ETHIOPIA

People in need	People targeted	Requirements
25.9 million	**22.3 million**	**US$ 61.93 million**

Grade 3 Emergency

In June 2021, WHO and UNICEF staff prepared for a cholera vaccination campaign in the Tigray region of Ethiopia. The vaccination drive targeted 2 million people in 13 priority districts in Tigray and was carried out alongside measures to improve water, sanitation, and hygiene. © WHO / Mulugeta

Context

The humanitarian situation in northern Ethiopia remains complex. The effects of the conflict in Tigray which extend to the Amhara and Afar regions are compounded by access constraints and chronic food insecurity experienced in the southern regions, hampering the health and well-being of millions of civilians. This is causing internal displacement and health consequences such as the heightened risk of disease transmission and the breakdown of health facilities and social services.

Disrupted health delivery systems and overstretched health services in towns and cities hosting internally displaced persons have put the most vulnerable people at increased risk of disease and death from common causes of illness such as pneumonia and diarrhoea.

Hard-earned gains in epidemiological surveillance and response including immunization, might be lost and the risk of outbreaks is high due to overcrowded camps for internally displaced persons and the disruption of routine immunization. Such conditions have put millions at risk of epidemic prone diseases, such as yellow fever, measles, cholera, meningitis, malaria, and the ongoing COVID-19 pandemic.

Acute malnutrition is a significant public health concern. Poor nutrition, coupled with food insecurity, disease outbreaks, and weakened immunity and vulnerability after more than one year of displacement in overcrowded and substandard living conditions have increased the risk of morbidity and mortality.

Response strategy

WHO's response strategy focuses on three key components:

- Contributing to maximum achievable reduction in morbidity and mortality of the Northern Ethiopia population affected by the ongoing conflict.
- Strengthening the country's response to COVID-19, including epidemiological surveillance.
- Expanding the implementation of prevention and management measures for disease outbreaks.

Activities focus on the conflict-affected regions of Tigray, Afar and Amhara and are harmonized with ongoing interventions by other United Nations agencies, national, and local partners.

WHO will provide material and operational support to priority health facilities to resume the delivery of essential health services. These interventions will include support for services such as emergency and trauma, maternal and child health, and integrated management of newborn and childhood illnesses (e.g. acute respiratory infections and diarrhoea). Support will also be provided for emergency and essential surgical care, management of severe acute malnutrition with medical complications, reproductive health services, and clinical management of rape/intimate partner violence for survivors of gender-based violence. In addition, WHO will support the detection and management of priority communicable diseases, management of chronic diseases, and mental health and psychosocial services (e.g. procurement of psychotropic drugs).

WHO will also support broader implementation of public health measures to prevent and manage disease outbreaks with a focus on malaria, cholera, measles, yellow fever, meningitis, and COVID-19. This will include investments in capacity-building of national and local partners; resumption of diagnostic testing, vaccination campaigns, mass drug administration, and vector control; establishment and operation of dedicated treatment centres; and intersectoral collaboration for physical improvements to shelters, nutrition, and water, sanitation, and hygiene. Public health measures for disease control will be integrated in essential health service delivery, epidemiological surveillance and early warning mechanisms.

Activities will benefit the whole country, with a particular focus on the conflict-affected regions (Tigray, Afar, and Amhara) and will be harmonized with ongoing interventions by UN agencies, national partners, local partners and be aligned with the Health Cluster's strategy. WHO will leverage its role as Health Cluster lead to strengthen inter-sectoral coordination and health information systems, with an emphasis on enhancing protection and access to essential health services.

Country priorities

Northern Ethiopia

- Reactivate the delivery of integrated essential health services in priority facilities in Northern Ethiopia.
- Reactivate epidemiological surveillance and the early warning system.
- Resume and expand the implementation of prevention and management of disease outbreaks.
- Reinforce the capacities of rapid response teams operating in Tigray.

COVID-19

- Support national and regional coordination mechanisms for an effective multisectoral COVID-19 preparedness and response.
- Strengthen surveillance, rapid response teams, and case investigation for early detection, investigation, and timely response to COVID-19.
- Support readiness and response measures at points of entry, including screening of travellers.
- Strengthen laboratory capacity for rapid confirmation of COVID-19 infections.
- Enhance infection and control practices at health facilities and in communities.
- Minimize the impact of the COVID-19 pandemic on health systems, social services, and economic activity.
- Reduce mortality and severe disease through support of the capacity for equitable allocation, delivery, and implementation of COVID-19 vaccines.

Readiness and preparedness

- Build capacities at national and regional levels for an effective multisectoral health emergency preparedness and response.
- Strengthen surveillance, rapid response teams, and case investigation for early detection, investigation, and timely response to outbreaks.
- Enhance information management of outbreaks.
- Strengthen risk communication and community engagement.
- Support operations, logistics, and medical supply chain mechanisms.
- Support readiness and response measures.

COVID-19 response

There is an urgent need to revitalize the COVID-19 response and services, including capacity for isolation, treatment in health facilities, including oxygen therapy and mechanical ventilation, home-based care for mild to moderate cases, and testing. The Early Warning, Alert, and Response System also requires further strengthening.

In conflict-affected zones, reporting of COVID-19 cases ceased due to a lack of testing and testing materials. There is limited awareness, adherence to preventive measures, and capacity for treatment is weak due to looting of equipment from hospital intensive care units and previously designated COVID-19 treatment centres.

Infection prevention and control support will be critical to reduce transmission of health care-associated infections and thereby enhance the safety of all who are present in a healthcare facility, including patients, staff, and visitors. Critical early interventions include establishing screening, triage, and isolation capacity (both structural and process). WHO will support local infection prevention and control capacity building through the deployment of infection prevention and control professionals. This is critical for establishing and evaluating infection prevention and control programmes and capacity at health facilities. WHO will also prioritize training and establishment of supportive supervisor and mentor networks at designated health facilities to strengthen infection prevention and control where gaps are identified.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	3.15	0.94	4.10
P2. Risk communication and community engagement	0.92	0.35	1.27
P3. Surveillance, case investigation, and contact tracing	3.36	1.24	4.60
P4. Travel, trade, points of entry and mass gatherings	0.08	0.08	0.17
P5. Diagnostics and testing	0.11	0.77	0.88
P6. Infection prevention and control	1.56	0.98	2.54
P7. Case management and therapeutics	1.13	0.92	2.05
P8. Operational support and logistics	25.72	3.39	29.11
P9. Essential health systems and services	10.26	3.93	14.19
P10. Vaccination	2.51	0.35	2.87
P11. Research, innovation, and evidence	-	0.16	0.16
Total	48.80	13.13	61.93

For more information

Aggrey Bategereza
Emergency Preparedness and Response Team Lead
WHO Ethiopia
bategerezaa@who.int

Boureima Hama Sambo Boureima
WHO Representative
WHO Ethiopia
sambob@who.int

In February 2022, WHO supplies were prepared to transport to Tigray from Addis Ababa, Ethiopia. In total, 33.5 metric tonnes of critically needed health supplies and equipment were dispatched over the course of the week. © WHO