Health Education on Measles, East Wellega. Photo: IOM.

Ethiopia
Emergency type: Multiple Events
Reporting period: 1-31 January 2020

HIGHLIGHTS

• WHO declared COVID-19 outbreak that started in China a global health emergency. Ethiopia assessed its risk level as high based on the number of daily direct flights by the national carrier to China, and immediately activated the national Public Health emergency operations centre for COVID-19.

• New cholera outbreaks were reported in both Moyale Oromia and Moyale Somali. About 34,000 people received OCV during the campaign conducted in four woredas of Gamo Gofa zone.

• Measles outbreaks continued across the country with Oromia and Amhara regions bearing the brunt of caseloads. Compared to previous years, the numbers are higher.

HEALTH SECTOR

20 HEALTH CLUSTER IMPLEMENTING PARTNERS

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

217 ASSORTED MEDICAL KITS

HEALTH CLUSTER ACTIVITIES

43,721 OPD CONSULTATIONS

VACCINATION

700 VACCINATED AGAINST MEASLES

EWARS

4 CONFIRMED CHOLERA, POLIO, CHIKUNGUNYA, DENGUE FEVER OUTBREAKS

FUNDING SUS

95 M REQUESTED

1.3 M 1.4% FUNDED

93.7 M GAP
**Situation update**

In January, the WHO declared COVID-19 outbreak that started in China a global health emergency and launched the strategic preparedness and response plan that paid attention to rapid establishment of international coordination and operational support, scaling up of country readiness and response operations, and acceleration of priority research and innovation. Ethiopia assessed its risk level as high based on the number of daily direct flights by the national carrier to China, and immediately activated the national Public Health emergency operations center for COVID-19, with an incident management system headed by the incident manager working with unit heads for different thematic areas. These include coordination, planning, supplies and logistics, risk communication and community engagement, surveillance and laboratory capacity, case management and infection prevention and control, and points of entry screening. So far in Ethiopia there have been 71 rumors received and investigated, and 18 suspected cases that were tested and all turned negative.

![Image](https://via.placeholder.com/150)

Orientation of Health Cluster partners on COVID-19, EOC TWG session, donation of PPE to FMOH, MP visiting EOC. Photos: WHO.

Useful sites for information include:

EPHI: https://www.ephi.gov.et/
WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
JHU: https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Ongoing cholera outbreaks in four woredas of South Omo zone and Kelafo woreda of Shebelle zone were reported in addition to another outbreak in Gamo Gofa zone. New outbreaks were reported in both Moyale Oromia and Moyale Somali. Health Cluster partners continued supporting the government in cholera prevention and control activities in all outbreak affected areas. Coordination, case management, surveillance, water and sanitation interventions, risk communication and social mobilization were maintained and strengthened. The outbreak response was enhanced by the teams deployed from national and regional health bureaus with the engagement of communities. About 34,000 people received OCV during the campaign conducted in four woredas of Gamo Gofa zone.

Measles outbreaks continued across the country with Oromia and Amhara regions bearing the brunt of caseloads. Compared to previous years, the numbers are higher. The government and partners have intensified response through surveillance, strengthening routine EPI, reactive measles campaigns in selected kebeles, and case management.
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/return 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.

- Health facilities in many return locations were fully or partially destroyed during the conflict. This means that for some time the population will rely on MHNT for essential health services. There is need to speedily rehabilitate, re-staff and restock these facilities.
Health Cluster Action

Strategy and response processes
Response to cholera outbreaks continues to be structured around case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, WaSH and the use of OCV. The EPHI and RHB lead the interventions, with Health Cluster partners supporting as and when assigned by the authorities. Efforts for environmental control measures for chikungunya and dengue fever continued.

Surge support to functional health facilities remained the main modality of response for Health Cluster partners, with some also able to offer technical support to the local health authorities. Mobile teams remain an option whenever necessary.

2020 HRP dashboard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Jan-2020</th>
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</thead>
<tbody>
<tr>
<td>1 Number of health facilities and mobile teams supported in crises affected locations</td>
<td>35</td>
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<tr>
<td>2 Number of total OPD consultations</td>
<td>43,721</td>
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<tr>
<td>3 Number of normal deliveries attended by skilled birth attendants</td>
<td>46</td>
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<tr>
<td>4 Number of women in child bearing age receiving modern contraceptives</td>
<td>1,779</td>
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<tr>
<td>5 Number of community members receiving health IEC messages</td>
<td>50,442</td>
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<td>6 Number of assorted emergency medical kits distributed in crises affected locations</td>
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<tr>
<td>7 Number of cases with injuries and disabilities treated and referred for further care</td>
<td>63</td>
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<tr>
<td>8 Number of cases receiving mental health and psychosocial support services</td>
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</tr>
<tr>
<td>9 Number of survivors of SGBV receiving clinical care for rape</td>
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</tr>
<tr>
<td>10 Number of epidemic prone disease alerts verified and responded to within 48 hours</td>
<td>15</td>
</tr>
<tr>
<td>11 Number of children 6 months to 15 years receiving emergency measles vaccination</td>
<td>700</td>
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Health Cluster coordination
In January, the strategic advisory group and partners meeting were conducted. At the partners meeting ICRC presented on their physical rehabilitation program that supports physical rehabilitation centres, assistance to vulnerable groups, MoH capacity building and social inclusion of people with disabilities. The next discussion will be on inclusion of people with disabilities in humanitarian health action. Partners’ response to the cholera outbreak in several zones was also discussed. The need for more focus on management of cholera in the context of SAM was emphasized. Partners were informed that the cluster’s webpage was updated.

A meeting on EPI was conducted to identify advocacy points. It was agreed that a lot of effort is required to improve quality and coverage of routine EPI to stop or reduce vaccine preventable disease outbreaks. Partners are expected to work more closely with MoHl to achieve these objectives.

Field Support and Monitoring
At the end of the month, the HCC team participated in coordination meetings at regional and zonal levels in SNNPR (Hawassa, Arbaminch, Jinka). The involvement of woreda administration in the response to cholera outbreaks was notable and demonstrated the importance of this level of leadership for better and faster results. The RHB reminded partners that time should not be spent on repetitive assessments. MSF, IRC, WHO and UNICEF supported the cholera response in the region with a particular focus on South Omo zone.
Training of health workers

**MCMDO** conducted awareness and sensitization sessions on cholera prevention, preparedness and surveillance to community leaders and members. On job training was provided for more than 60 health extension workers. 13,719 beneficiaries were reached with health messages.

**GOAL** provided health education for 2,572 individuals on key health messages out of which 765 were male and 1,817 females.

**IOM** conducted measles case management training for 300 health workers in East Wellega, and 9,150 people in the zone were reached with health messages on measles in schools, churches and mass gatherings in the hot spot areas. The team also conducted active case finding covering 1,500 households in Nunu Kumba woreda.

**Child Health**

In December, a case of cVDPV2 was confirmed in East Shewa zone, not linked to the one of West Arsi zone in September. In response to these cVDPV2 outbreaks, the government and partners have planned to conduct three rounds of mOPV2 immunization campaigns in 62 high risk woredas in Oromia and SNNP regions, targeting about 228,000 children under five, beginning February. The round zero campaign was conducted in December.

**Communicable diseases control and surveillance**

**Table 1: Number of cases reported during WHO Epi week 1-4, 2020, Ethiopia**

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<th>Region</th>
<th>Measles</th>
<th>Malaria</th>
<th>NNT</th>
<th>Scabies</th>
<th>Measles</th>
<th>Malaria</th>
<th>NNT</th>
<th>Scabies</th>
<th>Measles</th>
<th>Malaria</th>
<th>NNT</th>
<th>Scabies</th>
<th>Measles</th>
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<th>Malaria</th>
<th>NNT</th>
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<td>0</td>
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<tr>
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<td>2</td>
<td><strong>349</strong></td>
<td>3</td>
<td><strong>23,871</strong></td>
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<td><strong>17</strong></td>
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<td><strong>37,340</strong></td>
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</tbody>
</table>

EPHI reported that on each epi week from 1 to 4, most regions met the required 80% IDSR reporting completeness and timeliness.

**WHO** deployed 9 experts and repurposed over 30 staff to support COVID-19 PHEOC preparedness and readiness activities.

**Provision of essential drugs and supplies**

**WHO** distributed 217 IEHK, cholera and SAM kits to partners and zonal health offices in all regions.

**Support to health service delivery**

**Mercy Corps** MHNT provided medical consultation for 5,086 beneficiaries of whom 2,474 were under five years, 2,020 above the age of five years and 592 elderly people. 52 cases were referred to Health centers/Hospitals for better services. Also 8 children received emergency measles vaccination. 109 SAM children without medical complications were treated at the outreach sites.

**MCMDO** reached 10,661 beneficiaries through consultation and treatment, of which 3,505 were under-five children. 1,328 WCBAs received comprehensive reproductive health service and 984 and 455 pregnant women received ANC1 & 4 services respectively. 11 deliveries were attended by MHNT, with 3 obstetric complications referred to health facilities. Logistic support was provided to zonal and woreda health office and 17,250 soaps transported and distributed to beneficiaries. 49 cases were referred for better services. From 7,739 under five children and 3,365 PLW screened 70 SAM and 454 MAM under-fives and 836 MAM PLW were identified and linked to the respective programs.
IMC provided lifesaving emergency health services for IDP and returnees in East and West Hararghe zones. These included OPD consultations for 4,212 cases and 11 normal deliveries attended to by skilled birth attendants. Also 304 WCBA received comprehensive RH services. 84 cases were referred to higher level services. 99 under five children (56 boys and 43 girls) and 31 PLW were screened for malnutrition by the MHNT, out of which 20 were identified for SAM, 13 for MAM and 4 PLW identified for MAM. These were linked to TFU and TSFP programs. MHNT provided psychosocial support for 154 (78 M and 76 F) persons and referred to nearby heal facilities.

GOAL attended to 571 clients with essential health services including medical consultations and treatment, health education, nutrition screening, safe deliveries, focused antenatal and new-born care, iron supplementation, provision of TT, identification of high risk mothers and referral to nearest health facilities.

MSF-Spain supported Gambela hospital to strengthen the quality of secondary health care for refugees and host community. 2,057 patients received emergency care, 190 patients were admitted to surgical ward with 137 urgent life-saving surgical interventions, 190 deliveries were conducted, and the neonatal unit admitted 56 new-borns. 288 individuals received mental health consultation and MSF collected, screened and availed 92 units of blood for use in the region. 11,971 deportees received medical consultation at Bole airport, and 2,850 deportees benefited from psycho-education upon arrival.

IOM continued to provide essential lifesaving health response to IDP and host communities reaching 10,259 with medical consultations. 5,628 under five children were screened for malnutrition. 1,831 women in reproductive age received SRH services. 12,265 IDP and host communities were reached with health promotion and education.

USAID Transform Primary Health Care is an integrated health project for SNNP, Oromia, Tigray and Amhara regions on preventing maternal and child deaths. In addition to the development activities, the project supports critical emergency response gaps with activation of the crises modifier. USD 640,716 was activated for different emergencies. With the support of the project staffs, the regional PHEM offices lead and oversee the implementation of response. Currently the project is supporting measles outbreaks response in Oromia (31 woredas), SNNPR (Kaffa, G/Gofa) and Amhara (D/Berhan university and 7 woredas in Oromia special zone) regions. Cholera outbreak response has been supported in SNNPR (S/Omo & G/Gofa zones) and in Oromia (especially Guji and West Guji zones). Support to IDP has started in Guji, Bale, East & West Hararge and East & West Wollega zones.
**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, Guji, Gedeo, and Borena/Moyale, will be prioritized. Response to on-going cholera, measles, chikungunya, and dengue fever outbreaks, as well as the early warning system will be strengthened. 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*

AAH, IR, ICRC, WHO, SP, MSF-H, UNOPS, USAID, CDC-E, IOM, ECHO, MCMDO, IRC, UNFPA.

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