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World Health Organization

HEALTH CLUSTER

Ethiopia

Date: 11 April 2024

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS)	INFORM risk (rank)
Conflict Food security Displacement Epidemics Drought and floods	Malnutrition Maternal, neo-natal & child conditions Malaria Measles Diarrheal disease (cholera and acute watery diarrhoea) Vaccine-preventable diseases (VPD) Gender-based Violence (GBV)	**Grade 3**	**Substantial:** Central, North West, South, South East and West **Moderate:** Addis Ababa, East, North, North East.	**INFORM Risk (0-10):** 7 (Very High) **Global Ranking 2024 (1-191 countries):** 12

SUMMARY OF CRISIS AND KEY FINDINGS

The government of Ethiopia's most recent assessment of food security needs projected that 15.8 million people will face hunger and need food assistance in 2024.[1] This includes over 4 million people who are internally displaced and 7.2 million who have high levels of acute food insecurity and need emergency assistance.[2]

According to the same government assessment, 51% of the 15.8 million in need of food assistance (8 million) are in Tigray and Amhara regions; with 4.5 million and 3.5 million in need of food assistance in 2024 in the two regions respectively.[3] The areas worst impacted by food insecurity are where communities have yet to recover from the 2020-2022 conflict, where the recent harvest was severely disrupted leaving households with no, or limited, food stocks.[4] Just like in northern Ethiopia, food insecurity and high rates of malnutrition are adding to protracted needs for water, health, protection, agriculture, and livelihood support in pockets of Oromia, Somali, South Ethiopia, and South West Ethiopia regions.[5]

Moreover, increasing outbreaks of diseases such as malaria, cholera and measles are worsening the situation in different parts of the country. Limited access to health services, medical supplies, water, sanitation and hygiene (WASH) services, and trained health workers remain to be gaps in responding to the different disease outbreaks that affect the country.[6] Roughly 60% of those living in cholera-affected woredas do not have access to safe drinking water, leaving people dependent on untreated water from rivers and ponds.[7] A total of 60% to 80% of communicable diseases are attributed to limited access to safe water and inadequate sanitation and hygiene services.[8]

According to the Humanitarian Response Plan for 2024, 21.4 million people need humanitarian assistance with 15.5 million people targeted for assistance.[9] The El-Nino driven drought has impacted Ethiopia's summer rains, resulting in severe water shortages, dried pastures and reduced harvests in many areas.[10] A Flood Alert was issued in January 2024 by the Federal Government calling for preparedness and early response for the March-May rainy season. Over two million people are expected to be affected and one million people to be displaced in areas at risk.[11]

Operationally, the humanitarian response in Ethiopia is hampered by low funding levels. The 2023 Humanitarian Response Plan was funded at just 34%, indicating a significant gap in resources required for effective response. Additionally, the Productive Safety Net Program (PSNP) is grappling with acute funding shortfalls, further exacerbating the challenges faced in addressing humanitarian needs.[12] Notably the Health Clusters requirements for

2023 were only 24% funded, while WFP were only able to assist with 60% of the standard monthly entitlement in February 2024 due to a lack of funds. [13]

According to the 2024 Humanitarian Needs Overview, the current multifaceted humanitarian crises are unfolding amidst a backdrop of severely weakened and overwhelmed national disaster and social protection response capacity. Since 2020, access to basic social services across Ethiopia has been in decline, attributed to a combination of natural and man-made crises.[14] The second most populous country in Africa, Ethiopia's 123 million people are affected by a multitude of complex issues.[15] Conflict, internal displacement, socio-economic hardships, persistently limited access to safe water and sanitation, collapse of public services and natural hazards, including disease outbreaks, recurrent floods, locust outbreaks, loss of livestock and consecutive droughts, have increased the humanitarian needs in Ethiopia in 2024.[16]

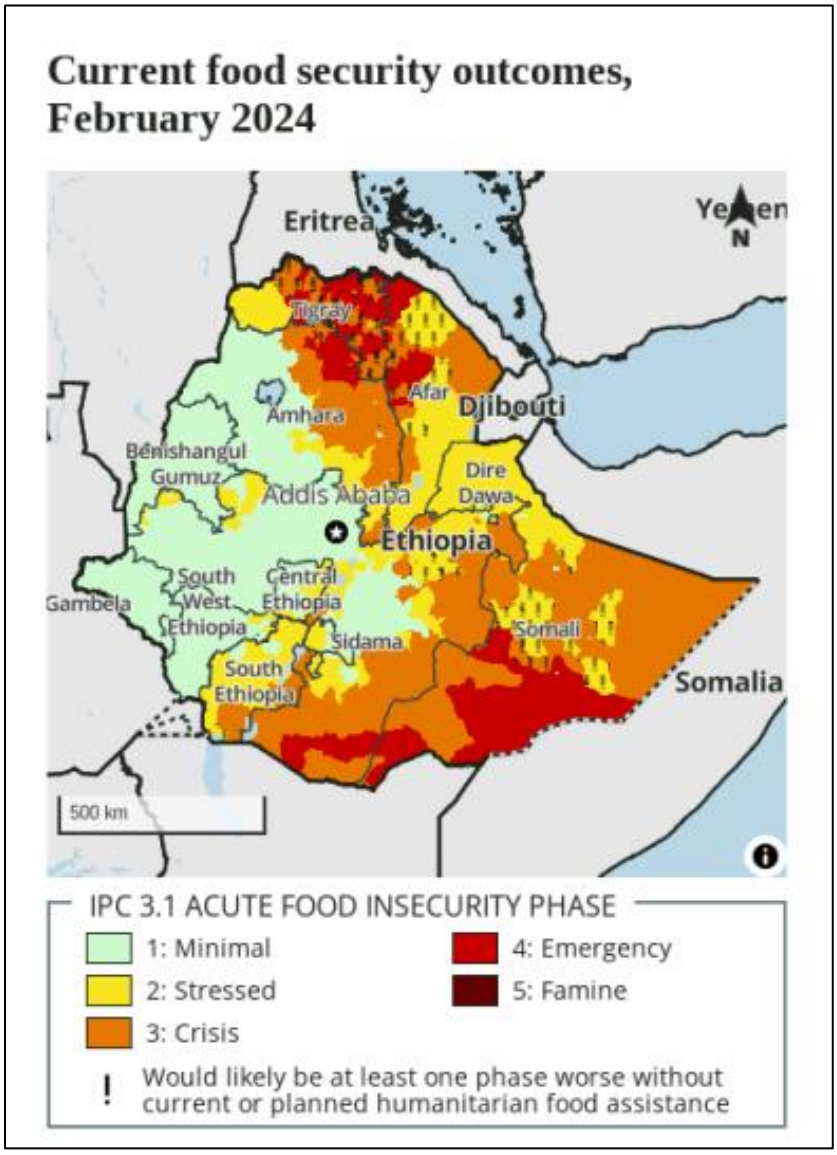

Figure 1 – Current Food Security Outcomes, February 2024 (FEWS NET)[17]

HUMANITARIAN PROFILE

PEOPLE IN NEED (PiN) 2024

PiN: 21.4 million[18]

Target: 15.5 million[19]

PERSONS WITH DISABILITIES (PWD)

PWD: 7.8 million[20]

HEALTH NEEDS 2024

PiN: 16.4 million[21]

Target: 6.7 million[22]

DISPLACEMENT

National Displacement Caseload: 4.6 million[23]

IDPs: 3 459 881[24]

Refugees and asylum seekers: 972 835[25]

Humanitarian Response Plan (HRP) 2024: While the people in need (PiN) in Ethiopia is estimated to be 20.1 million, the 2024 Humanitarian Response Plan (HRP) targets some 15 million people, with funding requirements of US$3.237 billion.[26] For the Health Cluster, 16.4 million people have been identified as in need of health services, while 6.7 million people will be targeted with US$187.3M in funding required. However, the Health Cluster expects a 50% decrease in donor funding for 2024 compared to 2023.[27] As of February 2024, the Cluster was only 24% funded.[28]

Furthermore, an additional Priority Humanitarian Needs Appeal was released in March 2024.[29] Under the leadership of the Humanitarian Country Team (HCT), the Inter-Cluster Coordination Group (ICCG) carried out a critical funding gaps analysis and prioritization exercise, to identify the immediate funding requirements to prevent a worsening of the humanitarian situation, including in areas newly affected by the El Nino driven drought. This document identifies priority activities for the coming three months to enable the response in both drought and non-drought affected areas.[30]

Humanitarian Response Plan (HRP) 2023: The HRP for 2023 required US$ 4.16 billion to target 20.1 million people under the plan (the highest PiN per strategic objective in 2023 was 22.6 million). The 2023 plan is focusing on the urgent and lifesaving needs of the most vulnerable people in Ethiopia, including food, nutrition, water, healthcare, and protection services. In terms of humanitarian response capacity, in 2023 the number of organizations active in the humanitarian response has reached 203, including 16 government agencies, 88 INGOs, 90 NNGOs and 9 UN agencies. [31]

As of February 16th, 2024, the HRP for 2023 was only 32% funded. This is a significant decrease from 2022, when the HRP was 52% funded.[32] Historically, between 2017 and 2022, the Ethiopia HRP was 55% funded on average each year. [33] By February 2024, 14.9 million people had been reached by through the 2023 HRP (food and non-food).[34] To address urgent health needs, the Health Cluster required US$ 303 million to target 9.8 million people in 2023. The total number of people in need of health services in 2023 was 17.4 million. This was a sharp increase from 2022 when the Health Cluster targeted 9 million people from 13.1 million people in need.[35] The Health Cluster reached over 4.7 million people (approximately 50% of the target) in 2023.[36]

Drought: The ongoing El Niño induced drought has impacted more than 254 200 individuals, with nearly 4 400 individuals affected by the drought and over 18 000 conflict affected IDPs facing dire humanitarian conditions in three recently assessed woredas.[37] Furthermore, around 450 000 people require provision of emergency water intervention.[38]

The El-Nino driven drought has impacted Ethiopia's summer rains, resulting in severe water shortages, dried pastures and reduced harvests in many areas.[39] The ongoing drought has impacted communities across Afar, Amhara, Tigray, and parts of Oromia, Somali, and Southern regions.[40] Millions of lives and livestock are affected,

with reports of alarming food insecurity and rising malnutrition.[41] The drought scorched farms, dried up rivers and water sources, and parched pastures; putting millions of people and livestock into a worsened humanitarian situation with exacerbated food, water, and fodder shortages, malnutrition, and health risks.[42] Due to these conditions, families are being compelled to relocate to areas near boreholes or valleys where they can access water including for their livestock, resulting in the displacement of approximately 400 individuals within the community and from other areas.[43]

Food Insecurity: Ethiopia remains one of FEWS NET's countries of highest concern as it faces a third consecutive year of rising food assistance needs. Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes are expected in northern, central, southern, and eastern Ethiopia. The areas of highest concern are in Tigray and north eastern Amhara, followed by western Afar, where populations are increasingly dependent on food assistance and social support mechanisms amid a dearth of other food and income sources.[44]

The government of Ethiopia's most recent assessment of food security needs projected that 15.8 million people will face hunger and need food assistance in 2024.[45] This includes over 4 million people who are internally displaced and 7.2 million who have high levels of acute food insecurity and need emergency assistance.[46] According to the same government assessment, 51% of the 15.8 million in need of food assistance (8 million) are in Tigray and Amhara regions; with 4.5 million and 3.5 million in need of food assistance in 2024 in the two regions respectively.[47]

WFP aims to provide food assistance to 40% of the 7.2 million, if resources are available, while the government and other partners will support the rest.[48]An estimated of 260 000 people are currently facing a food deficit, leading to an urgent need for immediate food assistance to address the critical food shortage.[49] The areas worst impacted by food insecurity are in northern Ethiopia where communities have yet to recover from the 2020-2022 conflict, particularly in parts of Amhara, Tigray and Afar where the recent harvest was severely disrupted leaving households with no, or limited, food stocks.[50] Over half of those needing food assistance are in Amhara and Tigray regions (51 percent).[51]

WFP report that 9.4 million people across the 3 regions of Tigray, Afar and Amhara regions need food assistance due to the impacts of conflict.[52] The government's assessment indicates that 2.3 million people in the Amhara Region and 2.1 million in Tigray require immediate food assistance. The need for food assistance remains high as climate change, conflict and economic shocks all continue to slow the recovery of livelihoods.[53] WFP is targeting over 3.3 million people across all three regions, with unconditional emergency food and nutrition assistance.[54] This includes 2.13 million in Tigray, 650 000 in Amhara, and up to 626 000 in Afar.[55] The Government and partners are providing assistance to the rest[56] In Amhara, Recent reports by local authorities revealed that some 452 850 people across the six districts in the zone require emergency food assistance.[57]

According to FEWS NET, in late 2023, limited field reports suggested some occurrences of hunger-related deaths in Tigray.[58] These reports could not be reasonably corroborated; however, concern for such outcomes does exist – not only in Tigray, but also in Amhara and Afar - as an increased risk for elevated mortality is expected when Emergency (IPC Phase 4) outcomes are sustained.[59] This is compounded by significantly below-average to failed *meher* crop production in 2023 due to El Niño-related drought, coupled with very high food prices.[60] In Tigray and Amhara, many poor households have already exhausted their food stocks from the 2023 harvest and migratory labour remains restricted by insecurity; in pastoral areas of Afar, livestock holdings are low to negligible.[61]

Just like in northern Ethiopia, food insecurity and high rates of malnutrition are adding to protracted needs for water, health, protection, agriculture, and livelihood support in pockets of Oromia, Somali, South Ethiopia, and South West Ethiopia regions.[62] A protracted food insecurity situation in the Oromia Region is prevalent due to multiple factors including a failed kiremt season with erratic and insufficient rains, affecting the meher season harvest/ crop production.[63]

Conflict: According to the 2024 HNO, in addition to drought and flood emergencies, millions of people across Ethiopia have been displaced by the conflict in northern Ethiopia and hostilities and violence in Amhara, Oromia, Somali, Afar, Benishangul Gumuz and Gambela regions.[64] The security situation in Amhara remains highly volatile,

with armed clashes involving security forces and non-state armed elements ongoing since April 2023. [65] Despite the ceasefire between Ethiopian government and the Tigray forces in November 2022, the ongoing conflict in parts of the Amhara region have forced over 1.55 million people to flee their homes. [66] Furthermore, hospitals were often overwhelmed by an influx of wounded and sick patients requiring urgent medical attention. As a result, the hospitals faced shortages of medical supplies and equipment thus making it difficult for healthcare workers to provide adequate care to patients. [67]

Displacement: As of October 2023, the national displacement caseload was estimated to be around 4.6 million (2024 Ethiopia - Humanitarian Needs Overview) in both accessible and inaccessible locations across the twelve regions. As previously reported from IOM-DTM site assessments, 51 per cent of IDPs had been displaced for more than 5 years. [68]

Somali region hosts the highest number of Internally Displaced Persons (IDPs) primarily due to drought, while Tigray region hosts the highest number of IDPs primarily displaced due to conflict. [69] An estimated 2.53 million returning IDPs were identified in over 2 000 villages across 11 regions. [70]

The highest returning IDP caseloads nationwide were in the regions of Tigray (59%), Amhara (15%), and Afar (8%). [71] In Tigray, while some have been able to return after the end of the conflict, many are still displaced and living with family, in schools, and in some cases, camp-like settlements. [72] Most of these locations are crowded, unsanitary, and unsafe. Yet damaged infrastructure, a lack of services, and ongoing insecurity make returning unlikely anytime soon. [73]

Ethiopia is the third largest refugee-hosting country in Africa, mainly from South Sudan, Somalia, and Eritrea. According to the 2024 HNO, the ongoing drought has also severely impacted refugees, particularly in the Somali and Oromia regions, with over 16 000 Somalis crossing into Dollo Ado, in the Somali region, from Somalia due to the drought, further straining limited resources available to support these vulnerable populations. [74]

Humanitarian Access: Current levels of violence and armed conflict are unprecedented in Ethiopia's recent history. They constitute a major impediment to relief operations, preventing millions of people from accessing assistance and further eroding their resilience, while at the same time increasing the need for humanitarian support. [75] Humanitarian partners are not targeted by weapon bearers, however, the volatility of the security situation and the multiplicity of armed actors involved, including local militias and armed civilians, pose a high risk for aid personnel and relief operations. [76]

OCHA recorded a total of 93 incidents which impacted aid workers in 2023. [77] Since the beginning of 2024, four aid workers (all Ethiopian nationals) have lost their lives, two in Amhara region, one in Afar and one in Gambela. [78] Since 2019, 46 aid workers have lost their lives in Ethiopia, 36 of whom are related to the conflicts in northern Ethiopia. [79] In Oromia Region, in addition to armed clashes between security forces and non-state armed elements, since 2019, there has been a rise in temporary arrests of aid workers and abductions. [80]

Other challenges to humanitarian access include physical barriers such as inadequate, damaged, and poorly maintained infrastructure, compounded by the impact of floods. There are also bureaucratic hurdles and obstacles in the delivery of principled humanitarian aid. Movement restrictions and roadblocks, prevalent in conflict zones and urban areas, characterized by road closures, heightened threats from improvised explosive devices (IEDs), checkpoints, and increased screening measures, will continue to impede the delivery of assistance. [81]

Security issues in Amhara, parts of Benishangul Gumuz, and Western Oromia are preventing the delivery of basic health services, as reported by the Health Cluster in February. [82] The security situation in Amhara remains highly volatile, with armed clashes involving security forces and non-state armed elements ongoing since April 2023, with an escalation of hostilities and proclamation of a six-month state of emergency for the region. [83] The region has also seen an increase in criminality and looting of aid consignments. [84]

Inadequate internet connectivity, in Amhara, is also delaying investigation of potential disease outbreaks, allowing infectious diseases to linger undetected, causing unnecessary high morbidity and mortality. [85] Epidemiological data shared by SMS. [86] Looting and damage of health facilities, and gender-based violence (GBV) in conflict-affected areas,

including against health workers are consistently being reported. [87] In other conflict-affected areas in recent years such as Tigray or Afar, the main threat reported has been a spike in criminality. [88] In 2023, humanitarian supplies and convoys have been subject to looting. [89]

Floods: Ethiopia is among seven countries globally considered to be at the highest risk of severe humanitarian impacts caused or worsened by El Niño.[90] Heavy rains, flash, and river floods in October- December 2023 have caused flood emergency affecting more than 56 woredas in five regions affecting over 1 431 347 people and displaced over 682 197 people and resulted in the deaths of 44 people, mostly from Somali region.[91] Repeated shocks have eroded the coping capacities of households, this may reduce how communities can respond to the potential impacts of El Niño.[92] A Flood Alert was issued in January 2024 by the Federal Government calling for preparedness and early response for the March-May rainy season. Over two million people are expected to be affected and one million people to be displaced in areas at risk.[93]

Vulnerable Groups: According to the 2024 HNO, among the most severely impacted will be vulnerable groups such as women, children, youth, IDPs, refugees, older people, and persons with disabilities.[94] Other groups at a high risk of hunger are the people with chronic/mental illnesses, children-headed households, and survivors of gender-based violence.[95] To date there is little to no reliable and up-to-date data is available on persons with disabilities in the country, both for displaced and non-displaced populations. The most recent data is from 2016 UNICEF research and suggests that the country has 7.8 million persons with disabilities (9.3% of the total population).[96]

Impact of Conflict in Sudan: Ethiopia is the third largest refugee hosting country in Africa, home to over 933 000 refugees and asylum seekers—mainly from South Sudan, Somalia and Eritrea.[97] The escalation of clashes in Sudan has led to an influx of refugees, returnees, and third country nationals into Ethiopia. The primary entry point is the Metema border post in Amhara region.[98] As of 14 November 2023, over 91 500 people entered Ethiopia since the onset of the ongoing crisis in neighbouring Sudan in April.[99] Ethiopian returnees, so far, represent the greater percentage of arrivals currently standing at 43 per cent, followed by Sudanese nationals at 39 per cent, and third country nationals at 18 per cent.[100]

HEALTH STATUS AND THREATS

Population mortality: Maternal mortality fell significantly in 2020, from 871 in 2000 to 401 maternal deaths per 100 000 live births.[101] Between 1990 and 2015, child deaths declined by two thirds. [102] Ethiopia has also achieved significant improvement in life expectancy, reaching 63/67 years (m/f) in 2015—up from just 49 years in 1990. [103] Yet there remain lagging health outcome indicators such as stunting rates and neonatal mortality, which have either stagnated or showed only minor improvement.

MORTALITY INDICATORS	ETHIOPIA	YEAR	SOURCE
Life expectancy at birth	63/67 years of age (m/f)	2015	WHO
Crude mortality	6 per 1,000 people	2020	World Bank
Infant mortality rate (deaths < 1 year per 1000 births)	37 per 1000 people	2019	GAVI
Child mortality rate (deaths < 5 years per 1000 births)	51 per 1000 people	2019	GAVI

The leading causes of premature mortality for all sexes in Ethiopia in 2019 were neonatal disorders, diarrhoeal diseases, lower respiratory infections, tuberculosis, stroke, HIV/AIDS, ischaemic heart disease, cirrhosis, congenital defects, and diabetes.[104]With high Socio-demographic Index (SDI) and life expectancy for all sexes, Addis Ababa, Dire Dawa, and Harari regions had low rates of premature mortality from the five leading causes. This contrasts with regions with low SDIs and life expectancy for all sexes (Afar and Somali), which had high rates of premature mortality from the leading causes.[105]

The major causes of under-five mortality in Ethiopia are acute respiratory tract infection (ARTI) (18%), diarrhoea (13%), prematurity (12%), new-born infection (10%), asphyxia (9%), meningitis (6%), injury (6%), measles (4%), malaria (2%), TB (3%), congenital anomalies (2%), HIV (2%), pertussis (1%) and others (17%).[106] Malnutrition is a major contributor to child mortality in Ethiopia as underlying cause for nearly 50% of under-five deaths.[107]

Vaccination coverage: Despite making considerable progress in routine immunisation (RI) programming over the past few decades, Ethiopia still has high numbers of zero-dose children, ranking among the top five countries globally.[108] Only 44 % (age 12-23 months) have received all the basic vaccinations.[109] A 2020 study found full vaccination coverage among children in urban and rural areas were 60.9% and 29.7% respectively, while it was highest in the capital Addis Ababa at 81.6% and lowest in the Afar region at 12.4%.[110] According to the 2024 HNO, over 50% of children diagnosed with measles had not received any vaccination, highlighting a critical gap in immunization coverage.[111]

In 2022, the Tigray Health Bureau reported that the percentage of children in the region receiving routine vaccines had fallen below 10%.[112] According to the Tigray Emergency Recovery Plan (June 2021), only 37% of the region's health facilities provided some basic health services and only 16 %of the health facilities in the region provided immunization services.[113]

To address this pressing issue and the lack of existing guidance in the national immunisation strategy on missed or late vaccination, the Ethiopian Ministry of Health (MoH) took action to develop national catch-up guidelines in 2021, which received approval for roll-out in 2022.[114] More broadly, since the COVID-19 pandemic, DTP3 coverage among countries in Africa began to recover in 2022, up 1 percentage point (from 72% in 2021 to 73% in 2022). However, there is still work to be done to recover to 2019 / pre-pandemic levels, when DTP3 coverage stood at 77%.[115]

Regarding COVID-19 vaccination, as of November 2023, 38% of the total population were vaccinated with a total of 68 856 793 vaccine doses have been administered.[116]

ETHIOPIA VACCINATION DATA (GAVI)	
DTP3 - WHO/UNICEF estimates (2019)	69%
DTP3 - Official country estimates (2020)	99%
Household survey: Last DTP3 survey (2017)	61%
% Districts achieving > 80% DTP3 coverage (2020)	77%
% Districts achieving < 50% DTP3 coverage (2020)	4%
MCV WHO/UNICEF estimates (2020)	60%

DISEASE RISK ANALYSIS

KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Malnutrition and child health		For the HRP 2024, its estimated 4.9 million individuals require nutrition assistance including 1 million children across Ethiopia with severe acute malnutrition in need of treatment and 1.5 with moderate acute malnutrition. In 2024, an estimated 2.4 million children under 5 and 1.3 million undernourished pregnant and lactating mothers will require treatment of moderate acute malnutrition, and an additional 942 000 children under 5 require treatment of severe acute malnutrition. [117]
Maternal and Neo-natal conditions		Extremely high maternal and perinatal mortality rates occur throughout Ethiopia. The number of maternal deaths between 1 January and 21 May 2023 were significantly higher than in 2022 and 2021.[118]
Malaria		Number of malaria cases is already higher than reported during the same period in 2023, as of February 2024.[119] A total of 81 080 malaria cases and 9 deaths were reported from 18-24 March 2024 (3.6% increase from previous week). [120] Disruption of malaria elimination activities mainly due to conflict, climate change contributed to the massive outbreak.[121]
Measles		A total of 14 562 cases were reported in 2024, as of EPI week 11.[122] With 91 current outbreaks, the cumulative deaths for the outbreak in 2024 was 91 (CFR: 0.68%).[123]As of February 25, 2024, active measles outbreaks have been reported in multiple regions of Ethiopia, including Amhara, Oromia, SWEPR, Sidama, Gambela, Harari, Somali, South Ethiopia, Central Ethiopia, and Benishangul Gumuz. [124]Over 50 % of children diagnosed with measles had not received any vaccination, highlighting a critical gap in immunization coverage.[125]
Diarrheal diseases (including cholera, acute watery diarrhea)		Lack of access to safe water and poor sanitation, resulting in poor hygiene in the vulnerable groups; overcrowding at displacement sites are additional risk factors. Since August 2022, a cholera epidemic has been ongoing in Ethiopia and there is increased risk because of cross border transmission with neighbouring countries which also have active outbreaks.[126] As of EPI week 11, the cumulative case load between 2022-24 was 38 683.[127]
Poliomyelitis (cVDPV2)		As of week 50, 2023, there have been a total of 69 reported cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). There was one case reported in 2022, one case in 2021, 10 cases in 2020, and 43 cases in 2019. It's important to highlight that no cases have been reported in 2023. [128]
Trauma and Injuries		With conflict on-going in Amhara and the recent conflict in Tigray, there are high numbers of many reports of casualties requiring long term care and rehabilitation.[129]
Gender Based Violence (GBV) related health risks		GBV is a critical humanitarian issue in Ethiopia, with stigma preventing survivors of sexual violence from accessing life-saving care and leading to re-victimization and other protection risks. [130] Between 40 and 50% of women in Tigray experienced GBV, with about 10% subjected to sexual violence. Among those who are subjected to sexual violence, 82% have been raped, and nearly 70% of

		those having been gang raped.[131] Researchers have reported post-traumatic stress disorder, depression, reproductive organ injuries and disorders including urinary incontinence, faecal incontinence, abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, and fistulas.[132]
Acute Respiratory Tract Infection (including COVID-19)		Since the inception of the COVID-19 pandemic response until February 25, 2024, a total of 5 585 272 COVID-19 tests were conducted.[133] Among these tests, 501 373 confirmed cases and 7,574 total deaths were reported, resulting in a Case Fatality Rate (CFR) of 1.5%. The positivity rate (PR) was calculated to be 9%.[134] In epidemiological week 08 of 2024, 543 laboratory tests were conducted, indicating a >100% increase compared to epidemiological week 07 of 2023. During this week, 21 new cases were detected, resulting in a positivity rate of 3.87%. Notably, 14 of these new cases (66.67%) were from the Addis Ababa City Administration.[135]
Meningitis		In epidemiological week 7, a total of 196 suspected cases of meningitis were reported. Nationally, there was a 3% decrease in suspected meningitis cases compared to the previous epidemiological week.[136] Notably, 59% of these suspected meningitis cases were reported from regions most affected by drought.[137] Cases of meningitis were last reported in Ethiopia in 2022, across 11 or the 12 regions having surpassed the epidemic threshold.[138] However, the key challenge is low in-country laboratory and technical capacity to ensure quality reporting.[139] Weakened immune systems in malnourished children, low vaccination coverage rates, and crowded living conditions abound.
Dengue Fever		The El-Nino driven drought has impacted Ethiopia's summer rains, resulting in conditions for increased transmission.[140] As of EPI week 11, the cumulative cases in 2023/2024 were reported at 23 552. With 6 reported outbreaks, the cumulative deaths for 2023/2024 was 17.[141] Nearly 98% of the cases and all deaths reported from Dire Dawa(58.9% cases) and Afar (38.3% cases).[142]
Tuberculosis (TB)		Among the top 30 high TB burden countries, Ethiopia ranked seventh in the world in 2021.[143] TB is a major public health problem. Disruptions to health systems are impacting services to existing patients.
Mental health		Population displacement, high mortality, living in combat areas and exposure to violence are risk factors for mental health issues. Mental health and psycho-social needs of survivors of gender-based violence is a major gap. Following the signing of the peace agreement, mental health and psychosocial needs of demobilized armed forces is a new area requiring interventions, along with drug abuse among young people.
Non-Communicable Diseases (NCD)		Access to essential health services has been disrupted in many conflict-affected and floor-affected areas, which means crucial medications for the treatment of NCDs (such as diabetes and hypertension) have been severely impacted.
Anthrax		In Ethiopia, anthrax is assumed to be endemic, although laboratory confirmation has not been previously routinely performed.[144] In epidemiological week 7 of 2024, a total of 55 suspected cases of Anthrax were reported, with 27 cases from the Amhara region and 28 cases from the Tigray region.[145]
HIV/AIDS		Low prevalence of HIV in northern Ethiopia but there are currently severe medication shortages and limited diagnostic testing. This leaves patients exposed to the risk of opportunistic infections.[146]

Scabies		During epidemiological week 7 of 2024, a total of 2652 cases of scabies were reported.[147] Nationally, there was an 8% increase in scabies cases compared to the previous epidemiological week. Of these cases, 48% were reported from regions most affected by drought during epidemiological week 7.[148]
Visceral Leishmaniasis		Since June 28, 2022, cases of leishmaniasis have persisted in the Gamo and South Omo zones of the South Ethiopia region, as well as in six woredas of the Somali region.[149] In the Gamo and South Omo zones of the South Ethiopia region, a total of 528 suspected cases of Leishmaniasis, resulting in 23 deaths, have been reported. Most cases were reported from Salamago woreda (152 cases), Daramalo (140 cases), and Ditta (96 cases). Additionally, two new cases were reported during the week from South Omo Zone.[150]
Rift Valley Fever		The viral disease, which affects both animals and humans, was first identified in 1931 during an outbreak of sudden deaths and abortions among sheep along the shores of Lake Naivasha in Kenya's Rift Valley, and had caused sporadic outbreaks in other parts of Africa since then.[151] Potential for cross border transmission.
Mpox		Since May 2022, cases of mpox have been reported from countries where the disease is not endemic and continue to be reported in several endemic countries. Suspected cases have been reported in Amhara but are not confirmed.[152]

****[Select cell and fill with the colour]*

Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month.

Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months.
Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.

Malnutrition and child health: High and persistently increasing levels of acute malnutrition continue to be reported across the country, particularly in the conflict and drought-stricken north, and the flood and recurrent drought-affected pastoral south and southeast. According to FEWS NET, the data point to very alarming malnutrition outcomes ranging from Serious (Global Acute Malnutrition (GAM), Mid-Upper Arm Circumference (MUAC) 5-9.9 percent or GAM WHZ 10-14.9 percent) to Extremely Critical (GAM MUAC ≥15 percent or GAM WHZ ≥30 percent) levels.[153]

For the HRP 2024, its estimated 4.9 million individuals require nutrition assistance including 1 million children across Ethiopia with severe acute malnutrition in need of treatment and 1.5 with moderate acute malnutrition. In 2024, an estimated 2.4 million children under 5 and 1.3 million undernourished pregnant and lactating mothers will require treatment of moderate acute malnutrition, and an additional 942 000 children under 5 require treatment of severe acute malnutrition. Malnourished children face a higher risk of morbidity and mortality from preventable diseases such as diarrhoea, pneumonia, and malaria due to weakened immunity. Nutrition-related factors contribute to about 45% of deaths in children under five.[154] There is a clear correlation between Severe Acute Malnutrition (SAM) and cholera and measles cases. [155]

An assessment in Afar in January 2024 revealed the GAM rate of 26.1%. GAM rates 15.9% Tigray –Aug 2023 SMART + survey, 22% in Amhara, and 35% in Afar, all at very high classification levels.[156] As of March 25th, 2024 (EPI week 11), there were 820 884 SAM cases with medical complications, and 151 049 without.[157] The total SAM admissions were 12 052 which increased by 26% compared to 8921 in EPI week 10, of which 11% was SAM with medical

complications. A total of 1284 SAM cases with medical complications were reported during week 11; the inpatient SAM cases increased by 1% compared to EPI week 10 (1277).[158]

SAM admission in the month of Jan 2024 is showing high caseload in drought affected zones of Tigray, Afar, Eastern and parts of Amhara bordering with Tigray, eastern parts of Oromia and some parts of SER. In January the number of SAM cases admitted in Ethiopia had increased comparing with December 2023. The high increase is reported in Tigray (lower in the past as screening was not regularly conducted), then Sidama, Afar and Adama. The locations of Wag Himbraand North Wolloin Amhara are showing an increase in the number of children with SAM. East and West Haraguein Oromia show an increased SAM cases as well as Shebelle in Somali region. The proportion of SAM cases with medical complications has reached 11.5% in January 2024 (last year in January was 9.27%). Defaulter rates in Amhara and Tigray are the highest: children don't finalize treatment and therefore remain exposed to the highest risk of death.[159]

The overall recovery rate is above the threshold and stands at 91%.[160] Gambela region has reported cure rate of less than 75%. Defaulter rate: 3.5% with Amhara reporting a higher proportion of defaulter cases (14%), followed by Gambela (11.2%), Tigray (7.6%), Afar (3.5%), SWER (3.2%), Somali (2.5%).[161] In stabilization centres, death rate is 2%. The nationwide death rate (case fatality) based on the Jan 2024 therapeutic Feeding Program (TFP) data is 2%. Except for Afar (12.2%) and that of SWER (6.7%) the rest of the regions had death rate below 2%.[162]

A Find and Treat (F&T) campaign (by Tigray Nutrition Cluster) was conducted in 5 woredas in Tigray in January 2024 (MUAC screening for acute malnutrition targeting children 6-59 Mo and PLWs).[163] The campaign found very high levels of proxy GAM among children under 5, including alarming prevalence of associated SAM in one woreda (Wajirat). All children with SAM received a week's supply of ready-to-use therapeutic **food** and were referred to the nearest health facility for follow-up, however mild acute malnutrition (MAM) children and PLW did not receive supplementary food in most of the woredas.[164] More details of the campaign can be found below:

Date	Woreda	Children aged 6-59 months			PLW
		% SAM	**Proxy GAM (%)**	**Prevalence (proxy - GAM)**	**% wasting**
Jan 2024	Atsbi	3.6	28.0	**Very High**	92
	Wajirat	8.0	29.2	Very High	78
	Arbegele Yechilla	1.2	12	High	72
	Endaba Tsahma	0.94	18.4	Very High	77.3
	Maykinetal	1.4	30	Very High	74.3

According to the 2024 HNO, some areas in Afar, Amhara, and Tigray regions where SMART surveys have been conducted in 2023 were found to face very high Global Acute Malnutrition (GAM) rates (measured through weight-for-height) beyond the emergency threshold (>15%).[165]

In 2023 in Tigray, the stunting levels were at 43%, and malnourished pregnant and lactating women had rates as high as 70% in some parts of the region. Some parents are feeding their families cattle roots, and others are forcing their children to sleep longer to avoid hunger pains.[166] The Tigray Bureau of Health indicated that 60% of households have moderate or severe hunger, compared to just 3% before the war.[167]

Furthermore, a recent rapid assessment carried out in Dasenech woreda, in South Ethiopia (SE) region, revealed high levels of malnutrition, with proxy Severe Acute Malnutrition (SAM) at eight per cent and Global Acute Malnutrition (GAM) at 34 per cent, despite the ongoing response with multiple partners.[168] The Mid-Upper Arm Circumference (MUAC) assessment results indicate that the ongoing interventions have prevented the deterioration of the nutritional status of under-five children.[169]

Nationally, in 2023, over 650 000 severely acutely malnourished children were admitted to therapeutic feeding programs (TFP), a figure that is 5.8 percent lower than the same period last year and 41.7 percent higher than the five-year average (Figure 17). It is likely that TFP admissions would have been higher in 2023 if all health facilities in the conflict-affected areas of Amhara, Oromia, and Tigray were functioning. According to FEWS NET, many health facilities in Amhara and Tigray are not currently providing services due to the impacts of conflict and/or are non-functional; some health facilities are partially or totally damaged, lack supplies, and/or are inaccessible.[170]

Children from the lowest wealth quintiles were twice as likely to be stunted compared to their counterparts from higher quintiles.[171] Inappropriate infant and young child feeding practices also contribute to malnutrition. [172] While 97% of children are breastfed, only 58% are exclusively breastfed during the first six months. [173] While early initiation of breasting is 77%, only 61% are exclusively breastfed during the first six months. Only 8% of children aged 6-23 months consumed minimum recommended number of five out of eight food groups.[174] Only 45% of children are fed at least three times a day. [175]

Micronutrient deficiencies in iron, vitamin A, folic acid, iodine and zinc remain the most common. Anaemia prevalence among under-five children remains high at 57%. Among women aged 15–49 years, 26% are undernourished and 24% have anaemia.[176] In 2023, the prevalence of anaemia among children aged 6-59 months was 16% and there are no urban and rural differences.[177]

Maternal and neo-natal conditions: Since 2000, Ethiopia has reduced maternal and child mortality by half.[178] The maternal mortality ratio (deaths per 100,000 live births) in 2017 was 401, while the percentage of births attended by skilled health personnel (2004-2020) was just 50%.[179] However, with the onset of the conflict, the maternal mortality rate has increased fivefold in Tigray.[180] Health professionals explain this level is comparable to those of 22 years back.[181] As a result, the number of maternal deaths between 1 January and 21 May 2023 were significantly higher than in 2022 and 2021. The largest number of maternal deaths reported from Tigray, Amhara, Afar and Oromia.[182] Since November 2023, safety and security has improved significantly across northern Ethiopia, allowing the mobility and access to health services. However, despite some improvements, health facilities are largely overstretched in resources, capacity and staff to provide comprehensive health services as prior to the conflict. [183]

Malaria: A total of 1 031 614 malaria cases were reported in 2024, as of EPI week 11.[184] A total of 81 080 malaria cases and 9 deaths were reported from 18-24 March 2024 (3.6% increase from previous week).[185] About 75% of the malaria cases in epi-week 11 were from four regions: Oromia (33.7%), Amhara (19.8%), SWEPRS (13.1%), South Ethiopia. Oromia (8.9%).[186] Number of malaria cases so far this year is already higher than reported during the same period in 2023, as of February 2024.[187]

The current malaria response is challenged with inadequate bed net utilization among communities at risk, suboptimal environmental or vector control activities, lack of insecticide residual spraying at mosquito breeding grounds. Generally, limited partner involvement, poor data quality from affected areas, and weak community-level malaria prevention and control interventions hinder a more effective response.[188]

More broadly, prior to 2020, mortality and morbidity associated with malaria has declined dramatically. Between 2015 and 2019, the number of malaria-related deaths dropped from 3.6 to 0.3 per 100,000 population at risk, and malaria case incidence dropped from 5.2 million in 2015 to less than 1 million in 2019.[189]

During 2023, over 4.1 million malaria cases including 527 deaths were reported, with 328 881 new cases including 84 deaths between 1 and 28 January 2024.[190] Most new malaria cases are reported from Oromia (35%), followed by Amhara (21%), and Southwest (12%).[191] Malaria is endemic in Ethiopia, with higher prevalence in areas below 2000m

of altitude (which cover three quarters of the country's land mass, with an estimated population of 52 million).[192] Changes in climate are also likely to lengthen the transmission period of major vector-borne diseases and alter their geographic range.[193] Currently, approximately 70% of the population resides in malaria-endemic regions, where periodic outbreaks contribute to as much as 20% of deaths among children under the age of 5. The escalating temperatures provide conducive environments for the proliferation of disease-carrying vectors, amplifying the transmission of malaria and heightening the vulnerability of affected communities.[194]

Measles: A total of 14 562 cases were reported in 2024, as of EPI week 11.[195] With 91 current outbreaks, the cumulative deaths for the outbreak in 2024 was 91 (CFR: 0.68%).[196] As of February 25, 2024, active measles outbreaks have been reported in multiple regions of Ethiopia, including Amhara, Oromia, SWEPR, Sidama, Gambela, Harari, Somali, South Ethiopia, Central Ethiopia, and Benishangul Gumuz. [197]

Measles remains endemic in Ethiopia, with cases consistently reported on an annual basis. However, the outbreak has experienced a concerning exponential increase, with reported cases surging five-fold between 2021 and 2022. This surge can be attributed to several factors, including low population immunity compounded by concurrent epidemics, ongoing conflict, forced displacement, and other humanitarian crises that disrupt childhood vaccination efforts.[198]

The measles vaccination rate is sub-optimal across Ethiopia. A total of 53% of measles cases are children under the age of 5.[199] The Health Cluster reported in February 2024 that 2.1 million children aged 6 months to 10 years were vaccinated against measles between 29 December 2023 and 7 January 2024, combating an increasing number of woredas affected by measles outbreaks.[200]

Serious delays in laboratory confirmation of measles cases in many regions, as samples are sent to Addis Ababa, because laboratory testing in the regions is not available (i.e., lack of spare parts, reagents, and other laboratory supplies).[201] Many regions report mortality due to measles because of late health seeking behaviour and fear of vaccines, indicating the urgent need to strengthen risk communication to disseminate appropriate messaging.[202]

Diarrheal disease (including cholera and acute watery diarrhoea): As of EPI week 11, the cumulative case load between 2022-24 was 38 683.[203] With 329 outbreak episodes, the cumulative number of deaths for the outbreak is reported to be 528 (CFR: 1.36%).[204] With 65 woredas experiencing an outbreak, during EPI week 11 there were 687 new cases and 2 deaths. Of the cases, 392 (57%)of the new cases are from Somali, 203 (29.5%) of new cases and 2 deaths reported from Oromia, Dire Dawa (57),Afar (26),Sidama (7)and CER(2). [205]

Seventy-five per cent of cholera cases report drinking untreated water from rivers, streams, and lakes. The outbreak is controlled in 269 districts following continued efforts in preventative and treatment of patients. The districts, however, remain at high risk due to their adjacence to affected areas. Seven rounds of cholera oral vaccination campaigns (OCV) have been rolled out in affected regions since December 2022, with the eighth campaign having started early March. A national eight-weeks Stop Cholera Together plan is expected to contain the cholera outbreak across affected regions.[206]

Currently, all doses of the oral cholera vaccine in production until mid-March have already been allocated to affected countries, and demand for doses keeps growing, with current world reserves at zero. MSF has been desperately raising the alarm about the grave consequences of this shortage in supply, calling on manufacturers to urgently produce more vaccines, and provide more technical support for new manufacturers to speed up regulatory processes to enable the drastic scale up in production needed to save lives.[207]

Efforts are ongoing through the humanitarian-development nexus to strengthen advocacy for urgently needed durable investments in water supply and sanitation systems. [208] Poor WASH facilities contribute to cholera outbreaks (poor access to good quality drinking water, low latrine coverage, open defecation, and breeding sites for mosquitoes).[209] A total of 60% to 80% of communicable diseases are attributed to limited access to safe water and inadequate sanitation and hygiene services.[210]

Poliomyelitis (cVDPV2): As of week 50, 2023, there have been a total of 69 reported cases of circulating vaccine-derived poliovirus type 2 (cVDPV2). There was one case reported in 2022, one case in 2021, 10 cases in 2020, and 43 cases in 2019. It's important to highlight that no cases have been reported in 2023. [211] Poor sanitary conditions coupled with low vaccination coverage rates render polio a potentially high-risk condition. Polio is a disabling and potentially deadly disease caused by a wild poliovirus and vaccine-derived poliovirus. A non-wild polio variant continues to circulate in under-immunized communities until wild polio still threatens a few countries in Africa and beyond. In 2021, Ethiopia introduced a new polio vaccine (nOPV2), which is now in use throughout the country[212].

Acute Respiratory Tract Infection (including COVID-19): COVID-19 and ARTIs remains a priority public health concern with reports of significant numbers of respiratory tract infections reported in the Tigray region. However, with limited diagnostic capacity, it is difficult to confirm suspected cases.[213] Notably, childhood acute respiratory infection remains the commonest global cause of morbidity and mortality among under-five children. In Ethiopia, it remains the highest burden of the health care system.[214] At the national level, only 38% of the population have been vaccinated with a complete primary series.[215] Since the start of the COVID-19 pandemic response until February 25, 2024, a total of 5 585 272 COVID-19 tests were conducted. [216] Among these tests, 501 373 confirmed cases and 7574 total deaths were reported, resulting in a Case Fatality Rate (CFR) of 1.5%. The positivity rate (PR) was calculated to be 9%.[217]

Trauma and Injuries The WHO Rehabilitation Needs Estimator shows that in Ethiopia, approximately 1 in 5 people (21 million) had health conditions that could benefit from rehabilitation, primarily musculoskeletal disorders and sensory impairments.[218] This need will continue to grow as the population ages, non-communicable diseases surge, and conflict-induced injuries increase.[219] With conflict on-going in Amhara and the recent conflict in Tigray, there are high numbers of many reports of casualties requiring long term care and rehabilitation.[220]

Meningitis: There is a direct correlation between drought and the epidemiology of meningitis. This is especially true in countries within the 'Meningitis Belt', which includes much of the Horn of Africa. Countries within the meningitis belt experience the highest endemicity and epidemic frequency of meningococcal meningitis especially during the dry season. Dryness and dust levels of areas that have become more arid are among the risk factors.[221]

Cases of meningitis were last reported in Ethiopia in 2022, across 11 or the 12 regions having surpassed the epidemic threshold. However, the key challenge is low in-country laboratory and technical capacity to ensure quality reporting.[222] In epidemiological week 7, a total of 196 suspected cases of meningitis were reported. Nationally, there was a 3% decrease in suspected meningitis cases compared to the previous epidemiological week. Notably, 59% of these suspected meningitis cases were reported from regions most affected by drought.[223]

Dengue Fever: As of EPI week 11, the cumulative cases in 2023/2024 were reported at 23 552. With 6 reported outbreaks, the cumulative deaths for 2023/2024 was 17. [224] Nearly 98% of the cases and all deaths reported from Dire Dawa(58.9% cases) and Afar (38.3% cases).[225] The World Bank reports that higher temperatures and greater precipitation would increase malaria and dengue transmissibility by 2050. Mortality and morbidity due to dengue would rise by as much as 50% without any complementary reforms in health policies. However, if those health sector reforms are implemented these impacts are much less severe, with mortality and morbidity rising by only 14% by 2050.[226]

Tuberculosis (TB): TB continues to be a major public health problem in Ethiopia. Among the top 30 high TB burden countries, Ethiopia ranked seventh in the world in 2021.[227] While some gains have been made in decreasing TB incidence, from 421 (in 2000) to 132 (in 2020) per 100,000, the incidence of and mortality from drug-susceptible TB (DS-TB) remain high, while treatment coverage remains low[228]. WHO estimates that in 2017 about 20 000 children under the age of 15 (i.e. 11.6% of all TB patients) became ill with TB, accounting for 9.5–14.9% of all TB patients.[229] A 2023 study found that the death rate among children on TB treatment was unacceptably high in Ethiopia, affecting children under the age of two disproportionately. [230] Focused intervention such as prevention of HIV infection, improving nutritional status of children on TB treatment, special attention for younger age children with TB, and prevention of recurrent TB should be implemented to minimize death among children on TB treatment. [231]

Mental Health: Conflict and displacement can be very traumatic, especially with associated factors like loss of loved one and properties. Recent inter-sectoral assessments show an increase in psychosocial distress, especially among children and caregivers, as well increased use of negative survival strategies.[232]

In Tigray, local health professionals report the need to scale up mental health and psychosocial services to meet the needs of those suffering the effects of sexual violence. As Tigray's health system was largely destroyed during the conflict, local officials noted that there are only eight psychologists for the entire region of Tigray, despite a population of more than 7 million.[233] Currently, there is a complete absence of psychosocial support in IDP sites[234].

Non-Communicable Diseases (NCD): Non-communicable diseases are a priority as the burden is high and patients lack access to diabetic medication and for conditions such as arterial hypertension. The burden of NCDs remains high and patients lack access to essential treatment for these conditions.[235] Food insecurity is shown to lead to malnutrition and obesity, which was highly associated with several NCDs such as diabetes, cancer, and cardiovascular disease, causing premature deaths. The upsurge of NCDs globally has been associated with rapid unplanned urbanisation, globalisation of unhealthy lifestyles, and population ageing. Although many people in humanitarian contexts have hardly any food to eat, those who have some food have poor quality or empty calories. A coping strategy for lack of food includes compromising the quality for quantity as nutrient-rich healthier foods may be more expensive.[236]

HIV/AIDS: National HIV prevalence in Ethiopia is 0.9%, and the epidemic is heterogeneous by sex, geographic areas, and population groups.[237] Looking at HIV prevalence by regional states, it is the highest in the Gambella region (4.8%), and Addis Ababa city (3.4%).[238] In Tigray, among the women and girls who got tested for HIV/AIDS, 3% of them are HIV positive[239]. Before the conflict in the Tigray region, there were approximately 46 000 clients enrolled and receiving Anti-Retroviral Therapy (ART).[240] Now, all medication is depleted and there is limited diagnostic testing in the region. This leaves patients exposed to the risk of opportunistic infections.[241]

Scabies: During epidemiological week 7 of 2024, a total of 2652 cases of scabies were reported. Nationally, there was an 8% increase in scabies cases compared to the previous epidemiological week. Of these cases, 48% were reported from regions most affected by drought during epidemiological week 7.[242]

Visceral Leishmaniasis: Since June 28, 2022, cases of Leishmaniasis have persisted in the Gamo and South Omo zones of the South Ethiopia region, as well as in six woredas of the Somali region. In the Gamo and South Omo zones of the South Ethiopia region, a total of 528 suspected cases of Leishmaniasis, resulting in 23 deaths, have been reported. Most cases were reported from Salamago woreda (152 cases), Daramalo (140 cases), and Ditta (96 cases). Additionally, two new cases were reported during the week from South Omo Zone.[243]

Anthrax: In Ethiopia, anthrax is assumed to be endemic, although laboratory confirmation has not been previously routinely performed.[244] In epidemiological week 7 of 2024, a total of 55 suspected cases of Anthrax were reported, with 27 cases from the Amhara region and 28 cases from the Tigray region.[245]

Rift Valley Fever: The viral disease, which affects both animals and humans, was first identified in 1931 during an outbreak of sudden deaths and abortions among sheep along the shores of Lake Naivasha in Kenya's Rift Valley, and had caused sporadic outbreaks in other parts of Africa since then.[246] Potential for cross border transmission.

Mpox (monkeypox): Since May 2022, cases of mpox have been reported from countries where the disease is not endemic and continue to be reported in several endemic countries. Suspected cases have been reported in Amhara but are not confirmed.[247]

DETERMINANTS OF HEALTH

Food Suspension in Tigray: The U.S. government and World Food Program (WFP) pause in food aid in Tigray in May 2023, and in June 2023 extended to the whole country, had a devastating effect on some of Ethiopia's most food insecure people. The decision was due to widespread corruption and aid diversion.[248]The real-life consequences for millions were catastrophic for the nearly one-sixth of Ethiopians who rely on food aid.[249] Food assistance resumed in December 2023 and is slowly returning, but hunger is outpacing the scale-up.[250]

Since resuming food distributions in early December, the U.N. World Food Programme has delivered food to 1.2 million people in the Tigray, Afar, Amhara and Somali Regions. The U.N. World Food Programme is now scaling up to provide lifesaving food assistance to 3 million Ethiopians in the coming weeks, of which almost 2 million are in Tigray.[251]

Water Sanitation and Hygiene (WASH): In terms of access to clean drinking water, Ethiopia ranks among the lowest in Sub-Saharan Africa and is thought to have one of the worst drinking water infrastructures in the world.[252] Around 31% of the population in Ethiopia uses unimproved sources of drinking water across the country. [253] The conflict also had a devastating effect on the country's WASH infrastructure. In addition to the physical damage to critical infrastructure, such as water tanks, reservoirs, pumping stations, and distribution lines, there has been extensive looting of equipment vital to sustain WASH operations, including vehicles, rigs, computers, and monitoring equipment. Reinstatement of services seems a distant prospect in many areas given the insecurity and extensive damage. While the total damages caused to water supply by the conflict are estimated at over US$95 million, insufficient data are available to quantify all physical damages and economic losses related to sanitation.[254]

Protection Risks

- **Gender Based Violence (GBV):** In Ethiopia, GBV continues to be a key concern in communities affected by conflict and climate shocks (drought and floods). GBV forms include violence, sexual assault, physical violence, abduction, rape, child marriage, and harmful traditional practices.[255] Health experts estimate that between 40 and 50% of women in Tigray experienced gender-based violence (GBV), with about 10% subjected to sexual violence. Among those more than 80% have been raped, and nearly 70% of those having been gang raped.[256] Researchers have reported post-traumatic stress disorder, depression, reproductive organ injuries and disorders including urinary incontinence, faecal incontinence, abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, and fistulas. [257]
  Meanwhile, there has been a surge in GBV cases in the Amhara Region. However, the region has only 10 one-stop centres and six safe houses/shelters, indicating significant resource and response gaps.[258] GBV cases have witnessed a sharp increase recently because of the conflict with 34 cases reported in January 2024 including among health workers.[259] This brings the total number of reported rape cases in Ethiopia to 646 cases since July 2023, about 57% of whom received care and support.[260] Response to GBV is challenged by obstruction to patient's access to health services due to insecurity in Amhara region and migration of health professionals due to threats to safety of health workers.[261] While some can access treatment, many health facilities remain damaged or entirely non-operational, and health professionals need additional resources to reach far-flung woredas.[262]The Health Cluster reports a lack of reliable data on Sexual and Gender Based Violence (SGBV) survivors, and services is hampering interventions.[263]
- **Child Protection:** The country has the second highest number (23.8 million) of girls and women in the world having undergone female genital mutilation (about 65% of those aged 15-49). [264] However, studies show that attitudes towards the practice of FGM are shifting at the community level in Ethiopia, with more than 8 in 10 girls and women opposing the continuation of the practice and 78% of boys and men reporting that men and boys in their community are willing to marry a woman who did not undergo FGM, which was the opposite one decade ago.[265] Due to the conflicts and drought crises, early and forced marriage, adolescent pregnancy violence is increasing.[266] Those who survived GBV, and the community at large suffer from trauma, and the break-up of marriages, families and communities. [267]
- **Mine Action:** Ethiopia has experienced a series of internal and international armed conflicts throughout its history, leaving a legacy of landmines scattered throughout the country, with

unaddressed contamination totalling 726 square kilometre.[268] The outbreak of conflict in Tigray, Afar and Amhara has added new explosive ordnance contamination that poses an immediate threat to life and livelihoods.[269] According to data collected in 2023, 1 500 (1014 male and 486 female) victims of Explosive Ordnance have been reported in Northern Ethiopia, although not all cases have been verified. It is believed that many other accidents go unreported. Initial analysis shows that children make more than 25% of all casualties known.[270]

Education: In 2019, about 2.62 million school-aged children were affected by displacement and in need of humanitarian education support.[271] The Ethiopian education system is undermined by persistent challenges to access, retention/transition, equity, inclusion, and quality. Ethiopia has experienced a rapid expansion of primary education services, but this has had a significant impact on quality: suboptimal learning outcomes and slow development of foundational as well as transferable skills remain a significant concern.[272] High drop-out rates denote the lack of school readiness, particularly in rural areas and low transition rates across cycles denote poor quality of education. Teacher effectiveness and motivation are low, and training and support inadequate.[273]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

In Ethiopia, there remain lagging health outcome indicators such as stunting rates and neonatal mortality, which have either stagnated or showed only minor improvement.[274] Ethiopia's health service is structured into a three-tier system: primary, secondary and tertiary levels of care. The primary level of care includes primary hospitals, health centres and health posts.[275] The lowest level of the primary health care are the health posts staffed with two women each to take care of their communities. They have around 15 000 health posts and about 30 000 women trained to run them. [276]

Access to health care: Access to primary health care stood at 90% in 2019.[277] Ethiopia had 434 hospitals, 3 890 health centres, and 18 090 health posts in 2020. The country also had 14 314 doctors and 69 550 nurses in 2020, giving a ratio of 12.5 doctors per 10 000 population and 67 nurses per 10 000 population.[278]

Healthcare financing: According to the World Health Organization, Ethiopia's healthcare sector is financed by multiple sources including loans and donations from all over the world (46.8%), the Ethiopian Government (16.5%), out-of-pocket payments (35.8%), and others (0.9%).[279] The country allocated US$ 1.6 billion to health care in 2015 and of total health expenditure, approximately 15% goes to primary health care.[280]

In crisis health system status

Assessment of the health services in Ethiopia is hampered by a lack of credible data, including outdated population with the last census conducted as way back as 2007. This has made it difficult to establish the number of healthcare facilities and medical staff per given population size.[281] Since 2020, the country has faced consecutive challenges to public health service delivery and overall health security. There were continued weaknesses in systems for emergency preparedness, operations, and financing, combined with the emergence of new and emerging infectious diseases such as COVID-19.[282]

Conflict also began to affect nearly 20% of districts in the country, which led to the direct loss of life, displacement, and damage to public health infrastructure[283] Consequently, the health system remains fragile and underperforming, with outbreaks of infectious diseases such as cholera, measles, and meningitis a continual risk, and acute respiratory infections, including pneumonia, often reaching epidemic proportions.[284]

Understanding the extent to which basic services are functioning to meet the needs of the people they intend to serve, is a critical part of improving services.[285] Whilst there is no comprehensive research on the capabilities of services in Ethiopia ongoing, some sector specific research has been conducted. This includes the World Health Organization Health Resources and Services Availability Monitoring System (HeRAMS), which analyses the

operational status of the health systems.[286] However, comprehensive mapping and analysis of the function and capability of all health, nutrition, education and water services has to date, not been conducted in Ethiopia. [287]

In February 2024, the Health Cluster reported that Regional Health Bureaus (RHBs) have been newly established regions in southern Ethiopia (Central, Sidama, South and Southwest) suffering severe shortages in human resources, infrastructure, logistics support, and budget: most RHBs have just 1 vehicle to cover large distances.

Furthermore, ongoing insecurity in Amhara, Benishangul Gumuz, Western Oromia, and Tigray is impeding the delivery of basic health services including immunization, distribution of bed nets, surveillance and transport of samples for laboratory confirmation, resulting in increased risk of undetected disease outbreaks.[288]

Tigray: The HeRAMS report for Tigray, published on 05 September 2023, highlighted huge support needs, where out of 853 health facilities assessed, 92% is partially functioning, 8% non-functioning while 0% is fully functioning. Only 1% of the health facilities did not report any equipment damage, while 72% and 27% reported partial or full equipment damage respectively. The situation regarding building damages shows that 3% are fully damaged, 86% partially damaged and 2% are intact. Among major indicators provided in the report, no single facility reports full availability of outpatient services at primary level and 25% of them report that such services are unavailable. According to UN Women as of April 2024, basic services remain largely unavailable due to damages endured during conflict. With the significant destruction of education and health infrastructures, key priority needs remain unchanged in the rehabilitation and equipping of primary health and education facilities in all regions.[289]

Major access barriers to health services have been reported as including a lack of inclusive services for people with restricted mobility, lack of information on available services, lack of essential drugs, lack of medical equipment, and lack of skilled health care workers.[292] Incidents of GBV against health workers are consistently being reported through regional health bureaus.[293] The health workforce has also suffered greatly because of the conflict, with more than 10 000 health workers forced to flee their duty stations.[294]

Key information on disruption of key health system components

ACCESS TO HEALTHCARE

Access to primary health care stood at 90% in 2019.[290] (no additional information is available since 2019)

DISRUPTION TO SUPPLY CHAIN

Limited data available.

DAMAGE TO HEALTH FACILITIES

In Tigray, 80% of hospitals, 60% of health centers and 76% of health posts were damaged.[291]

ATTACKS AGAINST HEALTH

Limited data available as of February 2024.

HUMANITARIAN HEALTH RESPONSE

Health Cluster Overview for 2024: For the Health Cluster, 16.4 million people have been identified as in need of health services, while 6.7 million people will be targeted with US$ 187.3M in funding required. However, the Health Cluster expects a 50% decrease in donor funding for 2024 compared to 2023.[295] As of February 2024, the Cluster was only 24% funded.[296]

Health Cluster Response: The Health Cluster has been operational in Ethiopia since 2015, co-coordinated between WHO and the Ministry of Health.[297] According to the 2024 HNO, the Health Cluster currently has 57 operational partners including national and international NGOs, the Red Cross Movement, UN agencies, the Ministry of Health, and the Ethiopian Public Health Institute (EPHI).However, the Health Cluster faces various challenges.[298] Local health partners have a unique role to play in health service provision, access to population in insecure/conflict & hard-to-reach areas, last-mile delivery of supplies, and disease outbreak response in areas with difficult access to government, and UN agencies.[299]

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	**Recommended tools/guidance for primary data collection**
Health status & threats for affected population	Surveillance data in conflict and remote areas	Early Warning Alert and Response (EWAR)
	Health needs information is limited	Health needs assessments
Health resources & services availability	Information on Health services availability, disruption and functionality in several areas	HeRAMS (WHO)
	Limited information on health workers availability and capacity	HeRAMS (WHO)
	Attacks on health	SSA (WHO)
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Gaps in health service provision for IDPs in some areas	Support from IOM , INGOs, NGOs, Regional Health Bureaus and local health authorities required

WORLD HEALTH ORGANISATION CONTACTS

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FOOTNOTES

[1] WFP (Feb 2024), WFP ramps up deliveries of vital food assistance to drought and conflict-affected areas of Ethiopia
[2] WFP (Feb 2024), WFP ramps up deliveries of vital food assistance to drought and conflict-affected areas of Ethiopia
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