

ETHIOPIA EMERGENCY HEALTH APPEAL



World Health
Organization

Ethiopia



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

**\$101
million**

Total funding
needed for 2023

**39%
covered**

\$ 39,430,000

Mohammad stands in front of the Eltomale Site Mobile Health and Nutrition Team in Chifra, Afar, WHO/Martha Tadesse

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

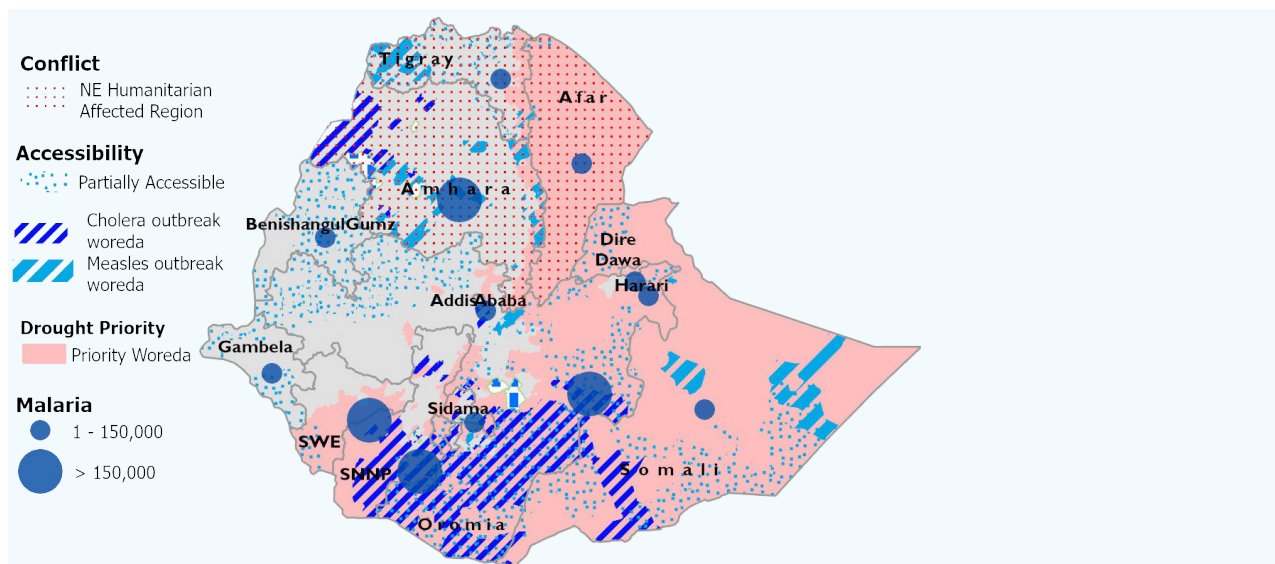
\$39.43 million

Mobilized so far

PUBLIC HEALTH RISKS & KEY AREAS OF CONCERN

 <p>Disruption of health services:</p>	 <p>Deterioration of nutritional status:</p>	 <p>Interruption of surveillance and control systems:</p>
<p>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)</p>	<p>Increase in severe acute malnutrition (SAM) due to drought, disruption of livelihood, food insecurity</p>	<p>Limited prevention activities, lack of capacities/personnel, insufficient data analytics capacities (affecting 6 building blocks of the health system)</p>
 <p>Response to outbreaks:</p>	 <p>Increased demand for Sexual and Gender Based Violence (SGBV) and Mental Health and Psychological Support (MHPSS):</p>	 <p>Interruption of Water Sanitation and Hygiene (WaSH) services:</p>
<p>Interruption of surveillance services and routine immunizations leading to weak response to outbreaks (cholera, measles, malaria...)</p>	<p>Breakdown of social protection infrastructure, disintegration of community's support mechanisms, increased vulnerability of women and children</p>	<p>Poor water quality and monitoring systems</p>
















HEALTH EMERGENCIES



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:

83% Proportion of population in need that effectively has access to essential health services	85% Proportion of health alerts responded to within 48-72 hours	19,768,143 Total number of people benefitting from essential health services
>80% Proportion of Health facilities (HFs) providing weekly reports	75% Minimum cure rate of managed SAM cases	7,663 Total number of healthcare workers trained
982 Total number of HFs and partners to be supported with supplies	2,672 Number of community leaders trained on Health risk communication	



WHO support in Dassenach IDP site. @WHO/Alemtsehay Zergaw

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