



HEALTH CLUSTER BULLETIN #18
August 2020

Ethiopia
Emergency type: Multiple Events
Reporting period: 1-31 August 2020

0.6 MILLION IN NEED
2.0 MIDP TARGETED
4.5 M HOST TARGETED
231 WOREDAS

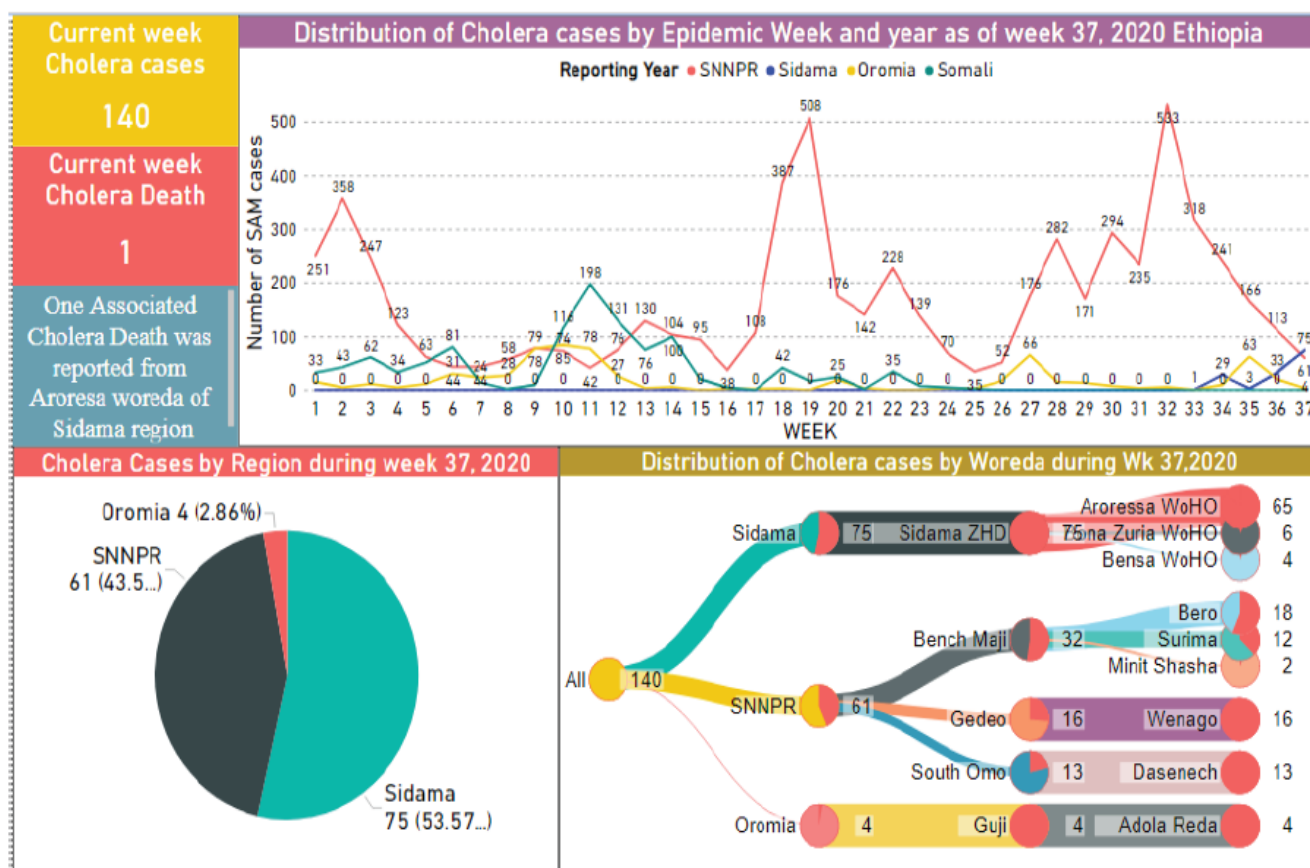
HIGHLIGHTS **HEALTH SECTOR**

- As of 22 September, 70,422 confirmed cases and 1,127 deaths of **COVID-19** have been reported in Ethiopia, from 1.22M laboratory tests conducted.
- Active **cholera** outbreaks continue in 10 woredas of SNNP, Sidama and Oromia regions. Affected zones include West Omo, South Omo, West Guji and Geddo. So far this year the country has reported more than 10,000 cases.
- The NDRMC reported that **floods** continued to wreck havoc in the country, with more than 1M people affected and about 300,000 displaced. A response plan of \$48M was launched to mobilize government and humanitarian response.

	30	HEALTH CLUSTER IMPLEMENTING PARTNERS
MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS		
	293	ASSORTED MEDICAL KITS
HEALTH CLUSTER ACTIVITIES		
	205,915	OPD CONSULTATIONS
VACCINATION		
	72,687	VACCINATED AGAINST MEASLES
EWARS		
	5	CONFIRMED COVID-19, POLIO, YELLOW FEVER, CHOLERA, MEASLES OUTBREAKS
FUNDING \$US		
	195 M	REQUESTED
	20.7 M	11% FUNDED
	174.3 M	GAP

Situation update

Cholera outbreaks continue in 10 woredas of SNNP, Sidama and Oromia regions. Affected zones include West Omo, South Omo, West Guji and Gedeo. So far this year the country has reported more than 10,000 cases. Most of the woredas are remote and hard to reach, especially during this rainy season. Cluster partners including SWAN, WHO, UNICEF, CUAMM, GOAL are supporting the response. In the second round of distribution, WHO and SWAN were assigned to deliver cholera kits for treatment of 1,500 cases in the affected woredas. Additional support is continuing in logistics, trainings, surveillance, assessments, outbreak investigations, and case management. Advocacy, mobilization of additional resources and capacity building will continue.



The NDRMC reported that **floods** continued to wreck havoc in the country, with more than 1M people affected and about 300,000 displaced. A response plan of \$48M was launched to mobilize government and humanitarian response. Six regions are mostly affected, including Afar, Amhara, Gambela, Oromia, Somali, SNNP, Dire Dawa And Addis Ababa. There is little or no resources to support the urgent response required, with the backdrop of poor funding for the humanitarian response plan and competing priorities across the country. So far the overall funding is only 39% of the requirements, with the food cluster at 39% and non-food sectors at 32%. The cluster has deployed some emergency health kits to the affected populations. A few health partners have been able to provide essential services to the affected populations, but quite clearly a lot more needs to be done.

As of 22 September, 70,422 confirmed cases and 1,127 deaths of **COVID-19** have been reported in Ethiopia, from 1.22M laboratory tests conducted.. Response continues through the national and subnational PHEOC, with support from partners in different forms.

Useful sites for information include:

Health Cluster on Humanitarian Response: <https://www.humanitarianresponse.info/en/operations/ethiopia/health>

EPI: <https://www.epi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>

WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO: <https://www.afro.who.int/health-topics/coronavirus-covid-19>

JHU: <https://coronavirus.jhu.edu/map.html>

Public Health risks, priorities, needs and gaps

Health risks

- Following WHO's declaration of COVID-19 outbreak as a pandemic, Ethiopia was categorized as very high risk due to its position as an air travel hub.
- Communicable disease outbreaks due to low literacy levels, poor and congested living conditions, poor WaSH facilities and practices, mass gatherings and activities, and low vaccination coverage.
- Conflict and population displacement leading to increased health demands to the facilities, due to new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs.
- Food insecurity and malnutrition, resulting from erratic rains and drought in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions.

Priorities

- COVID-19 outbreak readiness and response.
- Delivery of essential life-saving emergency health services to vulnerable populations by ensuring sufficient quantities of quality medicines and medical supplies, and health workers teams to perform the work.
- Work with and strengthen the capacity of the existing health system by training health workers and establishing humanitarian-development linkages.
- Enhance quality of the response through field level coordination, monitoring and support to partners with the main focus on IDP/return locations and new incidents.
- Improve the collection and collation of data and information from partners, present it in information products and use it for decision making, resource mobilization and guiding the response.
- Support joint and integrated approaches with other Clusters targeting the same locations and populations with humanitarian response.

Needs and gaps

- Significant shortages of qualified health staff to implement the response in emergency affected locations, in an already strained health system, and partners' inability to recruit adequately.
- There is need to strengthen the regular supply chain for medicines, and harmonize it with the emergency streams to reduce incidents of stock-outs at health facilities, and address delays in emergency funding.
- Health facilities in many return locations were fully or partially destroyed during the conflict. There is need to speedily rehabilitate, re-staff and restock these facilities.

Health Cluster Action

Strategy and response processes

The country continues response to the Health sector's scenario 3 COVID-19 EPRP. Objectives of the response include minimizing caseloads, deaths and the impact of the outbreak on the health system. In line with this plan, the multisectoral national plan is also under implementation coordinated at the NDRMC's emergency coordination centre (ECC). The Ethiopia 2020 HRP now has COVID-19 response incorporated, with the health cluster's target population increasing from 3.2M to 6.5M people, with a funding requirement of \$195M. The cluster's approach is to integrate COVID-19 activities into ongoing essential health services for vulnerable populations.

Response to cholera and measles outbreaks continues to be structured around case management, social mobilization and risk communication, logistics and supplies, surveillance and laboratory investigation, WaSH and the use of OCV. The EPHI and RHB lead the interventions, with Health Cluster partners supporting as and when assigned by the authorities. Surge support to functional health facilities remained the main modality of response for Health Cluster partners, with some also able to offer technical support to the local health authorities. Mobile teams remain an option whenever necessary.

2020 HRP dashboard

Indicators	Q1	Q2	July	August	Total
1. Number of health facilities including COVID-19 isolation facilities and mobile teams supported in crises affected locations	88	468	553	1,268	1,268
2. Number of OPD consultations	385,567	574,238	223,907	205,915	1,389,627
3. Number of normal deliveries attended by skilled birth attendants	2,297	4,428	4,793	5,346	16,864
4. Number of women in child bearing age receiving modern contraceptives	32,057	28,078	11,737	16,340	88,212
5. Number of community members receiving health IEC messages including COVID-19	291,065	2,103,852	231,005	336,413	2,962,335
6. Number of assorted emergency medical kits and COVID-19 PPE kits distributed in crises affected locations	551	3,900	197	293	4,941
7. Number of cases with injuries and disabilities treated and referred for further care	577	502	302	254	1,635
8. Number of cases receiving mental health and psychosocial support services including COVID-19	153	19,881	4,560	17,843	42,437
9. Number of survivors of SGBV receiving clinical care for rape	13	15	36	15	79
10. Number of epidemic prone disease alerts including COVID-19 verified and responded to within 48 hours	718	915	685	648	2,966
11. Number of children 6 months to 15 years receiving emergency measles vaccination	407,529	82,125	1,459,740	72,687	2,022,081

Health Cluster coordination

In August, the health cluster continued its weekly virtual meetings to regularly update and guide on the ongoing partners' contribution to essential health services and COVID-19 response. Emphasis was on partners integrating COVID-19 activities in their existing projects. More partners continue to join the cluster. Subnational coordination is ongoing in all regions and some zones. It is noted that regions and zones which had ongoing emergency response activities before the COVID-19 outbreak have stronger and more consistent coordination mechanisms. A lot of support has been provided by the national cluster to new priority locations.

Communicable diseases control and surveillance

Table 1: Number of cases reported during WHO Epi week 32-35, 2020, Ethiopia

Region	Malaria (Confirmed & clinical)		Suspected Meningitis		SAM		Suspected AFP		Suspected Measles		Suspected NNT		Suspected Rabbits		Maternal	Scabies	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Deaths	Cases	Deaths
A Ababa	85	0	3	0	118	1	2	0	8	0	0	0	101	0	9	1377	0
Afar	6,093	0	28	0	1,105	0	0	0	0	0	0	0	0	0	2		0
Amhara	32,067	0	24	0	2,561	0	4	0	92	0	0	0	127	0	15	8,612	0
B Gumuz	8,695	0	4	0	75	0	0	0	0	0	0	0	47	0	4	206	0
D Dawa	56	0	0	0	83	0	0	0	0	0	0	0	0	0	0	71	0
Gambella	3989	0	2	0	77	0	0	0	0	0	0	0	0	0	0	3	0
Harari	83	0	12	0	154	0	0	0	0	0	0	0	0	0	2	63	0
Oromia	11,011	6	108	2	10,621	7	5	0	174	0	2	0	9	0	15	5,896	0
Sidama	690	0	0	0	348	0	0	0	0	0	0	0	0	0	0	17	0
SNNPR	15,944	0	22	0	2,728	11	2	0	15	4	0	1	54	0	9	2,024	0
Somali	4,418	0	67	0	4,977	0	2	0	0	0	0	0	0	0	2	62	0
Tigray	11,604	0	6	0	653	1	1	0	0	0	1	0	120	0	3	2,086	0
Total	94,735	6	276	2	23,500	20	16	0	289	4	3	1	458	0	61	20,417	0

EPHI reported that on each epi week from 32 to 35, most regions met the required 80% IDSR reporting completeness and timeliness.

Training of health workers

MCMDO trained 196 HEW, 76 RRT and HCW on COVID-19 control and prevention measures and surveillance.

Provision of essential drugs and supplies

WHO donated 326 emergency health kits to partners and zonal health offices in all regions.

UNICEF distributed 21 emergency drug kits to Gambella and Oromia regions, enough for 52,500 treatments.

Support to health service delivery

Mercy Corps supported 3 MHNT in 3 woredas of Somali region which are Tuliguled, East Imey and Goljano. MHNT provided medical consultation for 2,762 beneficiaries of whom 1,105 were under five years and 355 were between 5 to 18 years while 1,000 were adults above the age of 18 years, and 257 were elderly people and 25 disabled people. 304 children were vaccinated against measles. The MHNT identified and treated 81 SAM children without medical complications at outreach sites.

MCMDO reached 21,566 beneficiaries with lifesaving primary healthcare and nutrition services in West Guji and Gedeo. 10,304 consultation were done at OPD of which 3,091 under five children. Health education and awareness creation were given to 27,345 beneficiaries on Covid-19 and other communicable diseases. 1287 Mothers have received ANC consultation and 1046 WCBA have FP service.

GOAL MHNT conducted 1,081 medical consultations in Yirgachefe, Medawolabu, Dolomena, Abaya and Gelana woredas. Health education was provided for 5,096 individuals. 25 women in child bearing age received modern contraceptives. In Somali region (Galadi, Daratole, Bokh woredas), health education was provided for 7,635 individuals.

UNICEF MHNT in Afar and Somali regions conducted 47,003 new consultations, of which 37.6% were CU5 and 36.8% were women. Provided PPE for isolation, treatment centers and for continuation of essential health services. The PPE included 6,000 coveralls, 15,000 gowns, 40,000 N95 masks, 43,600 goggles, 20,000 face shields, 726 infrared thermometer and 380 oxygen concentrators.

MSF-Spain continued providing healthcare assistance at Gambela regional hospital. 664 patients received emergency care, 80 patients were admitted to surgical ward, and 80 urgent life-saving surgical interventions performed. 147 individuals received mental health consultations. continued to sensitize patient and care takers in Gambela hospital on topics of malaria, outbreak prone diseases, maternal and child health and COVID-19 prevention. Response to quarantined returning migrants at AASTU is ongoing. 4 group sessions were conducted for 40 participants. Medical response team conducted assessments on cholera, IDP, SGBV in West Omo, Afar and Desanech, and Addis Ababa.

AAH continued supporting government in awareness raising activities on COVID-19 using locally translated IEC materials in all its operational areas. PPE and IPC materials procured and distributed. AAH supported the ComBAT campaign through logistic and technical support in Somali and Gambella operational areas. AAH set up stabilization center for the treatment of severely malnourished children with complication in Gambella Town Isolation center. Provided IPC on the job training for frontline HCWs in the context of COVID-19 adaptive health and nutrition programming in Gambella, Borena and Somali Operational areas.

OWDA reached 21, 523 people with extensive social mobilization integrated with COVID-19 messages and primary health key messages through different channels targeting different groups. MHNT provided free medical services in Danot, Daratole, Gursum, Shilabo, and Dhobawayn woredas of Somali region and treated 9,862 patients through consultation and case management. OWDA provided mental health and psychosocial support to 462 individuals where the majority of the cases had contact of COVID-19 cases.

IOM delivered essential health services in East Wollega, West Guji and Gedeo zones. 10,103 medical consultations were conducted, screened 2,052 children below 5 years for malnutrition and reached 26,884 individuals with key health messages. 1,086 women received basic sexual and reproductive health services. IOM MHNT responded to Malaria outbreak and treated 63 RDT confirmed malaria cases in Ejersa Mura kebele. Supported West Guji ZHB and Kercha Woreda Health office with 1,250pcs of Surgical face masks and covered 18 days per diem for 9 members of RRT.

IRC provided COVID-19 orientation for HEW, health workers and public health experts in all operation areas. IRC supported HF on COVID-19 screening at 7 HC of Dodola, 5 HC Nansebo and Dasenech woreda. IRC provided surge support for remote health facilities to 24 HWs and 6 Woreda experts.

