

2025 ETHIOPIA HEALTH EMERGENCY INVESTMENT CASE

May- December 2025



A mother and child are weighed to ascertain the child's weight at the Nutrition Stabilization Centre of Mehoni Primary Hospital.

HUMANITARIAN OVERVIEW

Ethiopia has continued its efforts in mounting intensified robust response to the multiple, prolonged complex humanitarian emergencies in country. Most of the emergencies are precipitated by internal armed conflicts, food insecurity, malnutrition, disease outbreaks, and the effects of climate change. Since 2024, the number of people in need of humanitarian assistance increased to 21.4 million from 16.8 million in 2022. With very significant efforts from government and partners, it's estimated that in 2025, about 10 million¹ people will require humanitarian assistance. The total number of refugees and asylum seekers in need of assistance is projected at 1.1 million², primarily from South Sudan, Somalia, Eritrea, and Sudan.

WHO has been at the forefront in support of the government and partners to respond to these emergencies, focusing especially on three Grade 3 emergencies—the highest level of crisis response for WHO—including the humanitarian situation in northern Ethiopia, the Sudan refugee crisis, and cholera outbreaks. Additionally, WHO is addressing one Grade 2 emergency (vaccine-derived polio) and five other emergencies including malaria, measles, malnutrition, dengue fever, and climate-driven hazards.

Civil unrest, especially in the Amhara region as well as parts of Oromia and Gambella, remains an impediment for the current relief efforts affecting the delivery of essential humanitarian aid and vital health services.

The delays in providing crucial interventions and medical supplies, including mosquito nets, antimalarials, and transportation of lab samples, have negatively affected the plight of refugees and internally displaced persons (IDPs). Additionally, the northern regions of Afar, Amhara, and Tigray³ still have residual effects of the 2020-2022 conflict, which led to extensive population displacement and serious damage to healthcare facilities.

Climate-related shocks, including recurring droughts, floods, earthquakes, and landslides, have further disrupted livelihoods, weakened health and social systems, and eroded community resilience.

These overlapping crises have intensified the need for humanitarian support and placed immense strain on the health system.

Despite deliberate efforts from the government to address climate change challenges, support from WHO and partners to provide lifesaving assistance is still needed. WHO has positioned itself to support local authorities as a first responder, through the sub national hubs, to ensure the continuity of essential healthcare services in high-risk and resource-limited settings. WHO leads the coordination of rapid outbreak detection, response, and containment efforts. Through its global expertise, WHO strengthens national health systems, enhances emergency preparedness, and fosters multisectoral collaboration to mitigate the impact of health crises and safeguard public health.



A patient is treated inside one of the few remaining functional rooms at Hitsais Clinic. The rest of the health facility is burned and badly damaged.

¹ Ethiopia | Global Humanitarian Overview 2025 | Humanitarian Action

² <https://data.unhcr.org/en/country/eth> as of 31 March 2025

³ <https://data.unhcr.org/en/country/eth> as of 31 March 2025

2025 HEATH SNAPSHOT: KEY FIGURES

PEOPLE IN NEED

6.6 MILLION

PEOPLE IN NEED OF HEALTH ASSISTANCE (MARCH 2025)*

5.4 MILLION

TARGET POPULATION 23% WOMEN, 53% CHILDREN, 45% ADULTS, 1.9% ELDERLY AND 9.9% PEOPLE WITH DISABILITIES (MARCH 2025)**

1.1 MILLION

SUDANESE REFUGEES AND HOST COMMUNITY MEMBERS IN NEED OF EMERGENCY ASSISTANCE***

RISK AND BURDEN

2.1 MILLION

MALARIA CASES CONFIRMED (MAY 2025, PUBLIC HEALTH EMERGENCY MANAGEMENT)

4,248

NEW CHOLERA CASES REPORTED (MAY 2025, EPHI CHOLERA DASHBOARD)

155,874

SEVERE ACUTE MALNOURISHED CHILDREN ENROLLED IN TREATMENT PROGRAMS (MAY 2025)

266

HEALTH FACILITIES TO BE REHABILITATED IN CONFLICT-AFFECTED REGIONS, INCLUDING NORTHERN ETHIOPIA (HEALTH CLUSTER 2025)

3,908

NEW CASES OF MEASLES REPORTED WITH 22 DEATHS ACROSS 35 WOREDAS (MAY 2025, PUBLIC HEALTH EMERGENCY MANAGEMENT)

31%

ESTIMATED GLOBAL ACUTE MALNUTRITION (GAM) RATE FOR CHILDREN AGED 6-59 MONTHS IN ETHIOPIA (MAY 2025****)

TOTAL FUNDING REQUIRED FOR 2025 US\$ 72.3 MILLION

*Numbers were approved by MoH and are pending Ethiopian Disaster Risk Management Commission (EDMRC) approval

**Numbers were approved by MoH and are pending Ethiopian Disaster Risk Management Commission (EDMRC) approval

***<https://data.unhcr.org/en/country/eth> as of 31 March 2025

****Multisectoral Initial Rapid Assessment (MIRA) Report December 2024

Residents of the Adi Dahro Internally Displaced Persons (IDP) Camp line up to get water. The camp, a repurposed former school, is currently accommodating over 9000 people.

2025 FUNDING NEED (May- December)

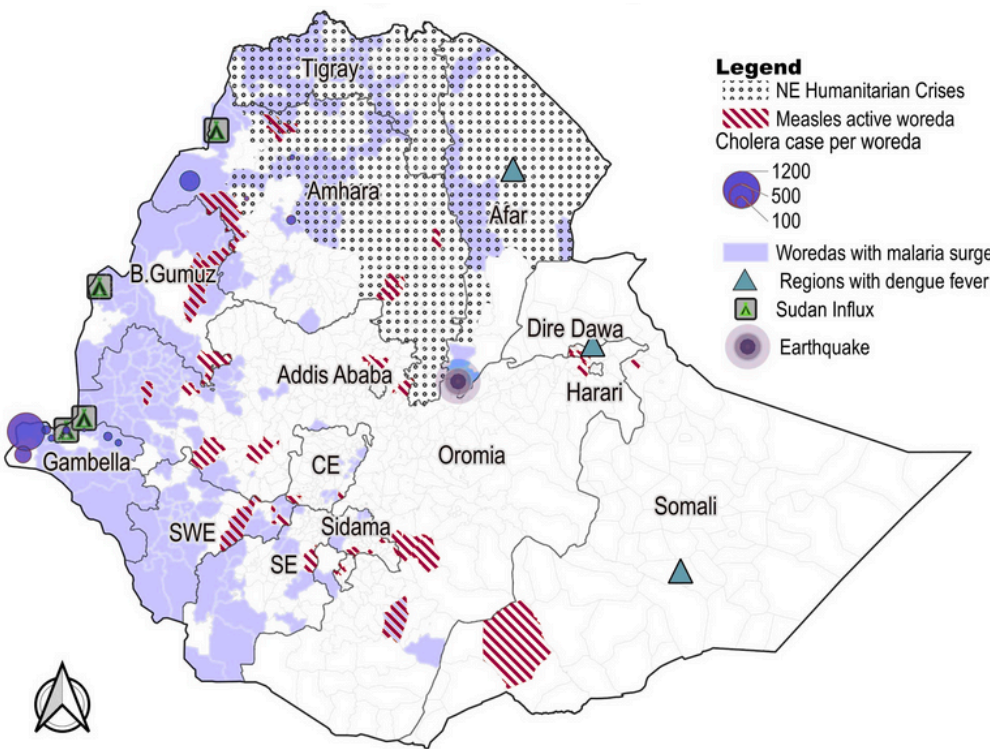
Emergency	Funding Requirement	Funding Received (as of March 2025)	Funding Gap (as of March 2025)
Operations and Response for Grade 3 Emergencies*	\$24 mil	\$4.7 mil	\$19.3 mil
Northern Ethiopia Conflict- <i>restore health system/competent authority, provide medical supplies, responding to and controlling shocks (outbreaks), information and monitoring systems</i>	\$10.5 mil	\$2 mil	\$8.5 mil
Sudan Refugee Crisis- <i>setting up Early Warning Systems, running Mobile Health and Nutrition Services, providing medical supplies</i>	\$2.5 mil	\$1.1 mil	\$1.4mil
Cholera- <i>Incident Management Plan, case management, IPC, treatment centers, trainings and guidelines for health workers, surveillance, RCCE, logistics, vaccination, and WASH</i>	\$9.7 mil	\$1.5 mil	\$8.2 mil
Health Cluster Coordination and Leadership	\$1.3 mil	\$0.1 mil	\$1.2 mil

Emergency	Funding Requirement	Funding Received (as of March 2025)	Funding Gap (as of March 2025)
Operations and Response for Grade 2 Emergency	\$27.5 mil	0	\$27.5 mil
Vaccine Derived Polio- <i>for 2 more rounds of polio campaigns and surveillance for the rest of 2025</i>	\$27.5 mil	0	\$27.5 mil
Operations and Response for Ungraded Emergencies	\$10.9 mil	\$1.8 mil	\$9.1 mil
Malaria	\$3.3 mil	\$0.8 mil	\$2.5 mil
Measles	\$2 mil	\$0.5 mil	\$1.5 mil
Malnutrition	\$4.6 mil	\$0.5 mil	\$4.1 mil
Dengue Fever	\$1 mil	0	\$1 mil
Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS)	\$1.8 mil	\$15,000	\$1.79 mil
Emergency Preparedness	\$8.1 mil	0	\$8.1 mil
Mpox	\$3.1 mil	0	\$3.1 mil
Viral Hemorrhagic Fevers (Marburg, Ebola)	\$3 mil	0	\$3 mil
Climate Risks (Landslides, Flooding and Earthquakes)	\$2 mil	0	\$2 mil
Total WHO Ethiopia Health Emergency Funding Requirement	\$72.3 mil	\$6.5 mil	\$65.8 mil

*This investment case aligns with [WHO Health Emergency Appeal 2025 for Ethiopia](#), which addresses Grade 3 emergencies. The 2025 funding requirements outlined in this investment case encompass not only Grade 3 emergencies but also the funding needs for Grade 2 emergencies (polio), ungraded emergencies, and emergency preparedness efforts for WHO Ethiopia.

HUMANITARIAN RISKS AND BURDEN

Outbreaks and other health emergencies as of March 2025



Ethiopia has been facing an extended humanitarian crisis which has been exacerbated by a global surge in demand for humanitarian aid due to conflicts in Europe, the Middle East, and Sub-Saharan Africa. Local operational efforts are further complicated by funding challenges, especially due to the recent USG’s Stop Orders and withdrawal. Despite considerable government investments and the presence of response structures such as the Health Cluster and Rapid Response Teams, resources are becoming increasingly stretched due to growing needs⁴.

Delays in addressing public health emergencies, compounded by access challenges and local resource shortages, make communities more vulnerable to outbreak prone diseases, thereby raising the cost and reducing the effectiveness of interventions. The supply chain crisis for essential healthcare commodities is a serious issue, particularly affecting vulnerable populations like women and children. This situation heightens the risk of preventable deaths.

The risk to health services is critically high, as essential resources for emergency responses—including medical supplies for cholera, malaria, trauma, severe malnutrition, mental health issues, measles, skin diseases, and laboratory testing reagents—are in jeopardy. In some areas of the Amhara and Oromia regions, civil unrest has limited access to humanitarian assistance. Without prompt action to stabilize humanitarian aid and improve supply chains, the public health crisis is likely to escalate.

To tackle these issues, it is essential to improve responses to public health emergencies, ensure the availability of crucial logistics and funding, and enhance coordination efforts. Immediate actions are needed to bolster existing response frameworks and address these significant gaps.

⁴<https://www.unocha.org/publications/report/ethiopia/ethiopia-priority-humanitarian-response-and-critical-funding-gaps-february-april-2025>

WHO ETHIOPIA EMERGENCY RESPONSE APPROACH



WHO Emergency Health 2025 Investment Case outlines the most critical interventions to be implemented in Ethiopia over the year to support the government's emergency public health response. This investment case is designed to complement efforts by the Federal Government of Ethiopia and the Ethiopia Public Health Institute/Federal Ministry of Health, focusing on:

1. **Immediate public health emergency response and,**
2. **Early recovery efforts to address the secondary effects on vulnerable populations, such as children, the elderly, women, individuals with disabilities, those living with HIV, refugees, internally displaced persons (IDPs), and returnees.**

WHO Ethiopia's emergency response targets high-risk communities throughout Ethiopia and is organized around four core intervention areas:

1. **Life-saving humanitarian health services, which includes immediate public health responses.**
2. **Management of outbreak emergencies (grades 2 and 3).**
3. **Response to other ungraded public health emergencies.**
4. **Health system recovery, reconstruction and resilience.**

To enhance efficiency and effectiveness, existing government systems and mechanisms will be utilized whenever feasible. This response will complement the coordinated fiscal approach led by the Ethiopia Public Health Institute and relevant local authorities, while also aligning with other government initiatives to ensure basic service delivery and the central coordination of efforts.

The investment case underscores the importance of linking these efforts to the Sustainable Development Goals (SDGs) and ensuring that no one is left behind during this period of global crisis, emphasizing the commitment to achieving the 2030 Agenda.

SUMMARY OF WHO ETHIOPIA CORE INTERVENTION AREAS AND RESPONSE STRATEGIES

Area 1: Life-Saving Humanitarian Health Services









- **Response Strategy:** Immediate public health responses, particularly curative services, are essential to prevent illness and death during crises. Mobile Health and Nutrition Teams (MHNTs) have been established to overcome access challenges in displaced persons and refugee camps. These teams offer a mix of curative, preventive, and health promotion services, especially as routine healthcare often declines sharply in emergencies. Humanitarian organizations will provide necessary services until the local health system is fully restored, which includes reintegrating former NGO staff into government health services as conditions improve.
- **Priority Actions:**
 - Support emergency health and outreach services, including procurement of essential medical supplies.
 - Provide care for acute malnutrition through screening and capacity building for health workers.
 - Enhance coordination for refugee health emergencies.

Area 2: Management of Outbreak Emergencies

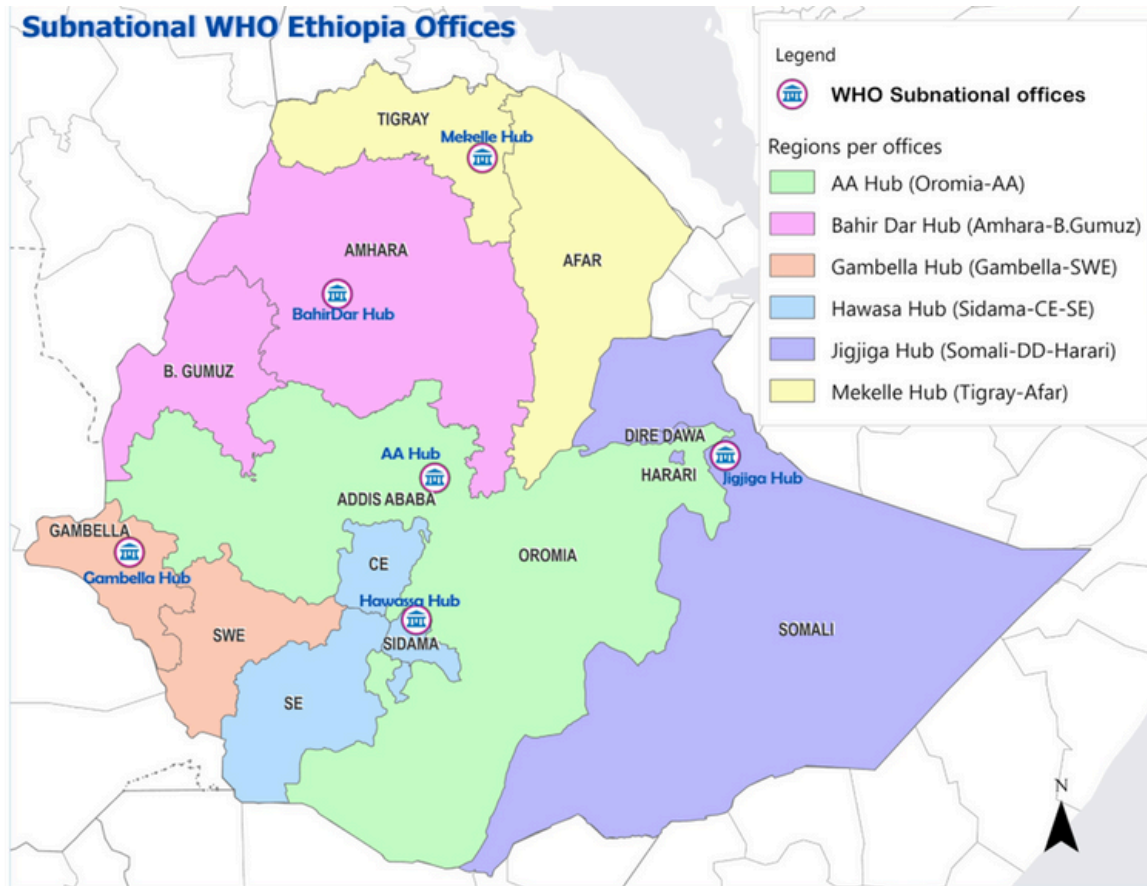
- **Response Strategy:** This strategy focuses on mitigating public health threats during outbreaks while ensuring continuity of other crucial health services. It includes enhancing surveillance systems, case management, risk communication, and infection control. Programs will incorporate reactive vaccination as a key part of outbreak management.
- **Priority Actions:**
 - Establish effective coordination mechanisms for response planning and execution.
 - Enhance surveillance to detect and confirm cases quickly.
 - Raise public awareness about prevention measures through various channels.
 - Support treatment facilities and provide necessary logistics for outbreak management.

Area 3: Restoration and Recovery

- **Response Strategy:** Successful health system recovery hinges on restoring essential services and enhancing leadership within public health administration. The focus is on rebuilding infrastructure, resources, and operational capabilities while strengthening community health systems. Priorities include revitalizing primary healthcare, establishing robust leadership mechanisms, and ensuring resilience against future shocks.
- **Priority Actions:**
 - Conduct minor rehabilitations of health facilities and support equipment provision.
 - Build capacity for effective post-emergency health service management.
 - Increase access to quality health services and revitalize community health initiatives.
 - Address residual humanitarian needs through ongoing emergency health services.
 - Restore health service monitoring and information systems at all administrative levels.

MAIN DRIVERS OF INTERVENTION		
 Expertise Deployment	 Supplies Procurement	 Capacity Building
 Advocacy/Risk Communication	 Health Cluster Coordination	 Health Infrastructure Rehabilitation
 Policy Support	 PSEAH, Inclusivity, Focus on Youth and Women, Population with Disability	

WHO'S OPERATIONAL CAPACITY & ACCESS, MONITORING & ACCOUNTABILITY



Operational Capacity: WHO Ethiopia has subnational operations in 6 Hubs which effectively covers all the 14 Administrative regions of government. All the six field hubs are fully operational with standby staff, the Delegation of Authority to provide flexibility to meet local needs and SOPs for operations in place. The Field Hubs have also developed and utilize an annual Joint Plan of Action as the main framework for supporting the local authorities. Through the hubs, targeted interventions and response operations are conducted in real time to support all the RHBs, affected zones and woredas. The current field staff strength stands at 48 staff.

Access: WHO works collaboratively with OCHA, and local authorities to ensure affected populations access to lifesaving services as required. At locations experiencing access restrictions due to insecurity, partnerships with local NGOs and other INGOs are instrumental to ensure communities are still able to access the critical lifesaving services.

Coordination, monitoring, and connections to the Government of Ethiopia: The execution of the overall health emergency investment case will adhere to the current WHO systems, processes, and protocols under the guidance of the WHO Representative (WR). Subnational offices will bear primary responsibility for providing technical oversight, monitoring implementation, and reporting on all public health interventions supported by WHO. This approach will promote accountability for the resources allocated to the affected populations and ensure that the interventions offer good value for money.

Accountability of Affected People and Zero Tolerance to Sexual Exploitation and Abuse: All WHO subnational offices will employ various communication channels—such as mobile phones, radio, Information, Education, and Communication (IEC) materials, help desks, and hotlines—to ensure that communities are informed about interventions and can provide feedback on service delivery. This feedback will then be addressed by the WHO system responsible for processing such feedback.

GRADE 3 EMERGENCIES

Cholera

Since August 2022, Ethiopia has faced a prolonged cholera outbreak, with 62,401 cases and 785 deaths (CFR = 1.3%) as of 5 May 2025⁵. During this period, 10 of the 13 regions have been affected, involving nearly 436 woredas. Aggressive responses from the Ministry, WHO, and partners have enabled control in at least 424 woredas. Despite this, the risk and vulnerability to reversal of transmission to areas where the outbreak has been controlled remain very high.

The main risk factors contributing to the escalation of cholera include unsanitary conditions among informal gold miners, large gatherings at holy water sites and festivals with low sanitation standards, and the use of untreated water by urban poor communities. Additionally, inadequate hygiene practices among displaced individuals and civil unrest in affected areas hinder effective response efforts. Poor food handling, inappropriate handling of deceased cholera victims, and other public health emergencies like floods and droughts further exacerbate cholera vulnerabilities.

In 2025, critical public health actions are required to address existing shocks and prevent escalation in cholera cases involve building capacity and transferring skills across all key intervention areas, enhancing early warning systems and case identification, providing surge team assistance to high-risk transmission areas, provision of essential medical supplies, hygiene promotion, and prompt outbreak response to each event. Implementation of Pillar based Community based interventions focusing on the affected households are critical in decisively controlling the outbreak and interrupting transmission.



Cholera vaccination in Tigray

⁵EPHI Ethiopia Cholera Situation Update, as of end April 2025.

Sudan Refugee Crisis in Amhara Region

The conflict between rival factions of Sudan’s military government since April 15, 2023, has triggered a severe humanitarian crisis, displacing over 186,000 refugees to Ethiopia as of January 2025⁶. Most enter through Metema Yohannes border in Amhara, with smaller numbers via Kurmuk in Benishangul Gumuz and Gambela. This influx strains health services in the Amhara, Gambella and Benishangul Gumuz regions that are also facing other complex emergencies including malaria, malnutrition, civil unrest, and communicable disease outbreaks. The volatile security situation and resource constraints complicate access to essential services by the refugees and host communities. Currently most of the refugees are hosted in Amhara, Gambella, Benishangul Gumuz and Somali. In these regions, the humanitarian emergencies are also intertwined with a very delicate but regular outbreak of infectious diseases. This makes setting up an effective response a major hurdle.

In 2024, WHO Ethiopia addressed these health challenges by working with humanitarian partners to provide vaccinations, maternal and child healthcare, and rapid responses to disease outbreaks. Mental health and psychosocial support programs helped refugees cope with trauma. Strengthened disease surveillance ensured early detection and intervention against public health threats. WHO collaborated with the Ethiopian government, UN agencies, and NGOs for a comprehensive health response.

In 2025, WHO will expand its response through a multi-pronged approach. Key priorities include establishing primary healthcare clinics in refugee camps, scaling up mental health support, and enhancing disease surveillance to detect and manage outbreaks like cholera and malaria. Screening at entry points, quarantine measures, and rapid response teams will be deployed to contain health threats. Collaboration with national and international partners will remain central, alongside capacity-building initiatives to train local healthcare workers and strengthen Ethiopia’s healthcare system. This comprehensive strategy aims to address immediate health needs while building long-term resilience in the region.



National Emergency Medical Teams (EMTs) deployed to support the Sudan Refugee crisis . WHO-provided emergency tents and equipment are being used for this purpose.

⁶ Public Health Emergency Management Report, as of May 2025

Northern Ethiopia Humanitarian Response

The conflict in Northern Ethiopia, ongoing since November 2020, has caused widespread loss of life, mass displacement, and destruction of healthcare infrastructure in Tigray, Amhara, and Afar. Hospitals, clinics, and health centers have been severely damaged or rendered inoperable, leaving millions with limited access to essential healthcare, with severe shortages of medicines, medical supplies, and trained personnel⁷. Insecurity and restricted humanitarian access have further hampered efforts to deliver aid, increasing the risk of preventable disease outbreaks, malnutrition, and worsening health outcomes, particularly for women, children, and other vulnerable populations.

In 2024, the WHO played a vital role in responding to these urgent health needs, working alongside the Ethiopian Ministry of Health and humanitarian partners. WHO rapidly delivered 402 metric tons of medical supplies, 33 deployed mobile health clinics, and trained 482 healthcare workers to strengthen emergency response capacity. Efforts focused on disease prevention, mental health support, and maintaining essential services such as maternal care, nutrition programs, and vaccinations.

Despite challenges, WHO's coordinated response to mitigate the impact of outbreaks like cholera, malaria, and COVID-19 in Northern Ethiopia. In response to cholera in Amhara, Tigray and Afar, WHO actively supported the RHBs and local structures in setting up the response. In addition, 03 Hospitals were rehabilitated in Tigray to increase access to health services. Unmet need for recovery and response remains including outbreak management health information, minor rehabilitations of facilities, supply pipelines and essential health service management. Mental health and psychosocial also is yet a big issue.

As efforts shift toward long-term recovery in 2025, WHO remains committed to rebuilding healthcare infrastructure, strengthening disease surveillance, and ensuring sustained access to essential health and nutrition services in the region.



A mother with her child just before they are discharged from the Nutrition Stabilization Centre of Mehoni Primary Hospital on 29 March 2024.

© WHO / Nitsebiho Asrat

⁷ [Public Health Emergency Management Report, as of May 2025](#)



Polio campaign

GRADE 2 EMERGENCY

Vaccine Derived Polio

Ethiopia has faced circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks from 2019 to 2024, significantly hindering its Polio Eradication Initiative (PEI). Despite enhanced surveillance and supplementary immunization activities (SIAs) with monovalent oral polio vaccine type-2 (m/nOPV2), the country remains at high risk for polio virus importation and transmission due to suboptimal immunization coverage, porous international borders with high uncontrolled populations movements, and large numbers of refugees and internally displaced persons (IDPs) due to ongoing conflicts within and outside the country.

In 2024, 45 cVDPV2 cases were reported across eight regions. Ethiopia has conducted multiple outbreak response vaccination campaigns, including two rounds in Tigray (1.7 million children vaccinated), two rounds in five regions (5.5 million children vaccinated), and rapid rounds in four zones (524,595 children vaccinated). In February 2025, a nationwide campaign vaccinated 14.9 million children under five, with a second round planned for April 2025.

To combat the ongoing outbreak, WHO needs to continue these vaccination campaigns, strengthen routine immunization, enhance polio surveillance, and address major risk factors at national and subnational levels.

OTHER EMERGENCIES (MALARIA, MEASLES, MALNUTRITION, DENGUE)

Malnutrition

The compounded impact of climate change, soaring market prices, and ongoing conflict has severely exacerbated food insecurity, malnutrition, and disease vulnerability, particularly among children under five, pregnant and lactating women, and the elderly. In 2024, Severe Acute Malnutrition (SAM) admissions surged by 13%, straining healthcare systems in Oromia, Amhara, and Somali regions, with 5,900 children requiring inpatient care by February 2025 and an estimated 31% Global Acute Malnutrition (GAM) rate for children aged 6-59 months for 2025. Despite these rising needs, gaps in health worker training, essential medicines, and nutrition interventions persist, heightening the risk of malnutrition-related mortality.

In response, WHO, in collaboration with the Federal Ministry of Health (FMOH) and partners, has been delivering critical nutrition services, including Pediatric SAM kits, medical supplies, and technical support for stabilization centers. WHO has also integrated nutrition into emergency health planning, strengthened healthcare worker capacity, and expanded services to hard-to-reach areas through Mobile Health and Nutrition Clinics. Moving forward in 2025, WHO will prioritize building a resilient, people-centered health system, aligning national policies with global nutrition standards, and enhancing Nutrition Information Systems to ensure data-driven, effective interventions that address both immediate and long-term nutrition challenges.

Measles

Ethiopia's ongoing measles outbreak remains a critical public health concern, with 30,444 reported cases and 240 fatalities since early 2024. As of March 2025, the outbreak persists in 35 woredas across nine regions, with over half of affected individuals unvaccinated. The response has been hindered by funding shortages, vaccine supply constraints, delayed immunization campaigns due to insecurity, and limited partner support in high-risk areas. In 2024, WHO played a pivotal role in outbreak response by strengthening surveillance, deploying rapid response teams, supporting vaccine distribution, and enhancing community engagement to improve awareness and early case detection.

Despite these efforts, gaps in immunization coverage and healthcare access continue to drive transmission. In 2025, WHO aims to scale up interventions by expanding vaccination campaigns, integrating measles prevention into routine immunization services, strengthening outbreak preparedness, and training healthcare workers in measles case management.

Additionally, WHO will continue advocating for increased funding and cross-sector collaboration to ensure sustained immunization efforts and long-term disease control, ultimately reducing morbidity and mortality among vulnerable populations.



Kangaroo mother care

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Malaria

Malaria remains a critical public health challenge in Ethiopia, with 75% of the country being malaria-endemic and 69% of the population at risk. Despite a decline in cases and deaths post-2003, malaria resurged in 2021, with cases sharply rising in 2023 and worsening further in 2024. In 2025, the crisis continues to escalate, with confirmed 1,762,167 clinical malaria cases and 74 deaths reported as of April 2025⁸. Factors such as climate change, biological challenges, security issues, and a fragile health system have contributed to this resurgence. The 2023 Malaria Program Review identified significant gaps such as funding shortages, inadequate vector control, and resistance to treatments. To combat this resurgence, WHO's priorities are to improve disease and vector surveillance, strengthen case management, deploy mobile health teams, and address supply shortages. Enhancing entomological surveillance, monitoring vector control interventions, and responding to other public health emergencies will further support malaria control efforts.

Dengue Fever

Reports from 2024 indicate a continued presence of dengue in Ethiopia, with outbreaks potentially fluctuating regionally depending on rainfall patterns and mosquito breeding conditions. Since the onset of the outbreak on 2nd April 2023 in Afar, dengue has been reported from Dire Dawa, Somali, Afar, Oromia and Amhara regions.

In 2025, 63 new cases were reported from Kebridahar, Somali region. The ongoing outbreak, coupled with poor nutrition and other exacerbating factors, poses a serious risk of high excess mortality, requiring urgent intervention in vector control, healthcare strengthening, and community awareness to mitigate further spread and prevent unnecessary deaths. WHO plays a crucial, multifaceted role in supporting Ethiopia's dengue fever response. Achievements in 2024 included enhanced surveillance efforts, improved vector control measures such as larvicide and community engagement programs aimed at eliminating mosquito breeding sites. Plans for 2025 will focus on expanding surveillance capacity, strengthening early warning systems for predicting outbreaks, increasing access to rapid diagnostics and treatment, and promoting public awareness campaigns to change community behaviors that reduce the risk of infection.

⁸ [Public Health Emergency Management Report, as of May 2025](#)

⁹ [Gender-based Violence \(GBV\) Response Services in Ethiopia: Empowering Women and Girls in Conflict-Affected Areas](#)

¹⁰ [Public Health Emergency Management Report, as of May 2025](#)



GENDER BASED VIOLENCE (GBV) AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MPHSS)

The ongoing crises, including outbreaks and displacement, have exacerbated the demand for Gender-Based Violence (GBV) and mental health support services. Currently, 2.5 million people are targeted for protection, with child marriage rising by 119% due to the drought, affecting 58% of girls⁹. The prevalence of conflict-related sexual violence remains widespread, particularly in Tigray and Amhara, where disrupted healthcare services leave women vulnerable to inadequate reproductive healthcare and protection.¹⁴ Moreover, the crisis has significantly impacted mental health, with access to services severely limited. Prior to the emergency, mental health resources were already scarce, with a 95% treatment gap for severe mental disorders¹⁰. The WHO estimates that 4.73 million people (or 22.1% of the affected population) require Mental Health and Psychosocial Support (MHPSS).

Efforts to restore essential health services, including the integration of mental health and psychosocial support into lower-level healthcare, are ongoing. However, disruptions persist, and the strain on traditional psychosocial support systems—due to violence, sexual abuse, displacement, and family disintegration—has led to widespread trauma. One emerging mental health challenge is an increase in suicide related to chemical poisoning, which requires immediate attention. Inadequate technical capacity, inconsistent MHPSS supplies, and limited human resources are contributing to poor service delivery, often necessitating costly referrals to tertiary hospitals. Additionally, stigma and negative attitudes toward mental health conditions are hindering recovery, especially in areas affected by conflict and drought. Therefore, ensuring a minimum service package for both MHPSS and GBV services is critical in WHO's humanitarian response in Ethiopia.

EMERGENCY PREPAREDNESS

Outbreaks: Viral Hemorrhagic Fevers (Marburg, Ebola) and Mpox

Ethiopia is grappling with multiple deadly outbreaks, including the largest cholera outbreak in its history, a significant increase in malaria cases, a surge in measles cases, and threats of Mpox and viral hemorrhagic diseases like Marburg. A recent national risk assessment using the WHO Strategic Tool for Assessing Risks (STAR) identified 23 hazards, with four categorized as very high risks and eight as high risks. To minimize health consequences, Ethiopia needs to focus on developing costed contingency plans for the 12 priority hazards, enhancing collaboration among government sectors and partners, building infrastructure and resources tailored to these hazards, and scaling up surveillance activities, especially at Points of Entry (PoEs).

In response to the emergence and re-emergence of pathogens, particularly viral hemorrhagic fevers like Ebola and Marburg in Africa, Ethiopia has been enhancing its preparedness to effectively respond to potential outbreaks. The country has developed and continually updates readiness dashboards to monitor the situation. Additionally, following an Ebola outbreak in the Republic of Uganda in December 2022, Ethiopia implemented a contingency plan with a budget of USD \$1 million. This plan aligns with WHO mandates and focuses on key areas such as surveillance and early warning systems, screening at points of entry, clinical case management, laboratory capacity, and the continuity of essential health services. Furthermore, collaborative efforts with partners prioritize interventions in risk communication, community engagement, logistics, and conducting safe and dignified burials.

Climate Risks

Ethiopia faces increasing climate-related disasters like landslides, flooding, and earthquakes, threatening public health and infrastructure. WHO Ethiopia has implemented a comprehensive strategy to strengthen disaster preparedness, emergency response, and community resilience. Key interventions include enhancing early warning systems with the National Meteorology Agency (NMA), conducting community drills, and prioritizing emergency health services through mobile health units, temporary health facilities, and trauma care.

To build local capacity, WHO is training health workers and community leaders in disaster response, emergency preparedness, and first aid. Infrastructure resilience is being reinforced by rehabilitating health facilities in disaster-prone areas and upgrading water and sanitation systems to prevent disease outbreaks. Public awareness campaigns are crucial in educating communities on disaster preparedness and response, using media platforms and local influencers to disseminate vital information. In 2025, WHO needs to continue these critical efforts in emergency preparedness to protect Ethiopia from climate-related health risks.



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