



PEOPLE AFFECTED

(Projected figures for 2016)

- 3.6 million** in need of health assistance
- 821 400** displaced (most vulnerable)
- 730 000** refugees living in the country (non-HRD¹, parallel funding)
- 400 000** children facing severe malnutrition
- 1.7 million** pregnant and lactating women facing moderate malnutrition



HEALTH IMPACT

(Figures as of December 2015)

- 300 000+** cases of scabies
- 1400** cases of dengue fever
- 200** cases of acute watery diarrhoea
- 13** cases of meningitis C among refugees in Gambella

BENEFICIARIES

WHO's emergency response aims to directly benefit 3.6 million people through:

Providing life-saving health services to the most vulnerable in the hardest hit areas of the emergency.

Monitoring and responding to diseases outbreaks among affected populations.

2016 FUNDING REQUIREMENTS

Health Sector:
US\$ 33.6 million

WHO:
US\$ 9.4 million

(Contributors to WHO's emergency response in Ethiopia in 2015 included Japan and the Republic of Korea. Approximately, US\$ 5 million of funding was secured for WHO operations in the country).

At a glance

- El Niño has triggered one of the worst droughts Ethiopia has experienced in decades, leading to severe food insecurity and water shortages that have had a devastating impact on people's health.
- The Federal Ministry of Health is showing remarkable leadership and commitment to the response; setting up a Commission to strengthen and streamline the country's management of the humanitarian emergency. Furthermore, the Government provided over US\$ 200 million to the response in 2015 and has allocated a first instalment of US\$ 97 million to support food distribution early in 2016.
- The crisis has reached proportions that would be difficult for any government, anywhere, to manage. Partner (including donor) support is being called upon to scale-up existing efforts to save lives and protect and restore livelihoods.
- WHO requires US\$ 9.4 million to achieve two objectives in its support to the response in 2016 and prevent further escalation of the crisis:
 - o Provide Life-saving health services to the most vulnerable groups within the population.
 - o Detect and respond to on-going disease outbreaks exacerbated by food and water shortages.

¹ Ethiopia Humanitarian Requirement Document (2016). The document calls for multi-sectoral response including, food, health, nutrition, agriculture, emergency shelter and non food items, protection, WASH, and education. It reflects the costed activities of international non-governmental organisations and is the basis for a well-coordinated and prioritised humanitarian response that saves lives and livelihoods, while committing to stronger monitoring and coordination.

Contact: **Country Office:**
Dr Paul Mainuka
Officer in Charge
mainukap@who.int
+251 115 534777

Regional Office:
Dr Ibrahima-Soce Fall
Regional Adviser
socef@who.int
+47 241 39695

Headquarters:
Ms Cintia Diaz-Herrera
Coordinator, External Relations
diazherrerac@who.int
+41227911629



**WHO and the Health Cluster
in brief:**

- The crisis in Ethiopia was declared a Grade 2 emergency on 18 November
- At least 45 surge staff are being deployed through WHO
- The Health Cluster, co-chaired by WHO and the Ministry of Health, was reactivated in 2015 and brings together 22 partners
- Five sub-national cluster coordinators are currently in Afar, Oromia, Amhara, Somali and SNNPR



Situation update

The El Niño weather phenomenon has triggered drought in large parts of Ethiopia and flooding in others, with some regions experiencing up to 90% crop loss. As a result, an acute food insecurity crisis is affecting seven of the country's nine regions and two city administrations. There are at least 10.2 million people in need of food assistance. Further drought and excessive rainfall is predicted in parts of the country throughout 2016. Consequently, the current urgent need of humanitarian assistance is expected to rise across virtually all affected sectors.

Public health concerns

Unpredictable weather patterns have led to failed harvests, causing high malnutrition within the country. This current emergency requires that food assistance moves to scale and quickly.

Undernourishment, together with low immunization coverage in many regions, has made the country vulnerable to a range of communicable diseases. There is an urgent need to ensure access to health services for the affected populations, including those who have been forced to leave their homes due to harsh living conditions. Special care is needed for those suffering from malnutrition as well as an infectious disease. Ensuring that reproductive health care is available is critical - the maternal mortality rate before the crisis was 676 deaths per 100 000 live births.

Furthermore, the El Niño has created the perfect conditions for diseases to spread. The current drought impacts on hygiene standards, as people are forced to prioritize scarce water sources for cooking and drinking over cleanliness. Insufficient water supply, inadequate sanitation, water contaminated with communicable disease agents, and poor hygiene practices contribute to disease outbreaks. At present, there are ongoing outbreaks of scabies in Amhara, Oromia and Tigray.

Public health risks are on the rise, making more people increasingly vulnerable to communicable diseases. Since July 2015, Ethiopia has witnessed outbreaks in acute watery diarrhoea (AWD), measles, meningitis and scabies. In addition, outbreaks of climate-sensitive diseases - malaria, dengue, yellow fever, rift valley fever - are being seen in the country.

Contact: **Country Office:**
Dr Paul Mainuka
Officer in Charge
mainukap@who.int
+251 115 534777

Regional Office:
Dr Ibrahima-Soce Fall
Regional Adviser
socef@who.int
+47 241 39695

Headquarters:
Ms Cintia Diaz-Herrera
Coordinator, External Relations
diazherrerac@who.int
+41227911629



Health cluster priorities

The health cluster in Ethiopia brings together 22 partners and is co-chaired by WHO and the Federal Ministry of Health. Together, health cluster partners aim to reach more than 3.6 million affected people in 2016.

Health cluster priorities include:

- Emergency and essential health care services, including for reproductive health and for displaced populations.
- Communicable disease outbreak investigation, response, prevention and control (including medicines, medical supplies and lab supplies).
- Public health surveillance and emergency nutrition screening.
- Mobile health and nutrition teams, targeting pastoralist communities.
- Health professionals as temporary surge capacity to support the most-affected regions.
- Community engagement and social mobilization.



WHO hands over diarrhoeal disease kits in Sitti, Ethiopia. Credit: WHO

WHO's response

The Federal Ministry of Health has redeployed health staff to the worst-affected areas in the response and continues to distribute medicines and medical supplies across the country. The Ethiopian government provided more than US\$200 million of emergency support in 2015 and has committed US\$ 97 million early on this year for food distribution.

Partners, under the leadership of the Ministry, are scaling up a multi-sectorial response, including food, health, nutrition, sanitation, water and education. WHO is scaling up its support and is working together with local authorities and health staff to help minimize and mitigate the effects of the crisis on the people of Ethiopia.



Ms. Ajulu Ugula, a lab technician and trained disease outbreak Rapid Response Team member in Gambella. Credit: WHO

Since declaring the crisis a Grade 2 emergency on 18 November 2015, WHO has:

Released its first ever disbursement from the newly established Contingency Fund for Emergencies to allow for the rapid scale-up of the response.

Reactivated the Health Cluster.

Delivered four interagency emergency health kits containing supplies to meet the basic health needs of 40, 000 people over the next three months.

Sent five interagency diarrhoeal disease kits to treat 200 severe, and 2000 moderate, cases of diarrhoea.

Contact:	Country Office: Dr Paul Mainuka Officer in Charge mainukap@who.int +251 115 534777	Regional Office: Dr Ibrahima-Soce Fall Regional Adviser socef@who.int +47 241 39695	Headquarters: Ms Cintia Diaz-Herrera Coordinator, External Relations diazherrerac@who.int +41227911629
-----------------	---	--	---



Mobilized rapid diagnostic tests, lumbar puncture sets, 120, 000 doses of vaccines and 750 vials of ceftriaxone from a global stockpile, in order to protect refugees and host communities in Gambela against meningitis C.

Provided technical assistance to the Federal Ministry of Health to ensure preparedness, contingency and response plans against AWD, meningitis C and scabies are up-to-date and relevant to the current situation.

How Member States can help

Member States can play a role in minimising the health consequences of the crisis in Ethiopia through the following actions:

- The donation of funds for WHO and Health Cluster partner operations.
- The deployment of medical teams and the provision of technical expertise.

**Visit www.who.int/disasters for more information
about WHO's work in humanitarian emergencies**



Contact:
Country Office:
Dr Paul Mainuka
Officer in Charge
mainukap@who.int
+251 115 534777

Regional Office:
Dr Ibrahima-Soce Fall
Regional Adviser
socef@who.int
+47 241 39695

Headquarters:
Ms Cintia Diaz-Herrera
Coordinator, External Relations
diazherrerac@who.int
+41227911629