Ethiopia faces unprecedented public health risks with over **17.4 million people in need of health assistance** due to a compounded security, epidemiological, environmental and socio-economic hardships throughout the country. Specifically, the prolonged drought and localized conflicts have negatively impacted public health systems, whose access has become severely hindered because of physical constraints, infrastructure, equipment damages, lack of available healthcare workforce and negative coping mechanisms resulting from livelihoods deterioration. Whereas the World Health Organization (WHO) assistance has been critical to coordinate humanitarian efforts in affected areas, additional efforts are required in the coming months to address ongoing epidemic outbreaks and support the recovery process in conflict-affected areas (Afar, Amhara, Tigray and Gambelia) that are now accessible.

**17.4**
Million people in need of Health Assistance

**3,217**
Health facilities to be rehabilitated in conflict-affected regions

**Malaria**
1,669,406 cases  
(January to Mid July – 2023)  
+ 58% year-on-year increase

**Measles**
22,953 cases  
(January to Mid July – 2023)  
+ 171.5% year-on-year increase

**Cholera**
14,811 cases  
(January to Mid July – 2023)  
+ 1595% year-on-year increase

Data source: MoH/EPHI and Ethiopia HRP 2023

“Our Emergency Preparedness and Response (EPR) is embedded in the WHO 5 Ps, which are Promote health, Provide health, Protect health, Power health and support health to Perform.”

Dr Nonhlanhla Rose Dlamini, WHO Ethiopia Representative a.i.
2023 FUNDING NEEDS COVERAGE

$61.57 million
Funding gap for 2023

$39.43 million
Mobilized so far

PUBLIC HEALTH RISKS & KEY AREAS OF CONCERN

Disruption of health services:
Damaged health facilities, insufficient supplies, lack of health staff, limited capacities to coping with increased demands (eg. Internally Displaced People (IDP)), interruption of essential health services (eg. TB and HIV testing and treatment)

Deterioration of nutritional status:
Increase in severe acute malnutrition (SAM) due to drought, disruption of livelihood, food insecurity

Interruption of surveillance and control systems:
Limited prevention activities, lack of capacities/personnel, insufficient data analytics capacities (affecting 6 building blocks of the health system)

Response to outbreaks:
Interruption of surveillance services and routine immunizations leading to weak response to outbreaks (cholera, measles, malaria...)

Increased demand for Sexual and Gender Based Violence (SGBV) and Mental Health and Psychological Support (MHPSS):
Breakdown of social protection infrastructure, disintegration of community’s support mechanisms, increased vulnerability of women and children

Interruption of Water Sanitation and Hygiene (WaSH) services:
Poor water quality and monitoring systems

HEALTH EMERGENCIES

Conflict
NE Humanitarian
Affected Region

Accessibility
Partially Accessible

Cholera outbreak woreda

Measles outbreak woreda

Drought Priority
Priority Woreda

Malaria
1 - 150,000
> 150,000
WHO OPERATIONAL APPROACH AND PRIORITIES

WHO plays a pivotal role in the coordination of humanitarian, recovery and development stakeholders, including UN agencies, national/local health authorities as well as International non-governmental Organization (INGO)/NGOs. WHO specifically focuses on technical, financial, supplies/equipment and HR support, providing normative and operational guidance. More than 300 staff are currently mobilized in country for emergency preparedness and response. Whereas WHO has secured operational presence in all regions, prioritization has been made for northern Ethiopia and drought-affected regions where dedicated Incident Management Teams operate.

LONG TERM IMPACT

- Morbidity/Mortality Reduction
- Fostering Health System Resilience
- Healthy Behaviours

MEDIUM TERM IMPACT

- Increased Health Services Availability
- Enhanced Outbreaks Surveillance
- Improved Health System Response & Preparedness
- Enhanced Access to Health

MAIN DRIVERS OF INTERVENTION

- Expertise Deployment
- Supplies Procurement
- Capacity Building
- Policy Support
- Advocacy/Risk Communication
- Health Cluster Coordination
- Health Infrastructure Rehabilitation
- PSEAH, Inclusivity, Focus On Youth & Women, PWD

PERFORMANCE INDICATORS

WHO 2023 operational plans aims at supporting national and HRP objectives. The following targets have been established for this year:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
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<tbody>
<tr>
<td>Proportion of population in need that effectively has access to essential health services</td>
<td>83%</td>
</tr>
<tr>
<td>Proportion of health alerts responded to within 48-72 hours</td>
<td>85%</td>
</tr>
<tr>
<td>Total number of people benefitting from essential health services</td>
<td>19,768,143</td>
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<tr>
<td>Proportion of Health facilities (HFs) providing weekly reports</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>Minimum cure rate of managed SAM cases</td>
<td>75%</td>
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<tr>
<td>Total number of healthcare workers trained</td>
<td>7,663</td>
</tr>
<tr>
<td>Total number of HFs and partners to be supported with supplies</td>
<td>982</td>
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<tr>
<td>Number of community leaders trained on Health risk communication</td>
<td>2,672</td>
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</tbody>
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WHO support in Dassanach IDP site. ©WHO/Alemseghay Zergaw

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