

PEOPLE TARGETED

6.7 M

PEOPLE REACHED

4.4 M *

(66%)

WOREDAS TARGETED

980

WOREDAS REACHED

456

(47%)

USD REQUIRED

187.3 M

USD RECEIVED

27.1 M **

(14.4%)

TOTAL HEALTH
CLUSTER PARTNERS

76

REPORTING HEALTH
CLUSTER PARTNERS

53

All data from 31 August 2024

* Excludes people receiving health messages

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

Highlights

- Worsening **insecurity** in Amhara due to ongoing and newly emerging armed conflict, negatively impacting operations of health partners, including in UNHCR-led refugee settlements, restricting movement and impeding access to health facilities.
- Extremely concerning **malaria** surge with over 5.9M cases reported between 1 January and 22 September 2024, as compared to 4.5M cases reported between 1 January and 31 December 2023.
- Ongoing **cholera** outbreaks in Tigray, Amhara, Oromia and Sidama, with cases re-emerging in Zone 1 and 4 of Afar, and in South Ethiopia.
- Persistent decrease in the number of woredas reporting active **measles** outbreaks, with currently only 10 woredas reporting active measles outbreaks, compared to 98 woredas on 28 April 2024.
- Climate-induced disasters are continuing to affect various parts of Ethiopia, with some parts reporting **floods** and **landslides**, and others **drought**.
- 2025 Humanitarian Program Cycle (HPC) has started, with all clusters working closely together to identify the main risks for next year, using the Joint and Intersectoral Analysis Framework (JIAF)

Mobile Health Team run by the Afar Regional Health Bureau with support from UNICEF providing comprehensive health services for drought affected communities in Ewa woreda, Afar ↓



Floods in Gambella damaged 2 health centres and 10 health posts, the majority in Gog woreda, like below Gog health center in Tata Kebele ↓



Health cluster action

Conflict

In a volatile and unpredictable security context in Amhara, partners continue to find alternative ways to access health facilities to deliver life-saving interventions, particularly in response to the ongoing cholera and malaria outbreaks. Although public data are not available, an alarming increase in abductions, killings, and sexual gender-based violence is reported.

Measles

Decrease in the number of woredas with active measles outbreaks from **18** on 26 August to **10** on 30 September 2024, from South Ethiopia (40%), Oromia (30%), and Sidama (30%).

Between 16 and 30 September 2024, 73 new measles cases with 5 deaths were reported.

*Variation in cumulative **measles** cases and deaths reported between 1 January and 30 September 2024*

	1-Jul	21-Jul	26-Aug	30-Sep
Cases	24,672	26,317	27,514	27,718
% ↑	14%	7%	5%	1%
Deaths	200	205	211	216
% ↑↓	12%	3%	3%	2%
CFR	0.81%	0.78%	0.77%	0.78%

Malaria

Between 1 January and 22 September 2024, **over 5.9M new malaria cases including 1,023 deaths** were reported, far exceeding the total number of malaria cases in 2023 alone.

Since 2018, the number of malaria cases reported on a yearly basis has been continuously increasing (see graph on the right).

The majority of malaria cases are reported from Oromia (50%), Amhara (17%), Southwest (9%), South Ethiopia (6%), and Benishangul Gumuz (5%). Benishangul Gumuz also reports the highest number of cases per 100,000 population, followed by Gambella and Southwest.

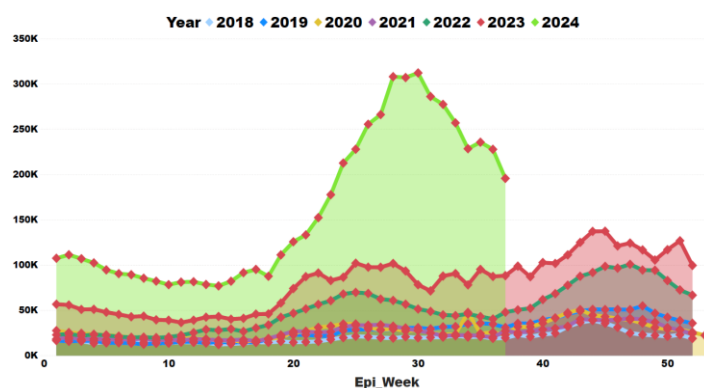
Partners continue to support the Ministry of Health with the last-mile delivery of life-saving malaria supplies to areas that are not accessible for government in Amhara and Western Oromia.

Oromia Physicians Associations (OPA) transporting life-saving malaria supplies by donkey to Ambalta Horda health center, Getema woreda, Oromia ↓



	30-Jun	21-Jul	18-Aug	22-Sep
Cases	3,019,003	3,591,562	4,773,900	5,917,946
% ↑	62%	19%	33%	24%
Deaths	621	745	918	1,023
% ↑	18%	20%	23%	11%
CFR	0.02%	0.02%	0.02%	0.02%

Annual trend of malaria cases in Ethiopia between 1 January 2018 and 22 September 2024



IOM conducted a 5-day comprehensive malaria case management training for 20 health care workers in Jimma, Oromia ↓



Variation in cumulative **cholera** cases and deaths reported between 1 January and 22 September 2024

	26-May	31-Jul	26-Aug	22-Sep
Cases	16,339	21,855	23,194	24,903
% ↑	26%	34%	6%	7%
Deaths	126	190	210	234
% ↑	30%	51%	10%	11%
CFR	0.77%	0.87%	0.91%	0.94%

Cholera

Slight decrease in the number of woredas with active cholera cases from 68 on 26 August to 65 on 25 September 2024, in Tigray (40%), followed by Amhara (26%), Oromia (19%), Sidama (11%), Afar (3%), and South Ethiopia (1%). A concerning number of cholera cases is reported from Northwest zone in Tigray, South Gondar and Woldiya city in Amhara, the Southern part of Sidama, and West Hararghe zone in Oromia.

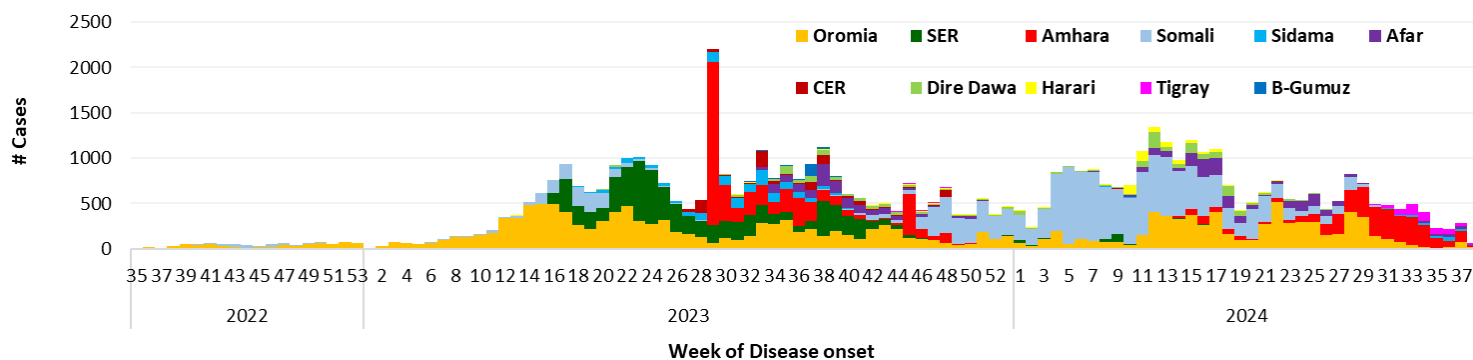
Cholera re-emerged in Afar, with cases reported from Chifra woreda in Zone 1 and Yalo woreda in Zone 4. Data from Afar show that 66% of cholera patients report drinking water directly from the river. Still, 17% of cholera patient report using pump water, showing the urgent need for improving chlorination efforts at point-of-use level.

In Tigray, poor sanitary conditions among informal gold miners are identified as a serious additional risk for the ongoing cholera outbreak, while in Amhara mass gatherings at Holy Water sites and festivals are posing a major threat.

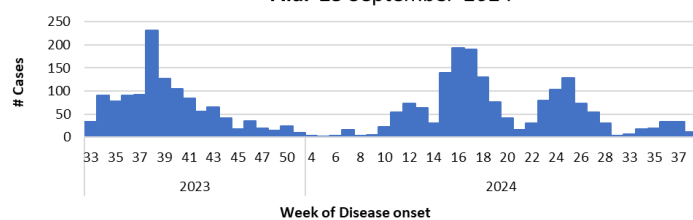
In Dire Dawa, where the cholera outbreak was effectively controlled, an After Action Review on the cholera outbreak response was conducted by EPHI and the USAID/Health Resilience Activity on 19-21 September 2024.

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

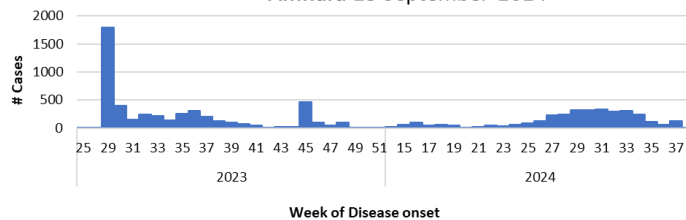
Distribution of cholera cases by week of onset Ethiopia 25 September 2024



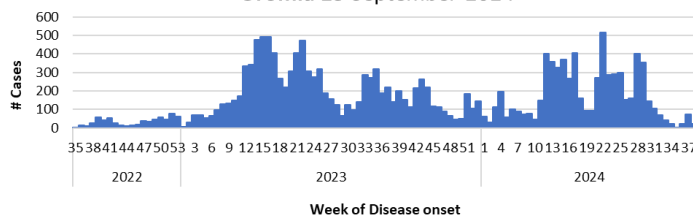
Distribution of cholera cases by week of onset Afar 25 September 2024



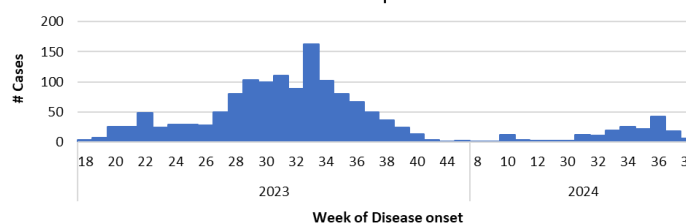
Distribution of cholera cases by week of onset Amhara 25 September 2024



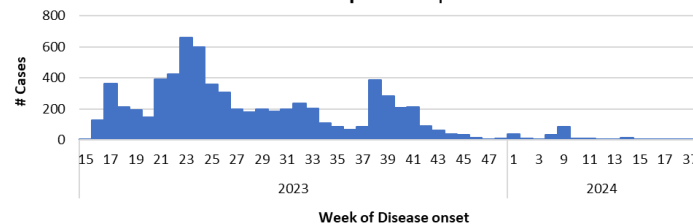
Distribution of cholera cases by week of onset Oromia 25 September 2024



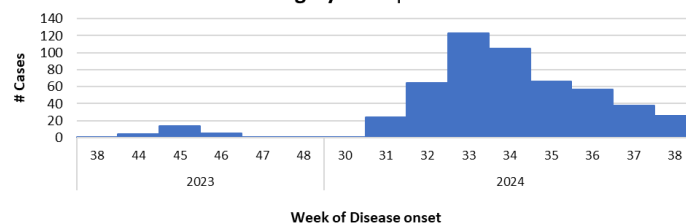
Distribution of cholera cases by week of onset Sidama 25 September 2024



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



Distribution of cholera cases by week of onset Tigray 25 September 2024



A joint health cluster and WHO surge team was deployed to Shire, Tigray, to support the health authorities with cholera outbreak response

Shiraro Cholera Treatment Centre constructed by MSF-Holland in support of the Tigray Regional Health Bureau



Other

Thanks to funding from ECHO, the health cluster recently conducted several key training events for partners:

- **ActivityInfo trainings** for over 130 participants in total: **in Addis (for national level)** on 28-29 August, **jointly with OCHA and 3iS**; **in Gambella** on 26-30 August, **Mekelle (for Tigray)** on 2-6 September, **Addis (for Oromia)** on 25 September, and **Jigjiga (for Somali)** on 25-26 September 2024, **jointly with OCHA and IMMAP**.
- **Health Commodity Management Information System (DAGU2) training** for 18 health workers on 22-24 August 2024 in **Gambella**
- **Health Cluster Coordination and Information Management training** for 41 health cluster coordinators, co-coordinators, information management officers and selected WHO and NGO colleagues from 16 to 20 September 2024 in Bishoftu.

Challenges

- **Insufficient attention of humanitarian needs resulting from volatile security situation in Amhara** impacting access to life-saving health services, including through the damage of health centres.
- **Ongoing cholera outbreak**, with both short- and longer-term risk factors insufficiently addressed.
- **Low routine immunization coverage** posing significant risk for new measles outbreaks.
- **Surge in malaria cases since the past 8 years**, with large parts of the population underestimating the risk of malaria as a deadly disease.
- **Short-term funding for Mobile Health Teams** as emergency intervention for conflict-, flood-, landslide-, and drought-affected populations, even in pastoralist areas with no static health facility, leaving the population without access to health services once MHTs are discontinued due to funding cuts.

Next steps

- **ActivityInfo trainings** planned in Arbaminch (for Southern regions) on 8-11 October, Assosa (for Benishangul Gumuz) on 8-11 October, and Semera (for Afar) on 10-13 October 2024.
- Final revision of the zero draft **High Priority Health Services for Humanitarian Response (H3) Package** for final validation by the Ministry of Health

ActivityInfo training in Mekelle for 20 Tigray health partners conducted on 2-6 September 2024 ↓



Orientation on how to request WHO Emergency Medical Supplies held in Gambella for 13 health partners on 24 September 2024 ↓



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).

Mobile Health Team run by MDM France in Teru woreda, Afar, with support from OCHA's EHF ↓



Sanitation campaign conducted by IOM and EPHI at the Metema Point of Entry, Amhara ↓



Adult Home-to-Home visit conducted by IOM health worker at Jari IDP site, Dessie, Amhara ↓



Induction training on the Emergency Medical Team (EMT) approach for 42 health workers, organized by WHO and EPHI. One EMT has been deployed at the Metema Point of Entry at the Sudan-Ethiopia border in Amhara since the start of the conflict in Sudan, to deliver health services to Sudanese refugees →

