

# RESOURCE MOBILIZATION FOR HEALTH ACTION IN CRISES

## ETHIOPIA

**SAVING LIVES AND REDUCING SUFFERING**



### HEALTH SITUATION

Ranking 99 out of 103 on the UNDP Human Poverty Index, Ethiopia is one of Africa's poorest states, with 45% of its 77 million people living below the poverty line. Three-quarters of the population lack access to clean water, and four persons out of five live without proper sanitation. In addition, Ethiopia hosts some 133,000 refugees from neighbouring countries. In the last two decades, major crises combining droughts, epidemics, displacements and armed conflicts, have repeatedly affected the country.

The main health concerns in Ethiopia include maternal mortality, malaria, tuberculosis and HIV/AIDS compounded by acute malnutrition and lack of access to clean water and sanitation. The limited number of health institutions, inefficient distribution of medical supplies and disparity between rural and urban areas, due to severe under-funding of the health sector, make access to health-care services very difficult.



It is estimated that more than half of the population lives more than 10km away from the nearest health facility, usually in regions with poor transportation infrastructure.

### WHO ACTION

WHO main areas of interest will include health sector coordination, health assessments, control of communicable diseases – with special attention to malaria –, immunization and reproductive health. It will also build capacity of the Ministry of Health. The following activities are anticipated for the coming 12 months.

#### Assessing health needs, identifying and prioritizing health problems

- Provide technical support and guidance to the Ministry of Health in data collection, monitoring of diseases and preparation of contingency plans for potential diseases outbreaks.
- Support the Ministry of Health in evaluating the health situation, especially among vulnerable groups, notably by compiling assessments made by other actors or by publishing information on the Internet.

#### Coordinating emergency health action

- Strengthen the Ministry of Health coordination function, including setting up a system to collect and share information among partners.
- Provide essential logistic support and technical guidelines to NGOs and other health partners for urgent humanitarian interventions.

#### Identifying and filling gaps in disaster preparedness and response

- Support the prevention of poliomyelitis and measles by providing vaccines, vaccination equipment and supplies, including cold chain, and by training health workers.
- Interrupt transmission of wild poliovirus that has been circulating in the country since its importation from Sudan in December 2004 by conducting full-scale house-to-house national immunization days using monovalent oral polio vaccine. Since the most recent confirmed polio case, two rounds have been completed in October and November 2005. Additional rounds will be necessary in 2006, depending on the epidemiology of wild poliovirus.

- Measles remaining an important cause of morbidity and mortality, follow up supplemental immunization campaigns targeting all children aged 6 months to 59 months are planned for 2006 (except in locations that conducted measles vaccination campaigns in 2005, including Gambella and Afar Regions, and East and West Harerge of Oromia Region).
- Reduce malaria deaths through prevention, control and treatment, by providing technical support to the task force for malaria control, increasing access to treatment and training health workers.
- Support the prevention and control of communicable diseases, such as meningitis, neonatal tetanus, and measles by providing essential drugs, vaccines and diagnostic tests.
- Strengthen reproductive health services through emergency interventions by providing supplies and equipment for emergency obstetric care, training hospital staff and community workers and by ensuring condom availability in target areas.

### **Strengthening local capacity for better health outcomes**

- Build capacity at central level of the Ministry of Health and key partners through training, technical and logistic support.
- Strengthen health services at regional and district level through coordinating and training of district-level rapid outbreak response teams.

### **WHO ESTIMATED RESOURCES REQUIRED**

WHO estimates a total financial requirement of USD 21 million to efficiently carry out the above mentioned activities. Specific project proposals are available upon request.

#### **For more information contact:**

Dr Ala Din Alwan  
Representative of the Director-General  
for Health Action in Crises, [AlwanA@who.int](mailto:AlwanA@who.int)  
Marianne Muller  
External Relations, [mullerm@who.int](mailto:mullerm@who.int)

Health Action in Crises,  
World Health Organization  
Geneva  
Tel: +41 22 791 1887, Fax: +41 22 791 4844  
<http://www.who.int/disasters>