EMERGENCY AND HUMANITARIAN ACTION (EHA)

WEEKLY UPDATE / ETHIOPIA

HIGHLIGHTS

I. GENERAL SITUATIONS

- Decrease of acute watery diarrhea cases nationally and occurrence of measles outbreaks in 4 regions.
- Influx of Eritrean Refugees recorded in Ethiopia
- Locust Invasion observed in Somali, SNNPR and Oromiya regions in Ethiopia
- Security Situation in Somali Region remains unchanged

Diseases Out-break Situations in Ethiopia

Acute Watery Diarrhea in Ethiopia

⇒ Acute watery diarrhea epidemic is controlled in most of the affected districts in Ethiopia. Currently reports are expected from 8 districts in 3 regions. Out of 8 only 1 to 2 districts continue to report active cases. The number has significantly decreased. There were more than 200 districts previously affected in 9 regions and 2 city municipalities months ago.
⇒ The significant reduction in the number of reported cases is due to:
  * The strong ongoing interventions from the Ethiopian Government and partners;
  * Increased community knowledge on AWD prevention and also most likely
  * The end of the rainy season.
⇒ No report from week 3 (2008) has been received yet. There were no reported case in week 2, 1 case in week 1 and no case in week 52 (2007).
⇒ Over 100,000 cases and 1,200 deaths were reported since the onset date in April 2006. Case fatality rate: 1.2%.
I. GENERAL SITUATIONS (2)

### Disease Out-break Situations in Ethiopia (2)

#### Polio Eradication Program
- From January 1, 2007 to December 27, 2007 there were 781 AFP reported cases and none was confirmed for polio;

#### Measles outbreak Situation
- Currently suspected measles cases are being reported from 13 districts in Ethiopia: one district in Gode zone/Somali Region; 7 districts in Oromiya Region, 4 districts in SNNPR and one district in Afar Region.
- The first case reported from Gode zone in Somali Region in December 2007.
- There are a total of 69 cases and no death reported from the 13 affected districts as of January 13, 2008.
- In 2007 there were 123 measles outbreaks nationally in 85 zones with 933 confirmed cases.

### Suspected Measles Cases by Classification Status, Ethiopia, 2007

#### No other disease out-break has been reported this week

### EHA Ethiopia Weekly Update – Week 3 / 2008

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#### Eritrean refugees in Ethiopia

##### Influx of new arrivals from Eritrea
- The Eritrean refugees started crossing into Ethiopia soon after the Ethio-Eritrean war in May 2000.
- Firstly settled in Waala Nhibi camp in Tigray Region in June 2004 they were transferred to Shemelba camp.
- As of 15 December 2007 there were 21,147 Eritrean refugees receiving assistance in Ethiopia: 16,556 at Shemelba camp in Tigray and 4,591 in Afar. Approximately 10,000 Eritrean refugees are settled all over Afar Region.
- Most of Eritrean refugees are from Tigrina ethnic.
- In the past there were 200-300 new arrivals from Eritrea per month. Since October 2007 the number has significantly increased due to the current political turbulence in Eritrea. There were 531 and 596 in October and November 2007 respectively and 476 in the first 2 weeks of December 2007.
- Most of the refugees are from Asmara, Sennafe and Gash Barkyla in Eritrea.

#### Locust Invasion in Ethiopia

- The Ministry of Agriculture and Rural Development (MoARD) has reported locust invasion in 2 districts in Somali Region late December 2007. According to the MoARD, locust are moving from Somali Region to the Southern part of SNNPR and Oromiya region.
- Currently 13 districts in Oromiya Region and 3 districts in SNNPR has been affected. Crops and pasture are reported been destroyed by the swarm.

#### Humanitarian Situation in Somali Region, Ethiopia

- Due to feed and water scarcity early livestock migration is already observed in parts of Somali Region from the month of December 2007. Also security continues to be a real concern in Somali.

#### Coordination of Health Sector Interventions

- Briefing sessions on WHO programs were organized on 15th of January 2008. The briefings were conducted by the program officers. The objective was to update the new WCO Representative, Dr Fatoumata Nafo-traore, on the progress of various WHO Country programmes.
- During the week various coordination meetings such as WASH task force, Nutrition task force, UN technical meeting, Debriefing on Somali emergencies and Strategic Disaster Management Team meetings were held with the participation of WHO.
- The UN Technical meeting focused on the review of agency’s response to Somali emergencies and the way forward. Also agencies were requested to plan for possible project extension for 3 more months in Somali.
II. HEALTH CONSEQUENCES

**Acute Watery Diarrhea Situation in Ethiopia**
⇒ The occurrence of AWD epidemic in Ethiopia had negative impact on the other health service provision specially the routine immunization, HIV prevention and out patient care services that were temporarily closed in many health facilities due to shortage of staff.

**Security Situation in Somali Region, Ethiopia**
⇒ The military operations restrict commercial traffic movements and humanitarian assistance in Somali Region.
⇒ This constraint exposes the population of the military operation zones to food security, under nutrition, epidemic diseases and increase of common communicable diseases.
⇒ Routine vaccination has stopped in most of the areas. Health facilities data show that new admissions in feeding programmes started increasing.
⇒ Most of health facilities in Somali Region lack staff, drugs and medical supplies due restriction of human and vehicle movements.

III. ACTIONS

**WHO’s Actions**

**Acute Watery Diarrhea Situation**
⇒ Due the closure of the WHO biennium (2007-2008), the contracts of the national consultants (8) who were supported the WHO Emergency and Response programmes in regions ended on 31 December 2007.
⇒ Currently WHO is looking for fund to renew the contracts of the mentioned national consultants. A project is under development to secure fund from HRF for this purpose.

**Somali Emergency operations**
⇒ WHO has secured USD 696,570.00 from CERF to respond to Somali health emergency for the first quarter of 2008.
⇒ WCO is expecting the allotment number from WHO HQ in order to start the project implementation.
⇒ The project focuses more on local capacity strengthening.
⇒ The recruitment of one international consultant to be assigned in Somali Region is in progress.
⇒ WHO Surveillance Officers (29) continue to provide technical support to regions in responding to AWD epidemic.

**Measles Outbreak Situation in Ethiopia**
⇒ Following the report of suspected measles cases from Oromiya, Afar, SNNPR and Somali regions, WHO and Regional Health Bureaus of affected regions are currently carrying out investigations for case confirmation.
⇒ WHO in collaboration with the Somali Regional health Bureau (RHB) and UNICEF is planning regional mass vaccination campaign that will be held soon.
⇒ The campaign will cover measles and polio vaccinations, Vit A administration and de-worming in Somali Region.
⇒ Fund mobilization and preparation are on going to ensure the exercise in Somali Region.

**Other Partner Actions & Ongoing Programmes**

**Acute Watery Diarrhea**
⇒ Government and humanitarian agency interventions still continues to ensure that the AWD epidemic is fully controlled in all districts in Ethiopia.

**Somali Emergency Response**
⇒ To date approximately 17,000 MTs of food has been dispatched to the five military operation zones by DPPA and WFP.
⇒ These days Ethiopian Government is hording the food in military camps and trying to buy loyalty. In addition the government is using food aid to recruit local and other militias on the Somali border.
⇒ New medical mobile team trained by UNICEF will soon be deployed in 9 districts in Somali Region.
⇒ Medecin du Monde (MDM) continues the support through deployment of Primary Health Extension Workers (HEW).
⇒ ACF has completed an initial assessment of the boreholes in Shilabo district in order to undertake rehabilitation works.
⇒ There are 16 entry points into Ethiopia. The government of Ethiopia used to cover accommodation, meals and transport expenditures for new arrivals, but since November 2007 UNHCR took over.
⇒ The registration of the new arrivals is on going in most of the entry points.
⇒ In the camp shelter, food and non food items, water, sanitation facilities, education and health services are provided to the refugees.
⇒ The services are provided jointly by UNHCR and ARRA (Association for Refugee/Returnee Affairs), only agencies that have the government’s mandate to operate in the Eritrean refugee camps at the moment.
UN Mission to Somali Region

⇒ UN Country Team (UNCT) plans a field visit to Somali Region in February 2008. The mission team will be comprised of UN agency’s Heads of mission and one technical person per agency. Government staff from Water, Health and Agriculture sectors will also join the mission team.
⇒ The aim of the mission are to assess the level of implementation of UN Somali operations, find justification for three month extension of UN operations, and the way forward.
⇒ The mission scheduled for 3 to 6 February is postponed due the lunch of the national Nutrition Policy in Tigray to be held in February 5, 2008.

Lunching of the Lancet’s Series on Nutrition in Ethiopia.

⇒ Preparation for lunching the Lancet’s Series on Nutrition in Ethiopia is on going.
⇒ The steering committee comprised of the Federal Ministry of Health, World bank, UNICEF and WHO is working closely for the success of the event.
⇒ Ethiopia is one of the five countries selected to lunch the lancet at country level. The Lancet will be lunched in Addis Ababa on 7th - 8th of February 2008. During the event Ethiopian Government will also lunch the National Strategic Plan for Nutrition.
⇒ WCO has requested support from the Inter-Country Support Team (ICST) Zimbabwe for the preparation and participation in the event. The Nutritionist from ICST is expected in Ethiopia from 3rd to 9th of February 2008.
⇒ The global lunching of the Lancet was held on 16th of January 2008 in London and Washington simultaneously.

IV. COMMENTS

Acute Watery Diarrhea Situation in Ethiopia

⇒ Despite significant decrease in the number of AWD cases nationally, the AWD epidemic still remains a serious threat for Ethiopia as long as the main risk factors of the spread of the disease (poor water supply, sanitation facilities and hygiene practice) are not yet addressed.

Security Situation in Somali Region, Ethiopia

⇒ As long as the Ethiopian government continue to give priority to the military operations in the five zones, humanitarian assistance will not be fully implemented which will have consequences and will further lead to the deterioration of health status of the local population.

V. ANNEXES

AWD Cases and deaths per Regions during the last 5 weeks, Ethiopia,

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Death</td>
<td>Cases</td>
<td>Death</td>
<td>Cases</td>
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<tr>
<td>Oromiya</td>
<td>4</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Afar</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somali</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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</table>

Source: FMoH
**AFP Case Classification Status, Ethiopia 2007**
*As of 27 December 2007*

![AFP Classification Diagram](image1)

**Distribution of Polio Compatible Cases in 2007, Ethiopia, 27 December 2007**

![Polio Compatible Cases](image2)

Source: WHO EPI Team

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**Measles Outbreak Situation**

**Measles Surveillance Indicators, Ethiopia 2005 — 2007**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>2005</th>
<th>2006</th>
<th>2007*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of reported measles cases with blood specimen</td>
<td>80%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Proportion of districts with &gt;=1 case per 100,000 with a blood specimen</td>
<td>80%</td>
<td>89%</td>
<td>88%</td>
<td>85%</td>
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<tr>
<td>Annualized rate of investigation of suspected measles cases</td>
<td>2</td>
<td>2.5</td>
<td>2.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Proportion of measles IgM+</td>
<td>10%</td>
<td>22.1%</td>
<td>36.4%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Proportion of Rubella IgM+</td>
<td>10%</td>
<td>15.4%</td>
<td>12.3%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Timeliness of suspected measles case investigation &lt;= 3 days</td>
<td>80%</td>
<td>80%</td>
<td>97%</td>
<td>97%</td>
</tr>
</tbody>
</table>

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**Summary of Confirmed Measles Outbreaks**, Ethiopia, 31 December 2007

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of Outbreaks</th>
<th>Woredas Affected</th>
<th>M IgM+ cases</th>
<th>Epi-link</th>
<th>Total Confirmed Outbreak Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis Ababa</td>
<td>6</td>
<td>3</td>
<td>27</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Afar</td>
<td>1</td>
<td>1</td>
<td>18</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Amhara</td>
<td>20</td>
<td>20</td>
<td>100</td>
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<tr>
<td>Benishangul G</td>
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<td>2</td>
<td>29</td>
<td>55</td>
<td></td>
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<tr>
<td>Dire Dawa</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Gambella</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Harari</td>
<td>6</td>
<td>1</td>
<td>26</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Oromia</td>
<td>57</td>
<td>42</td>
<td>258</td>
<td>422</td>
<td></td>
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<tr>
<td>SNNPR</td>
<td>16</td>
<td>11</td>
<td>70</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td>Somali</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Tigray</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Somali</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Total: 123

Note: outbreak of measles is defined as 3 or more measles IgM positive cases confirmed in a health facility of district in one month.

Source: WHO EPI Team

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For more information please contact:
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