

WHO Ethiopia Health Action in Crises

Response and Preparedness

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Summary

Hunger, preventable disease and poor health care are the main humanitarian risks today facing millions in Ethiopia affected or displaced by drought, flooding and insecurity. The World Health Organization is determined to expand its support to the Ethiopian Federal Ministry of Health and other partners to provide enhanced emergency health responses and ensure the health sector can better prepared for future crises.

For three decades, annual drought and flooding have threatened the country's poorest, particularly pastoralists, farmers and nomadic peoples who rely on Nature for their livelihoods. Today, almost all the country suffers from drought, while flooding in September 2008 in the western Gambela region affected 92 000 and displaced 36 000. Crops and livestock have been severely affected.

WHO is leading the Health Cluster response to the crisis, and is working to improve coordination and information-sharing. WHO and its humanitarian partners, including other UN agencies and NGOs, are also supporting the Emergency Health and Nutrition Task Force chaired by the Federal Ministry of Health. WHO is also helping the Ethiopian Ministry of Health in its efforts to reform its emergency preparedness, early warning, response and recovery systems.

WHO has allocated US\$6 million for humanitarian activities in its 2008-09 plan of action. In light of the numerous crises Ethiopia is encountering, WHO requires an estimated US\$8 million to sustain humanitarian health activities for the next 12 months.

Current Health Situation

- The Global Food Security Crisis has impacted on few countries in the Horn of Africa - and the world - as heavily as Ethiopia. The government has estimated 4.2 million people need food assistance, including 75 000 children aged under five targeted by feeding programmes for survival;
- Other major non-food gaps affecting people's health and livelihoods include limited national and local preparedness for recurrent disasters, including flooding and drought; lack of access to safe drinking water; drug and medical supply shortages; and insufficient staffing;
- Large-scale population displacement has been caused by drought, flooding and insecurity in neighbouring countries, particularly Somalia. Such displacements have given rise to disease epidemics, numerous of which have been reported in 2008. Acute watery diarrhoea cases have reduced by 50% since 2006 due to joint-efforts by Federal authorities, WHO and other health partners. But key risk factors persist.
- Meningitis epidemics occurred in three districts, and 50 measles outbreaks were recorded until July, all of which were controlled through mass vaccinations. Malaria, influenza, polio and Rift Valley fever remain threats.
Therefore,
- Disease and nutritional early warning surveillance and response systems need continued strengthening for rapid response;

- Medicines, resources and other emergency supplies must be made available to national and international partners providing humanitarian health relief to people in need;
- Strengthening of national capacity in emergency preparedness is essential to make the health sector better able to prevent predictable health emergencies linked to annual flooding and drought;
- Strengthening WHO in-country capacity is critical for enhancing coordination and technical support.

WHO Response To Date

WHO provides support in four key areas:

1. Assessment

- WHO supported several assessments to reflect the real needs for disease control activities.

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 with other humanitarian partners to determine the extent of severe acute malnutrition in children under-five in affected areas.

3. Coordination of Health Actors

- As Health Cluster lead, WHO coordinates the myriad emergency health interventions by teaming with national, UN and NGO partners;
- WHO invests time and resources to support better coordination of health actions through the Federal Ministry of Health and Regional Health Bureaus.

4. Gap filling and capacity strengthening

- WHO provides technical assistance to the Federal Health Ministry and other partners for vaccination campaigns, which have significantly decreased the numbers of measles and meningitis cases reported;
- By helping develop Ethiopia's disease Early Warning and Response System, WHO contributed to a 50% fall in reported deaths linked to acute watery diarrhoea since 2006;
- WHO provides funds to NGOs to support their health activities.

- WHO stockpiles and pre-positions medical provisions and drugs for emergency response;
- Supports central and regional laboratories undertaking disease investigation by training technicians and providing supplies;
- Developing and disseminating guidelines to health facilities throughout Ethiopia to assist them in meeting health needs;
- Recruited two staff to develop the health component of the Ethiopian government's "Business Process Re-engineering" plan to reform all of its sectors, including health, to better perform in emergencies;
- WHO's Health Action in Crises Cluster, the AFRO Regional Office EHA team and the EHA Inter-Country Support Team provide regular technical support to the Country Office.

Health Priorities and Needs

Funding needs for health and nutrition for the next 12 months are estimated at **US\$ 8 million**.

Health priorities identified by WHO include:

- Further **strengthening of disease and nutritional surveillance**, particularly surveillance of severe acute malnutrition to enable critical response;
- Conducting **health assessments and disease case identifications**, involving sending staff to the field for rapid assessment of crises;
- **Improving health coordination and producing and disseminating health data**, information and awareness materials to support government activities, improve health standards;
- **Preparedness and gap-filling**, such as providing and pre-positioning emergency medicines and supplies (20 Interagency Emergency Health Kits, 20 diarrhoeal disease kits, essential drugs for conditions like skin and eye diseases);
- **Training** and supplying laboratories with equipment and re-agents, plus training Ministry of Health staff on managing disease outbreaks at central, regional and district health facilities;
- Developing and disseminating **guidelines on managing cases** at community health facilities, and for patient referral to health facilities.

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