

# ETHIOPIA

## CONTEXT

Ethiopia is facing one of the worst humanitarian crises in decades due to the prolonged and protracted effects of conflict and drought, which led to massive internal displacement, socioeconomic hardships, collapse of public services, disease outbreaks, and recurrent floods. As a result, nearly 20.1 million people will require humanitarian assistance across the country in 2024.

Food and nutrition insecurity is also at an all-time high due to drought, conflicts, and economic shocks. According to the Ethiopia Humanitarian Response Plan 2023, approximately 20 million people in the country require food assistance, with 17 million residing in 391 drought-affected districts across multiple regions. The drought-induced food insecurity poses multiple public health emergencies and threats.

These include severe acute malnutrition, disease outbreaks like cholera, measles, malaria, visceral leishmaniasis and water-borne illnesses. Moreover, this crisis has resulted in internal displacements, gender-based violence, mental health, and psychosocial issues, and restricted healthcare access. Besides drought, Ethiopia is dealing with the aftermath of the conflict in Northern Ethiopia. Despite the signing of the Cessation of Hostilities Agreement nearly a year ago, the situation remains critical.

The conflict in Tigray had a dire impact on the health and well-being of its inhabitants. An assessment of 853 health facilities' functionality across seven zones and 93 woredas of the Tigray region found that 3.3% of all health facilities were fully damaged, while 86.1% were partially damaged. The damage and/or looting of health facilities coupled with the lack of access to basic healthcare and medical resources have resulted in a surge of preventable diseases, such as malaria and measles, which pose a significant threat to public health. The conflict, which lasted from November 2020 to November 2022, has created significant disruptions in transporting and delivering essential medications and resulted in 3.14 million internally displaced persons (IDPs) and around 1.9 million returnees across Ethiopia. In Tigray, more than 1 million people remain displaced, with an estimated 700 000 returning home since the end of the conflict.

There has been an increased influx of displaced populations and refugees in Amhara due to new armed conflict in the region and neighbouring Sudan, with over 65 000 crossings from Sudan to Ethiopia since April 2023 according to WHO situational reports on refugee influx. Ongoing armed conflict and the cholera outbreak in the Amhara region have seriously affected healthcare services. The inaccessibility to many districts due to insecurity makes it difficult to respond to the current cholera outbreak.

Currently, there are multiple outbreaks going on across the three regions, namely cholera, malaria, measles, and dengue fever. More than 8.3 million people are in need of health services across the three regions with greater than 2.6 million IDPs currently reliant on life-saving health services provided by WHO.

Significant scale-up of the provision of essential health services and resumption of disease programmes are needed to adequately address population health needs in Northern Ethiopia, including building up and strengthening of the humanitarian capacity to respond to multiple recurrent and protracted emergencies competing for financial, human and material resources.

People in need<sup>1</sup>

**20 MILLION**

People targeted<sup>1</sup>

**14 MILLION**

Total Funding requirement for WHO Emergency Operations in Ethiopia:

**US\$52 518 000**

Funding requirement specifically for Northern Ethiopia Grade-3 emergency:

**US\$30 000 000**

<sup>1</sup> Data provided for People in need and People targeted is taken from the *Global Humanitarian Overview 2024*, these figures may be subject to change as part of the HRP process throughout the year.



# WHO'S STRATEGIC OBJECTIVES

- Reduce preventable morbidity and mortality from acute public health concerns and the climate impact on health.
- Strengthen outbreak prevention and response and enhance access to quality health and nutrition care services.
- Respond to immediate, acute public health needs especially disease outbreaks prevention and response (cholera and measles), drought and famine impacts, and public health emergency needs in the prolonged and protracted humanitarian and health crises caused by conflict and drought in the Northern Ethiopian regions.

# WHO 2024 RESPONSE STRATEGY

The overall objective of the WHO response will be to reduce preventable morbidity and mortality from public health concerns, and to strengthen outbreak prevention and response and enhance access to quality health and nutrition care services. The response will also support the rehabilitation of health facilities to enhance recovery and access to essential health services.

WHO will prioritize increasing access to emergency and essential lifesaving services by enhancing recovery of health systems, through the rehabilitation of non-functional health facilities as well as increasing access for IDPs and hard to reach areas by operating mobile Health and Nutrition teams (MHNT).



A nurse takes care of a patient recovering from severe illness at a cholera treatment centre.  
Photo: WHO/ Mulugeta Ayene





*Community members attend a community mobilization meeting on WASH-related and cholera response activities.*

*Photo: WHO / Mulugeta Ayene*

## KEY ACTIVITIES FOR 2024

- Strengthen disease outbreak surveillance, prevention, and response (cholera, malaria, Dengue Fever, HIV).
- Enhance access to quality emergency and essential life-saving health and nutrition care services.
- Strengthen the health system and enhance recovery, including by strengthening the Regional Health Bureau leadership, governance, and management structure, re-establishing zonal health structures, health workforce recruitment and capacity-building for RHB, zones and health facilities, and improving access to health service delivery.
- Support rapid health facilities functionality, including through rehabilitation and equipment.
- Provide emergency and essential medical kits, supplies, and commodities to regions to timely respond to health-related needs in affected woredas.
- Strengthen the health information management system to enhance analytics and informatics, especially timely needs identification, gap analysis, advocate gap filling, support prioritization, decision making, resource allocation and mobilization.



# ACHIEVEMENTS IN 2023

## HEALTH CHAMPIONS HELP CURB THE SPREAD OF CHOLERA IN ETHIOPIA



*Dr Teshome Mekonnen Engida demonstrates water quality solutions to community members.*

*Photo: WHO/ Mulugeta Ayene*



A year after the first cholera cases in Ethiopia's current outbreak were detected in August 2022, it has spread to 10 of the country's 13 regions. More recently, however, owing to a government-led response supported by partners including the WHO, new cases have decreased significantly in two of the three worst affected regions – Somali and to some extent the Southern Nations, Nationalities and Peoples region. Somali region was able to successfully bring the outbreak under control.

Health champions are at the forefront of the response, serving as role models within their communities and leading by example in the implementation of good hygiene practices in their households. They participate actively in community discussions.

To support the work of the health champions, WHO helps monitor water quality, provides supplies such as household water treatment tablets, coordinates supporting partners and works with health authorities to engage communities and encourage positive behavioural change.

These efforts help to guide families on hygiene and sanitation practices, how to treat water at a household level and raise awareness on health practices to prevent cholera.

Health extension workers and their supervisors identify influential community and family members and orient them on public health actions. The health champions then become agents of change within their families and their communities.

Health extension workers regularly visit the villages they oversee to help ensure sustainable and consistent improvement and implementation of preventative and control measures to address common public health problems, including cholera.

WHO and other partners have also been supporting public health workers to conduct community mobilization campaigns, including mass gatherings and door-to-door awareness-raising. The aim is to effect behavioural change regarding consumption of properly treated, safe drinking water and the implementation of good water, sanitation and hygiene practices at household level.

### FOR MORE INFORMATION

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*A cholera survivor uses a water treatment capsule at home.*

*Photo: WHO/ Mulugeta Ayene*



# 2024 FUNDING REQUIREMENTS

Northern Ethiopia Humanitarian Response - Funding requirement by response pillar		US\$ '000
P1. Leadership, coordination, planning, and monitoring		1 275
P2. Risk communication and community engagement		570
P3. Surveillance, case investigation and contact tracing		1 600
P4. Travel, trade and points of entry		80
P5. Diagnostics and testing		2 000
P6. Infection prevention and control		4 000
P7. Case management and therapeutics		8 000
P8. Operational support and logistics		8 160
P9. Essential health systems and services		3 565
P10. Vaccination		750
P11. Research, innovation and evidence		-
Total		30 000

The table above presents WHO's funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025).

Ethiopia - Country office requirement	US\$ '000
Northern Ethiopia Humanitarian Response	30 000
Greater Horn of Africa Drought and Food Insecurity	12 766
Other graded emergencies and ongoing operations	9 752
Emergency appeal requirement	52 518
2.1 Countries prepared for health emergencies	4 468
2.2 Epidemics and pandemics prevented	2 936
2.3 Health emergencies rapidly detected and responded to	1 272
Billion 2 - Base programme requirement	8 677
Total	61 195



Tigist Teshome washes her daughter and fetches water from a river.  
Photo: WHO/ Mulugeta Ayene