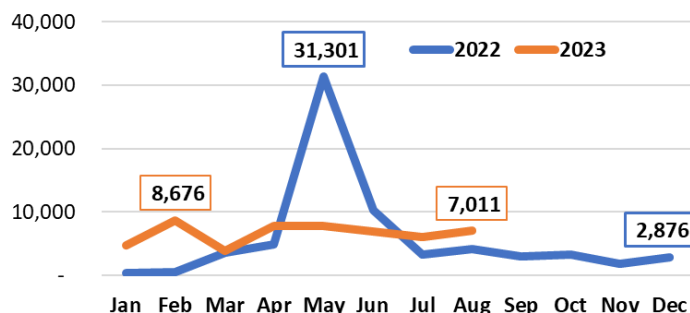
of OPD consultations



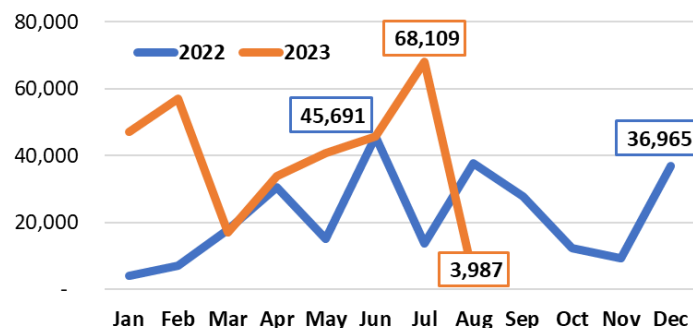
of normal deliveries attended by skilled birth attendants



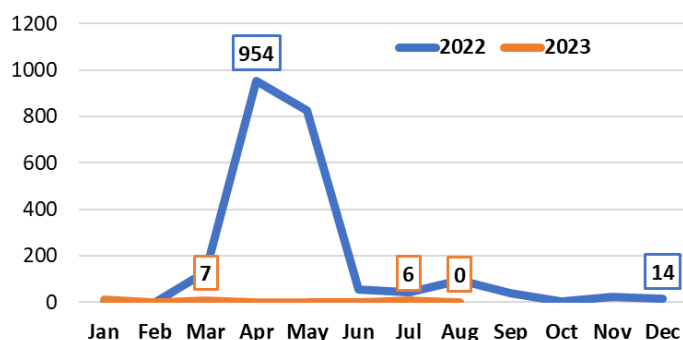
of emergency referrals



of individuals receiving MHPSS*



of eligible survivors of rape receiving PEP**



* 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.



MDM uses Health Extension Workers for its health and hygiene promotion sessions, like here in Axum, Tigray region

New developments

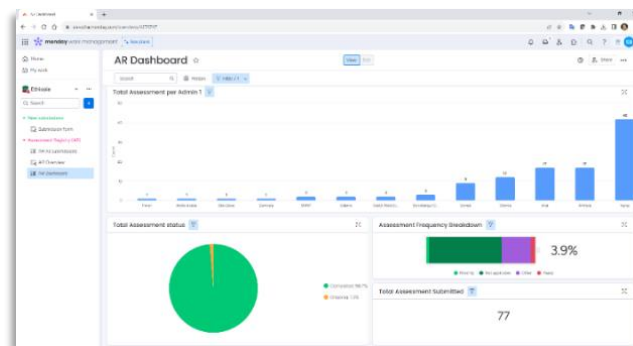
Strategic Advisory Group (SAG)

On 3 August 2023, 50 health partners elected UNFPA, UNICEF, Save the Children, IMC, FIDO and the Ethiopian Red Cross as Strategic Advisory Members for the health cluster, through a simple voting system. The Ministry of Health and WHO are automatic members of the SAG, while MSF Holland, MSF Belgium, and ICRC are observant members of the SAG. USAID was accepted by all as the donor SAG member.

Assessment Registry

OCHA's new [Assessment Registry](#) contains 120 assessment reports, out of which 77 on health, the majority from Tigray (55%), followed by Afar and Amhara with each 22%.

All partners are asked to share any available assessment report with the health cluster, so it can be made available on the Registry.



Challenges

- **Lack of funding is limiting access to remote areas** with increasing health needs
- Lack of support for existing government plans to address recurrent cholera, malaria, measles outbreaks
- **Remaining health needs in Tigray** are vast. 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.
- Majority of **public health emergencies have root cause in developmental issues** (lack of safe drinking water, low latrine utilization rate, low immunization coverage) compounded by conflict and accessibility issues

Next steps

- Joint field mission to Oromia on 16-17 October 2023 with Nutrition, WASH, Food, Health, and Agriculture clusters to monitor an IMC-implemented intersectoral project funded by OCHA.
- Two Somali health cluster trainings conducted in Jijiga and Godey town on 17-20 October 2023.
- Planning ongoing for the 2024 Humanitarian Response Plan
- Health cluster drafting a Public Health Emergency Contingency Plan for coordinated efforts to improve readiness to response to public health emergencies, including prepositioning of lifesaving supplies

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).