

WHO Ethiopia Health Action in Crises Update

11 July 2008

Health Action in Crises



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Summary

Ethiopia is undergoing an important economic transition but some areas of the country remain among the poorest in the world. Currently, 4.6 million people are affected by food and water shortages in the south. Food insecurity is increasing with crop failure and livestock disease, and the Global Food Security Crisis is contributing to shortages.

These areas have faced recurrent natural and man-made stressors in recent years, leading to an exponential growth of vulnerabilities, increased suffering and higher demand on already weak services and infrastructure.

As a result of increased needs, the Government of Ethiopia has issued the “Revised Humanitarian Requirements for 2008”. As Health Cluster leader, WHO supported the development of the revised humanitarian requirements for the health and nutritional sector.

Financial needs for emergency health and nutrition programmes are estimated at US\$ 25 193 850.

Current Health Situation

- Humanitarian needs continue. The number of people in need of emergency food assistance has increased markedly in recent months. In the south, 4.6 million people are affected by

severe food shortages arising from crop failure, livestock disease, and the Global Food Security Crisis.

- Beyond food needs, assessments have identified other major gaps affecting people’s health and livelihoods, such as lack of access to safe drinking water, shortages of drugs and medical supplies and insufficient human resources.
- The areas affected by shortages are also always at significant risk of disease outbreaks: diarrhoeal diseases, measles and meningitis. To date, cases of acute watery diarrhoea have been reported in 16 districts, and outbreaks of cerebrospinal meningitis in 37 districts. More than 7000 cases of measles have been registered in 38 districts.
- During the coming months, annual rains are expected to cause large-scale floods, increasing loss of crops and risk of disease.

Therefore,

- Disease and nutritional surveillance systems are being strengthened to enable rapid response;
- Emergency mobile health and nutrition teams are preparing for mobilization;
- Health supplies are being prepared for emergency action in affected areas.

WHO Response To Date

WHO is providing support in four areas:

1. Assessment

- WHO supported and participated in assessments and revision of the Humanitarian Requirement Document to reflect the increased needs for controlling disease outbreaks and addressing sanitation concerns.

2. Surveillance and Monitoring

- WHO strengthened communicable disease surveillance to allow for the rapid detection of and response to outbreaks (diarrhoeas, meningitis, measles and malaria).
- Nutritional screenings are ongoing in partnership with humanitarian actors to determine the extent of severe acute malnutrition among children under-five in affected areas.

3. Coordination of Health Actors

- As lead of the Health Cluster, WHO works with national, UN and NGO partners through regular monthly meetings and recently chaired a specific Health Partner's Forum meeting on the "Drought situation and response in Ethiopia."
- WHO is investing time and resources to ensure better coordination of health actions at central and regional levels through the Federal Ministry of Health and Regional Health Bureaus.

4. Filling Critical Health Gaps

- WHO provided technical assistance to the Federal Ministry of Health and other health partners for vaccination campaigns, which have significantly decreased the numbers of measles and meningitis cases reported.

- WHO is stockpiling and pre-positioning medical provisions and drugs for use in emergency response;
- WHO, HAC/headquarters and Regional Office EHA/AFRO and EHA/IST are providing regular support to the Country Office.

Immediate Health Priorities and Needs for WHO

Funding needs for health and nutrition are estimated at **US\$ 25 193 850**.

Health priorities identified by WHO include:

- Further **strengthening of disease and nutritional surveillance**. In particular surveillance of severe acute malnutrition must be strengthened to enable critical response.
- **Prevention of measles** through immunization activities, including vaccinations, and vitamin A supplementation. The first phase of supplementary immunization activities reached a 90 % coverage rate. A further US\$ 3.4 million are urgently needed to implement the second phase.
- **Appropriate training and support for health staff** and strengthening of systems to address health needs.
- **Water treatment and hygiene and sanitation promotion** interventions to stop the spread of acute watery diarrhoea and other communicable diseases.
- **Provision of urgently needed drugs and medical supplies** to support health services and therapeutic feeding programmes.

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