Ethiopia
Emergency type: Complex
Reporting period: 1-31 July 2019

HIGHLIGHTS

• 1090 cases of cholera, with 45 confirmed by culture have been reported since April 2019. There are active outbreaks in Oromia and Harari.

• Due to health system barriers like cost sharing and IDP/returnees status, there have been reports of returnees lacking access to essential health services in some areas. Advocacy with the health authorities for solutions continues.

• EPHI compiled a list of 171 partially and completely destroyed health facilities in locations of return. A more detailed HeRAMS exercise has been planned. It is important for all stakeholders to start focusing on rehabilitation as part of recovery, to wean the communities from MHNT.
Situation update

1090 cases of cholera, with 45 confirmed by culture have been reported since April 2019. There are active outbreaks in Oromia and Harari, as well as sporadic cases from Addis Ababa and Tigray. The outbreaks in Amhara and Dire Dawa are declared over as these regions didn’t report cases for more than 30 days. WHO, UNICEF, SCI, MSF-E, MCMDO, IRC, IMC, AAH, Care and WV are supporting various elements of the cholera outbreak response in different locations.

The cholera outbreak in Amibara woreda of Afar region was controlled after successful maintenance work on the water pipe system supplying the farming area. No cholera cases were reported from the commercial farms of Tigray and Amhara during this planting season. However, the possibility of outbreaks cannot be excluded because there was no report of a major improvement of the WaSH situation in these farms.

Suspected measles cases totaling 7,899 were reported from 4 regions from week 1 to 32, 2019; Amhara (703), Afar (548), Oromia (4,360) and Somali (2,288). More than 72% of the cases had never received vaccination indicating the need to improve routine immunization.

The physical return of IDP was completed. Field assessments have indicated that essential services to the returnees are hampered by partial or complete destruction of health facilities, failure of health workers to return to their duty stations, and inability of health facilities to provide free treatment because of shortage of medical supplies.

Public Health risks, priorities, needs and gaps

Health risks

- Conflict and population displacement leading to increased health demands to the facilities, due to new and pre-existing conditions and diseases, mental health burden, sexual and gender based violence, and other sexual and reproductive health needs.

- Communicable disease outbreaks due to low literacy levels, poor and congested living conditions, poor WaSH facilities and practices, mass gatherings and activities, and low vaccination coverage for vaccine preventable diseases.

- Food insecurity and malnutrition, resulting from erratic rains and drought and floods in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions.
**Priorities**

- Delivery of essential life-saving emergency health services to vulnerable populations by ensuring sufficient quantities of quality medicines and medical supplies, and health workers teams to perform the work.

- Work with and strengthen the capacity of the existing health system by training health workers and establishing humanitarian-development linkages.

- Enhance quality of the response through field level coordination, monitoring and support to partners with the main focus on IDP locations and new incidents.

- Improve the collection and collation of data and information from partners, present it in information products and use it for decision making, resource mobilization and guiding the response.

- Support joint and integrated approaches with other Clusters targeting the same locations and populations with humanitarian response.

**Needs and gaps**

- Significant shortages of qualified health staff to implement the response in emergency affected locations, in an already strained health system, and partners’ inability to recruit adequately.

- There is need to strengthen the regular supply chain for medicines, and harmonize it with the emergency streams to reduce incidents of stock-outs at health facility level. At subnational levels, areas of support include warehousing capacity, and logistics and distribution mechanisms. Delays in emergency funding and procurement should be addressed.

- Partially constituted Cluster coordination team, with inconsistency due to short deployments, and lack of subnational presence in some areas with active incidents.

**Health Cluster Action**

**2019 HRP dashboard**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Total</th>
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<tr>
<td>OPD consultations in IDP locations</td>
<td>25,981</td>
<td>36,676</td>
<td>70,178</td>
<td>38,352</td>
<td>49,759</td>
<td>43,521</td>
<td>56,540</td>
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<td>OPD consultations for CU5 in IDP locations</td>
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<td>11,125</td>
<td>16,536</td>
<td>13,068</td>
<td>20,158</td>
<td>14,627</td>
<td>9,703</td>
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<td>Normal deliveries attended by skilled birth attendants</td>
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<td>402</td>
<td>209</td>
<td>150</td>
<td>370</td>
<td>301</td>
<td>174</td>
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<tr>
<td>WCBA receiving comprehensive RH services (modern)</td>
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<td>1,525</td>
<td>1,242</td>
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<td>2,248</td>
<td>2,576</td>
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<td>Epidemic prone disease alerts verified and responded to in 48h</td>
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<td>3</td>
<td>22</td>
<td>21</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>57</td>
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<tr>
<td>Children 6 months to 15 years receiving emergency measles</td>
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<td>257,164</td>
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<td>Health facilities providing CMR services for SGBV survivors</td>
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<td>29</td>
<td>120</td>
<td>12</td>
<td>196</td>
<td>180</td>
<td>9</td>
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<tr>
<td>Health facilities addressing health needs of persons with</td>
<td>36</td>
<td>17</td>
<td>7</td>
<td>0</td>
<td>195</td>
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<td>5</td>
<td>-</td>
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<tr>
<td>Health facilities providing MHPS5 services in IDP locations</td>
<td>26</td>
<td>33</td>
<td>21</td>
<td>4</td>
<td>75</td>
<td>64</td>
<td>10</td>
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<tr>
<td>Referrals to higher level and specialized services completed</td>
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<td>125</td>
<td>235</td>
<td>170</td>
<td>77</td>
<td>78</td>
<td>72</td>
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**Strategy and response processes**

The national cholera outbreak response is coordinated at the EPHI’s EOC, with regional and zonal health bureaus activating their EOC too. The response has so far focused on case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, and WaSH. Following the outbreak in Amibara, EPHI with support from partners is targeting the areas of origin of the casual laborers with risk communication messages to reduce the probability of the outbreak spreading. To prevent and mitigate outbreaks during upcoming religious gatherings, several activities including a cholera sensitization meetings with church leaders have been completed. The EPHI/FMoH with support from WHO and other partners has embarked on the cholera control and elimination plan. There was a high level advocacy meeting on 23 July 2019, where stakeholders were briefed on the current cholera outbreak in the country and response, hotspot mapping, and the roadmap towards the Global Taskforce for Cholera Control’s (GTFCC) target of eliminating cholera by 2030.

The Health Cluster continued to emphasize to partners that the emergency health services should move with the IDP to the areas of return. Support to health facilities and mobile teams should mostly be directed towards the return locations. This level of flexibility is also expected with partners supporting the cholera response.
Health Cluster coordination
In July, the Health Cluster held the strategic advisory group (SAG) and monthly coordination meetings, focusing on support to cholera outbreak, drought, floods response and service provision to returnees.

The SRH TWG held its monthly meeting on July 9. The need to strengthen coordination at zonal and woreda levels was highlighted. This will be discussed in a meeting between UNFPA, HCCT and EPHI. In addition to weak coordination, shortage of supplies was observed in some of the woredas where Marie Stopes is providing services.

EPHI convened a meeting on July 15 to discuss the cholera response in Addis ababa. Partners agreed to coordinate their efforts and work as a team with Addis Ababa health bureau and EPHI. The participants were in agreement that making the Addis Ababa EOC more capable of dealing with any emergency should be a major objective of their support.

At the sub-national level, weekly coordination meetings continued in West Wellega, East Wellega, Gedeo, West Guji zones, Amhara and Somali regions. These meetings are conducted by the Health authorities and co-chaired by WHO.

Field support and monitoring
The Health Cluster partner MCDO’s national team visited West Wollega and Kamashi zones and met with WHO and zonal health department. The purpose was to immediately start the EHF supported MHNT, and agreed to conduct coordination meetings every two weeks. Save the Children visited Gedio zone and conducted assessment on medical supplies and equipment. Notable gaps were observed in the capacity of the zonal and health facility staff responsible for medicines and commodity management. These included poor warehousing practices and lack of awareness of actual stock levels for specific items. The IMC team visited East and West Hararge also to orientate the newly formed EHF supported MHNT, start off the activities and support the cholera outbreak response. The team observed that there were shortages of supplies, and noted the increasing malaria caseloads during this rainy season.

Provision of essential drugs and supplies
WHO distributed IEHK through partners to Oromia and Somali regions.

UNFPA distributed emergency RH kits to 14 health centers and 2 hospitals to support IDP/ returnees response in Gedeo and West Guji.

UNICEF prepositioned 5 CTC kits in Gambella, 2 in Oromia and 5 in Benishangul Gumuz.

Training of health workers
UNFPA released budget to Ethiopian Midwives Association to provide capacity development trainings on MISP for RH (30) BEmONC (18), PAC (20) and long acting FP (20) for Gedeo and West Guji Health service providers.

IOM supported the West Guji zonal bureau with TB slide referral training and workshop for community leaders and volunteers in 5 returnee woredas. 100 HEW and 168 community leaders and volunteers received the training.

Communicable diseases control and surveillance
Table 1: Number of cases reported during WHO Epi week 27-31, 2019, Ethiopia

<table>
<thead>
<tr>
<th>Region</th>
<th>Malaria Cases</th>
<th>Malaria Deaths</th>
<th>MM Cases</th>
<th>MM Deaths</th>
<th>SAM Cases</th>
<th>SAM Deaths</th>
<th>AFP Cases</th>
<th>AFP Deaths</th>
<th>Measles Cases</th>
<th>Measles Deaths</th>
<th>NNT Cases</th>
<th>NNT Deaths</th>
<th>Rabies Cases</th>
<th>Rabies Deaths</th>
<th>Scabies Cases</th>
<th>Scabies Deaths</th>
<th>Maternal Cases</th>
<th>Maternal Deaths</th>
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<td>Afar</td>
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<td>Amhara</td>
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<td>0</td>
<td>3</td>
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<td>1739</td>
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<td>105</td>
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<td>16211</td>
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<td>29</td>
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</table>

On each epi week from 27 to 31, most regions met the required 80% IDSR reporting completeness and timeliness. EPHI is following up with regions performing below the requirement.
There was a measles outbreak in Amru woreda of Horro Gudru zone, Oromia region. 391 cases and 7 deaths (CFR 1.8%) were registered from May 5 to July 30, 2019. In response to the outbreak, 34,402 children benefited from a mop-up measles vaccination campaign in 25 kebeles.

Currently, there is an active cholera outbreak in Oromia (Meiso, Moyale, Goba Qoricha and Shashemene), and Hareri (Dire Tayara and Sofi). Sporadic cases have been reported from Tigray and Addis Ababa.

So far 380 cases of Chikungunya have been reported in 4 woredas of Dawro zone since May. Out of 14 samples tested, 8 were confirmed positive.

**Support to health service delivery**

**MCMDO** reached 28,457 beneficiaries with lifesaving health and nutrition services in 9 woredas of West Guji (19,787), West Wollega (4,863), Gedeo (298) and Kamashi (3,509) zones. The services included OPD consultation and treatment, nutrition, ANC, family planning, delivery, PNC, EPI, Vitamin A and deworming through MHNTs/Outreach teams.

**GOAL** is implementing essential life-saving mobile health and nutrition services for IDP, returnees and host communities in different parts of Somali and Oromia regions. 2,360 adult and 1,064 under 5 children consultations were conducted and treated, with 2 patients referred to Delomena hospital. 1,487 adults received health messages on ANC, PNC, family planning, HIV, vaccination and nutrition topics in different sites. Under 5 nutrition screening was conducted for 230 children, and 36 MAM cases, 6 SAM cases were identified and started on treatment, and 19 were dewormed. 187 pregnant and lactating Women were screened, 46 identified as MAM cases and linked to TSFP. ANC services were provided for 218 pregnant women, 2 received TT vaccine and HIV test. 64 women received family planning commodities (54 short acting and 10 long acting methods).

**WVE** in consortium with SCI is implementing the Lifesaving-Multi sectorial emergency response project for IDPs, returnees, and host communities in Gedeo Zone in SNNPR. 420 individuals (219 Adults and 201 children under 5 years of age) have received health care consultations in the month of July.

**UNICEF's** 49 MHNT in Afar and Somali regions conducted 40,348 medical consultations, of which 44% were children under five and 32% were women. UNICEF technical assistance supported the cholera and IDP operations in Oromia in planning, coordination and monitoring.

**IOM** continued to provide lifesaving health services for IDP and host communities through MHNT. 8,846 people received medical consultations and treatment, and health education messages. 1,204 women of reproductive age received SRH services.
**Plans for future response**

The Health Cluster through partners will implement essential life-saving health services for IDP, returnees and host communities in emergency locations. Conflict affected Kamashi, Dawa, Wellegas, Hararges, West Guji, Gedeo, and Borena/Moyale, will be prioritized. Response to on-going cholera, measles, and scabies outbreaks, as well as the early warning system will be considered. Surge support to the existing network of health facilities and outreach services will be preferred as much as possible, with mobile health and nutrition teams (MHNT) reserved for locations and populations of limited access.

**Health Cluster meeting partners**

**National**


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