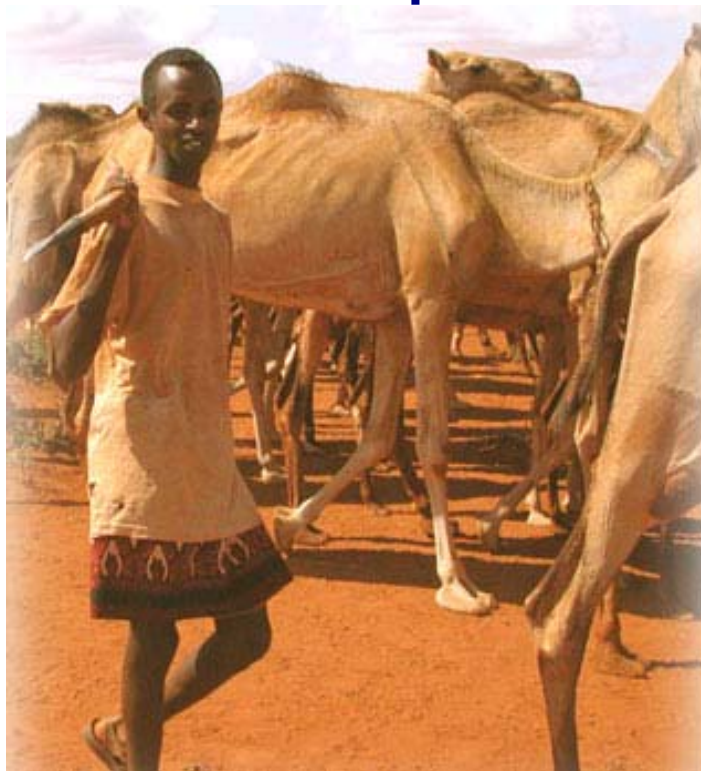


December 2004



Regional Situation  
Update ►

## 2005 Humanitarian Appeal for Ethiopia



### Overview

The 2005 Humanitarian Appeal has been developed as the Government of Ethiopia embarks on the ambitious Productive Safety Net Programme (PSNP), shifting from a system dominated by emergency humanitarian aid to longer-term food security initiatives. From January 2005, 5 million chronically food insecure people will be provided assistance in the form of cash or food for labour intensive public works. It is in this new environment that the Humanitarian Appeal was launched on 23 December 2004.

The 2005 Humanitarian Appeal is expected to attend to the acute needs of the unpredictable caseload. An estimated 2.2 million people will be provided with humanitarian food assistance and several million more will be in need of emergency non-food assistance. Emergency needs in non-food sectors are now defined with the aim to save lives and protect livelihoods threatened by both acute and chronic emergency situations. This year's Appeal is a result of joint efforts by the Government of Ethiopia, United Nations agencies, international and national NGOs and donors. It focuses on life-saving and livelihoods protection activities in the four key sectors where comprehensive countrywide assessments were made: Food, Agriculture, Health and Nutrition, Water and Sanitation. It also attempts to mainstream cross-sectoral elements

### NEWS ►

#### Malaria Update

While two thirds of the funds required for Coartem® (around US\$ 4.6 million) have been received, due to supply problems only around 10 percent of the country's requirements for the drug have been met. ►

#### TB/HIV a Deadly Combination – Ethiopia's Response

Tuberculosis (TB) is a major cause of death among people living with HIV/AIDS and Sub-Saharan Africa suffers the most. Thirty seven percent of TB deaths in Africa are related to HIV. ►

#### National WASH Movement - Ethiopia

The WASH movement is the flagship of action for behavior change and hopes to create awareness among teachers, children and their parents about hygiene, water, sanitation and health, using hand-washing as a key step to reducing mortality and morbidity. ►

#### 2004 Food and Non-Food Contribution ►

such as capacity building, coordination, gender, child protection and HIV/AIDS in these sectors.

A key priority for humanitarian action in 2005 will be to address many of the recommendations laid out in the 'Evaluation of the Response to the 2002 – 2003 Emergency in Ethiopia'. While some recommendations are already being put into practice, 2005 will see increased efforts to address the root causes and underlying vulnerabilities of food insecurity in Ethiopia.

The Appeal recognises that the situation in Ethiopia is highly complex, that poverty is widespread and that vulnerability to disasters such as the drought and susceptibility to their negative effects must be dealt with in such ways that save lives, protect livelihoods and encourage productivity, targeting the most vulnerable segments of the population at risk, particularly women and children, the elderly, and internally displaced. It stresses the importance to develop multi-annual responses and the need for sustainable solutions to continue to be identified, resourced and implemented. Pastoralists remain the most vulnerable of populations in the country with their assets seriously depleted after successive seasons of droughts. Given the fragility of the situation in these areas, field monitoring and early warning efforts will continue to be improved to identify and respond to needs in a timely and effective manner. In addition, the humanitarian community will work towards developing and implementing long-term development programmes while at the same time increasing the government's capacity to save livelihoods and address immediate humanitarian needs.

The humanitarian assistance requirements for both food and non-food for 2005 are summarised below.

#### Summary of 2005 Humanitarian Assistance Requirements

Sector	Requirements in US\$
Food (MTs)	387,482 <sup>1</sup>
Food	159 million
Health and Nutrition (including supplementary food for the EOS)	83.7 million
Water and Sanitation (WES)	10 million
Agriculture	10.8 million
Disaster Response/Capacity Strengthening	6.5 million
Overall Co-ordination	1.5 million
<b>Grand Total: Food and Non-Food</b>	<b>US\$271.5 million</b>

#### Safety Net and the Appeal

The overall objective of humanitarian actions in 2005 is to address acute emergency needs of populations whose lives and basic livelihoods are threatened by continued drought and other climatic conditions. The major change in strategy from previous emergency appeals is the focus on unpredictable or acutely affected populations, whereas predictable chronic food insecure populations will be addressed through the multi-year Productive Safety Net

<sup>1</sup> Food requirement includes assistance for 933,000 Safety Net beneficiaries in Somali and Afar Regions for the first six months of 2005, who will be included under the Humanitarian Appeal for that period.

**The overall objective of humanitarian actions in 2005 is to address acute emergency needs of populations whose lives and basic livelihoods are threatened by continued drought and other climatic conditions.**

Programme (PSNP). The Government and international community are in the process of linking relief to development and tackling the underlying causes of food insecurity through the *New Coalition for Food Security*. This approach aims to improve access to food, promote preventive and curative health services and diminish livelihoods depletion of the chronically food insecure. Once the PSNP is fully operational and functioning in all six proposed regions, over 5 million chronically food insecure people will receive predictable assistance in a multi-year funded and planned way with greater links to development objectives.

Hence, while maintaining a multi-sectoral emergency approach, the 2005 Appeal is seeking to complement the PSNP and other food security programmes. All efforts will be made in programme design to save lives, to protect livelihoods by preventing erosion of basic household assets, while at the same time promoting self-reliance and achieving longer-term benefits for affected populations. It also aims at strengthening emergency response capacities in the regions, where needed. Emergency needs for non-food sectors, specifically related to water and sanitation, health and nutrition, and agriculture will focus on affected populations country-wide, both within and outside of *woredas* covered by the PSNP.

Following the largely successful emergency response in 2003 and despite development efforts of the Government and its partners, there has been a recognition that droughts generate a number of food and non-food needs which need to be addressed together to ensure the most effective response. Ethiopia has suffered from the traditional 'food-first' response. People burdened by drought endure crop failure and resulting food gaps, but they are also affected by livestock disease, seed shortages, malaria outbreaks etc. A failure to address non-food needs results in heightened morbidity and mortality despite the food response and can have long term consequences on people's livelihoods. Since 2003, the DPPC, Sector Task Forces and donors have invested significantly to improve the quality of the non-food section of the Appeals. The non-food section of the 2005 Appeal is believed to be comprehensive and emergency needs based.

### **Risks and Contingencies for Unexpected Changes in the Situation During 2005**

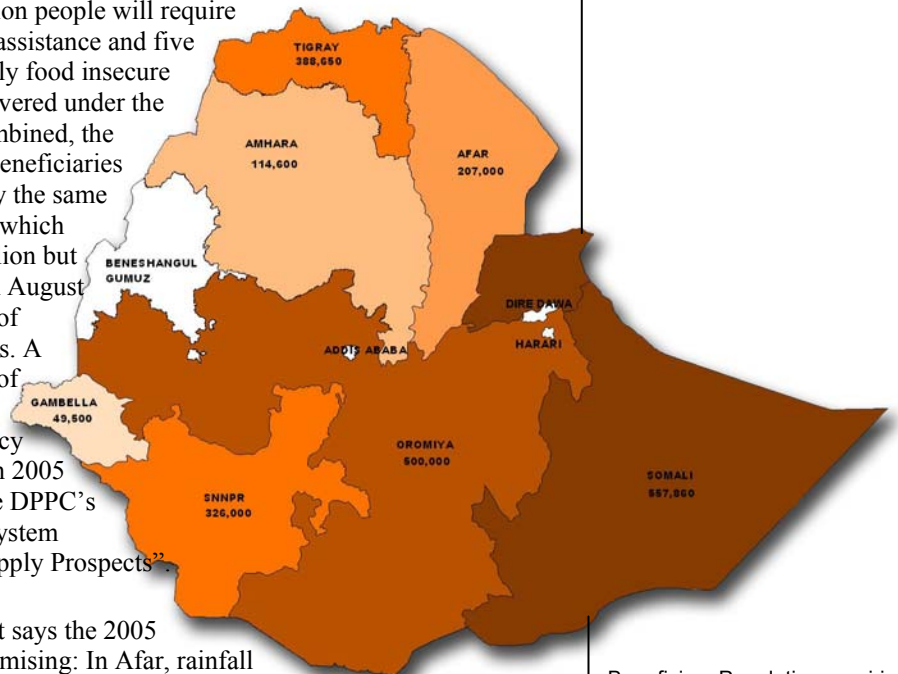
With the introduction of a safety net, there is a move away from the 'traditional' way of managing chronic or predictable food needs. While this change has long been needed, it must be expected that the transition period contains some risk and is not without its challenges. Changes in line ministry responsibility, the move towards cash, the challenges at the local level of differentiating between chronic and acute needs and the level of preparedness in pastoral areas remain some of the critical risks. Within the PSNP a rapid response mechanism is being designed to resolve problems with the new responsibility; and the ability to increase cash payments or switch from cash to food will help mitigate the first two risks. Coordination between Food Security Coordination Bureau (FSCB) and DPPC will be critical for addressing targeting issues. In pastoral areas the start of the PSNP will be later than in other regions. Therefore, the chronically food insecure beneficiaries in Somali and Afar (approximately 930,000 people) are included in the Appeal for the first six months of 2005, in

**With the introduction of a safety net, there is a move away from the 'traditional' way of managing chronic or predictable food needs.**

addition to the acutely food insecure. At the launch of the Appeal the Government said it would start the PSNP in these two regions as soon as possible. Should the PSNP start in these regions during this period, the Appeal will be revised downwards. This year's Appeal does not provide for a specifically identified population group for close monitoring in drought affected areas.

### Food Needs

In 2005, 2.2 million people will require emergency food assistance and five million chronically food insecure people will be covered under the PSNP. When combined, the total number of beneficiaries amounts to nearly the same number as 2004, which started at 7.2 million but was readjusted in August to 7.8 as a result of poor bel/gu rains. A detailed account of the population needing emergency food assistance in 2005 is available in the DPPC's Early Warning System Report "Food Supply Prospects".



Beneficiary Population requiring food assistance by region

Overall the report says the 2005 harvest looks promising: In Afar, rainfall was generally below average, from both the *sughum* and *karema* rains. Pasture is in a critical condition in zones 1, 2 and 4. Some 207,000 people require emergency food assistance in 2005. Compared to recent years, rain has been normal and timely in Amhara, with the exception of lowlands of the Abay and Tekeze river basins, some parts of the northern highlands, and eastern areas bordering the Afar Region. With most zones expecting a good harvest, the emergency food needs are for only 115,000 people. In Oromiya, the *meher* season production is expected to be better than last year and above the five-year average. Weather has been generally favourable, use of farm inputs has increased and cultivated area has expanded. Nevertheless, there are poor crops in most lowland areas, mainly in East and West Hararghe, Arsi, Bale and East Shewa zones. For pastoralists in Borena and Guji zones, pasture and water is good in most areas, though rainfall was poor earlier in the year and livestock condition has not fully recovered. 500,000 people require emergency assistance. Rainfall performance was mixed in SNNPR. Overall crop production is anticipated to be better than last year but crops are poor in lowlands of South Omo and Gamu Gofa zones, as well as Konsom Burji and Dirashe special *woredas*. 326,000 people in the region need emergency food. In Somali, following a poor *gu* season earlier in the year, the *deyr* season was close to normal in most *woredas*, with some exceptions still considered to be hotspots. Pasture and water in some *woredas* are unlikely to sustain livestock through the next rainfall season in April; 558,000 people need emergency food. In Tigray, rainfall was poor for *belg* and *meher* seasons, especially in the lowland areas in the eastern half of the region. The most affected were Central, Eastern and

Southern zones. Crop production is lower than the five-year average and 389,000 people need emergency food assistance.

The duration of emergency assistance in 2005 for beneficiaries varies, averaging 7 months. Micronutrient-fortified blended food for supplementary rations will continue to particularly vulnerable groups as take-home ration. Where possible, these will be targeted by nutrition screening of individual children under-5, pregnant women and nursing mothers through the Extended Outreach Strategy. In other areas that do not have nutrition screening facilities, supplementary food will be distributed to particularly vulnerable groups. The emergency food requirements are based on the assumption that the 2005 *belg* season and the main rainfall season in the pastoral areas will be normal and will be revised following the mid-year assessment in *belg* cropping areas and pastoral areas.

Vulnerability to any kind of external shocks is one of the major threats of subsistence farmers and pastoralists who rely on crop/livestock production under rain-fed agricultural and pasture conditions. In times of drought, affected communities have been hampered to deal with normal farming or pastoralist activities. Recurrent and persisting droughts have gradually depleted coping mechanisms of rural households and further exacerbated their vulnerability to external shocks. Some households have exhausted their livelihoods by selling their productive assets in response to a shock. Others are already facing destitution and require hand-outs. Their vulnerabilities are heightened by increased prevalence of malnutrition, especially in children, common drought related health hazards such as acute respiratory infection, diarrhoea, measles and communicable diseases, as well as seasonal malaria and meningitis epidemics. Minimal health services, poor water and sanitation conditions and inadequate agriculture support remain chronic deficiencies of emergency response in Ethiopia. Urgent and adequate non-food emergency interventions are essential to protect farming and pastoral livelihoods and to rapidly re-establish a minimal foundation for basic economic activities.

### Health and Nutrition

The health and nutrition sector requires **US \$83.7 million** to implement its programmes and interventions. The overall objective of the proposed health and nutrition emergency response in 2005 is to save lives by responding to major diseases and epidemic, support emergency delivery, and address acute malnutrition. Diseases such as malaria, acute respiratory infection, meningitis, diarrhoea, and measles are the most common drought related diseases in Ethiopia. Malaria and meningitis are considered based on risks at national level whereas communicable and diarrhoeal diseases, acute respiratory infection and malnutrition are aimed at populations in drought affected areas of the country.

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**Health & Nutrition Requirements, 2005**

Area of Need	Estimated Beneficiaries	Requirements (US\$)
Malaria epidemic prevention & control	5,366,999	11,142,538
Meningitis prevention and control	3,187,216	3,436,741
ARI, diarrhea, and other common diseases control	4,030,546	3,096,503
Enhanced Outreach Strategy (vitamin A supplementation, Measles immunization and active screening)	6,779,867	6,800,000
EOS Targeted Supplementary Feeding (76,661 tonnes of fortified blended food and 12,266 tonnes of vegetable oil)	1,022,141	53,000,000
Emergency nutrition	271,195	5,000,000
Emergency reproductive health	205,450	1,254,463
<b>Total</b>		<b>83,730,245</b>

The 2005 health and nutrition response will mainly be undertaken through the Enhanced Outreach Strategy (EOS) that is going to take place twice a year targeting 6.8 million children aged 0 to 59 months in more than 320 drought affected woredas of the country.

**Enhanced Outreach Strategy**

The 2005 health and nutrition response will mainly be undertaken through the Enhanced Outreach Strategy (EOS) that is going to take place twice a year targeting 6.8 million children aged 0 to 59 months in more than 320 drought affected *woredas* of the country. The EOS offers the following key child survival activities: Vitamin A supplementation every 6 months for all children 6 to 59 months of age and de-worming; in addition, the nutritional status of children and their mothers will be assessed. If children or mothers are malnourished they will be referred to Targeted Supplementary Feeding (supported through WFP). Children who were not reached by the previous measles campaign will also receive measles immunisation. Mothers and other caretakers receive Instruction, Education and Communication (IEC) on improved infant and young childcare, feeding and hygiene practices. This integrated multi-sectoral approach will have a significantly greater impact than previous approaches through which various sectors were responding in a non-synergistic manner

**Water and Sanitation**

The prime objective for **Water and Sanitation** is to provide access to improved water and sanitation services in Afar, Amhara, Dire Dawa, Harari, Oromiya, SNNP, Somali and Tigray Regions at a cost of **US \$10 million**. An estimated 2.2 million people in these regions are going to suffer due to acute shortage of water and related poor hygiene and sanitation. This is attributed to the unsatisfactory 2004 rains to restore groundwater tables and surface water sources including ponds, *birkas*, streams and rivers. Interventions include rehabilitating and maintaining non functional water schemes that are out of order as a result of drying and water level draw down, and developing new water schemes, promoting sanitation and hygiene education. A life saving intervention, emergency water tankering, will also form an integral part of the response in areas where no other alternatives exist.

The overall objectives of the 2005 agricultural emergency intervention is to address the humanitarian needs of the most vulnerable households and restore the agricultural productivity of the affected farmers and pastoralists. A total of about **US\$ 10 million** is required to cover costs of emergency interventions in both crop and livestock sub sectors. Additional US \$1 million is needed to cover cost of capacity building and coordination activities. The 2005 emergency requirement is 20 percent lower than that of last year.

The crop sub sector within the agricultural emergency intervention intends to address the critical seed insecurity in hotspot areas and respond to the carryover effects of recent recurrent droughts through provision of about 18,000 tonnes (which is less than 3 percent of annual national seed requirements) of good quality seeds to about 890,000 drought -affected seed -insecure households in Tigray, Amhara, Oromiya, SNNP, Somali, Dire Dawa and Gambela Regions. A total of about US \$ 6 million is required to cover the cost of seed interventions.

In the livestock sub-sector, a total of 11 million livestock (out of the estimated total national livestock population of about 77 million) requires emergency animal health services in drought affected and food insecure *woredas*. The livestock intervention intends to supply vaccines, drugs and equipments, including provision of technical and logistic supports in livestock disease surveillance, and early response. About US \$ 4 million is needed for the livestock related intervention.

### Coordination

Efforts in 2005 to further strengthen coordination capacities at the regional and sub-regional levels with the DPPC and Sector Bureaus are needed and will require commitments from the UN agencies, NGOs and Federal DPPC to provide the necessary support in setting up the regional structures and training. Budgets for sector coordination activities are included under specific sector activities. In 2005, in light of the implementation of the PSNP, the institutional changes and new operational arrangements, DPPC and the FSCB will ensure close collaboration and enhanced coordination of emergency and PSNP activities. The UN Strategic Disaster Management Team, comprising WFP, UNICEF, WHO, FAO, UNDP, World Bank, and OCHA, serves as the key instrument for coordination of the UN humanitarian response. These agencies will work together to support federal, regional and sub-regional coordination structures in 2005. The overall budget for UN strategic coordination in 2005 is estimated to be US\$ 1.6 million.

### Disaster Response

The "Evaluation of the 2002-2003 Emergency in Ethiopia" concluded that while some regions of the country have developed a great deal of experience for the management of food insecurity (Tigray, Amhara and in some parts of Oromiya), in other areas, where food insecurity has been traditionally less prevalent, operational and management capacities of the regional government to respond quickly and effectively to disaster situations were weak. Effective responses in some areas of the country illustrate the success of well-designed efforts to improve disaster response capacity. During 2004, the Federal DPPC developed a work plan to address disaster response capacity called the Emergency

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Preparedness Strengthening Programme (EPSP). EPSP aims to address four key areas identified in the Evaluation as being critical in terms of improving disaster response capacity: (1) management systems (2) human capacity (3) physical capabilities and (4) knowledge management. During its first year, initial steps were taken in each of these areas but much more work remains and needs acceleration through support from other donors.

A high priority recommendation in the Evaluation of 2002/03 related to training in gender analysis and perspectives. Disaggregated data and analysis on gender and children's issues in emergencies is currently weak, and needs to be more fully integrated into all relevant aspects of early warning and response planning frameworks from the outset. Women need to be encouraged to participate in local decision-making regarding all aspects of food and non-food assistance, targeting and delivery. A recent organisational capacity assessment of the DPPC confirmed this area as one among many that requires urgent attention in terms of disaster management and response human capacity building. A training needs assessment and materials development in this area could proceed immediately, in advance of a finalised national policy on disaster management. Devising and delivering this kind of short course to 600 crisis responders at the federal, regional and *woreda* levels is estimated to cost \$168,000.

Full document of the Appeal is available at: [www.ocha-eth.org](http://www.ocha-eth.org)

Your comments are welcome: [ocha-eth@un.org](mailto:ocha-eth@un.org)

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## Regional Situation Update

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### Afar Region

Usually, the Karema rain (*meher* rain) starts in late June and ends in mid-September. This year however, the rains were late by one month. The rains also ended earlier (by 3-4 weeks) than usual in most parts of the Region. The performance of the rains was in general below average in most parts of the Region. The short rain locally known as the Dedea rain (3 -5 days of showers), which normally occurs between November and December, have not yet started. Action Contre la Faim (ACF) and Oxfam have confirmed that the population is experiencing increased stress accumulated from repeated years of poor rain, leading to increasing suffering among the people of Afar. Already livestock are being moved out of their traditional patterns. This year, Karema rains have improved the availability of water for both human and livestock consumption, particularly in Zone 3 and Zone 5. However, water still remains critical in Dallol, parts of Erebt and Berhale *weredas* of Zone 2, Yallo and Teru *weredas* of Zone 4, Elidar and Dubti *weredas* of Zone 1, and Kummame town of Semurobi *Wereda* of Zone 5. The livestock physical condition, mainly for cattle, was reported to be either poor or deteriorating in most parts of the Region due to the lack of pasture. Their productivity in terms of milk and meat has significantly depreciated from what is expected at normal times. Cattle deaths due to combined effect of drought and endemic diseases have been reported from Awra *Wereda* of Zone 4 and in some parts of Zone 2. NGOs are warning the situation is deteriorating quickly and will result in a humanitarian emergency unless action is taken immediately. NGOs active in the

**NGOs are warning the situation in Afar Region is deteriorating quickly and will result in a humanitarian emergency unless action is taken immediately.**



region have called for better coordination of the response to current needs. OCHA is assisting regional authorities in developing a plan of action to respond and with improving information flow and coordination. A Crisis Management meeting is scheduled for 24 December in Sefera and all interested agencies are encouraged to participate. An assessment report from ACF which provides greater detail is available at: [www.ocha-eth.org](http://www.ocha-eth.org)

### Somali Region

Somali Region had, overall, close to normal *deyr* rains with exceptions such as East Imi and Danan *woredas* of Gode zone, West Imi in Afder Zone, Sheykosh *woreda* in Korahe Zone, Gashamo and Aware *woredas* in Dahahbur Zone, Dambal *Woreda* in Shinile Zone and Sagag, Garbo and Duhun *woredas* of Fik Zone. The amount of rain received in those *woredas* was insufficient in quantity and unevenly distributed. As a result, pasture is either scarce or insufficient for the coming *jilal* dry season. Water supply remains normal with the exception of few places that have chronic water problems such as Danan, Gashamo, Gudis in East Imi and Todob in Adadle, parts of Duhun, Garbo, Sagag, Afder, Shilabo and Kabri Dahar *woredas*. Livestock is recovering from the severe dry season. Prices of animals are also low for *deyr* receiving zones like Gode and Warder, adversely affecting purchasing power of many pastoralists. However, livestock prices in Jijiga and Shinile zones are said to be on average.

### Tigray Region

The onset of *meher* rains in most parts of the region was delayed by two to four weeks. The development of crops and ultimate production, with exceptions in some areas in the central and western parts of the region was less than optimal. This year's production in the region is 11.4% lower than the past five-year's average production. The absence of *belg* rains as well as poor performance of *kiremt* rains has also contributed to shortage of pasture in most lowland areas of Central, N/Western, Southern and most parts of Eastern Zone. Consequently, the physical condition of livestock in these areas is relatively poor compared to those in the mid and highlands. However, no occurrences of livestock disease outbreak and unusual migration in search of pasture and water was reported.

### Amhara Region

As compared to the situation in the past years, the onset of the rains in most parts of the region was normal and timely. Exceptions were the lowlands of the Abay and Tekeze Rivers Basins, some parts of the northern highlands as well as areas in the east that share borders with the Afar region. The land preparation and plantation activities in most areas of the region except in the lowlands were quite timely and satisfactory. Therefore, due to the favorable weather conditions, most zones in the region are expecting bumper harvests. On the health side, nothing serious or unusual was reported. Even the incidences of endemic diseases such as malaria have been very minimal in all the vulnerable *woredas* of the region.

### Oromiya Region

Due to the favorable weather conditions, increased use of farm inputs and increased area of cultivation, the overall 2004-*meher* season production prospect of the region is expected to be better with most highland and midland areas exceeding their normal production. Significant increase in grain production is expected in

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East and West Wellega, Illubabor, Jimma and highlands and midlands of Arsi and Bale zones. Therefore, grain price monitoring will be essential to avoid possible price collapses in these areas. On the other hand, poor production prospects for 2005 are anticipated in most lowlands of the region, mainly in East and West Hararghe, Arsi, Bale and East Shewa zones, where there have been poor weather conditions for the last two consecutive seasons.

Serious concerns are being reported regarding the situation of more than 3,500 IDPs living in the temporary camps of Meisso town due to the recent referendum to determine the administrative status of contested kebeles in Oromiya and Somali Region. So far, CARE, USAID, International Medical Corps (IMC) and Ethiopian Red Cross Society (ERCS) are providing immediate needs. Shelter however still remains a concern as is coordination of assistance. OCHA is following up with federal and regional authorities to ensure humanitarian needs are addressed.

### **SNNPR**

This year's *meher* season rains started on time in highland and wet midland areas but were delayed by two to four weeks in lowland and dry midland areas of the region. The overall crop production prospect in the region is anticipated to be by and large better than last years, however significant crop loss was also noted in the lowlands of South Omo and Gamo Gofa zones and Konso, Burji and Dirashe special weredas, mainly as a result of moisture stress.

### **Gambella Region**

The December 2003 ethnic conflict in Gambella disrupted the normal agricultural activities of the rural population. The conflict caused displacement and forced migration among the inhabitants and resulted in losses of human life and assets. The food security situation of the region has deteriorated considerably due to the conflict and erratic and due to poor rains affecting crop production. The production of major crops in the region, mainly maize and sorghum, were seriously affected with the total area planted and crop production decreased by 25% and 50% respectively as compared to last year.

### **Benshangul Gumuz Region**

The onset of *meher* rains were almost on time in all zones of the region. However, in some pocket areas bordering Sudan, the amount and distribution was insufficient and intermittent. In general, with the exception of some localized areas in which production of maize and sorghum is expected to decline, the prospect of *meher* season crop production can be rated as normal.

\*This information is taken from the findings of the DPPC led Multi-agency *meher* Assessment team. Report is available at [www.ocha-eth.org](http://www.ocha-eth.org)

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## NEWS

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### Malaria Update

The United Nations Country Team issued a Special Alert warning of a potential malaria epidemic that could affect 6.2 million people by the end of the year. An urgent appeal for funds was issued for US \$ 8.9 million to buy the anti-malarial drug Coartem®, rapid diagnostic test kits, and operational funding support to Regional Health Bureaus. While two thirds of the funds required for Coartem® (around US\$ 4.6 million) have been received, due to supply problems only around 10 percent of the country's requirements for the drug have been met. Fortunately the climatic and epidemiological conditions in the past few months have not been favorable for large scale malaria epidemics to occur. This low level of malaria is advantageous for the country to ensure the launch of the new first line of treatment for plasmodium falciparum malaria.

During the last few years Ethiopia has witnessed a major increase in malaria morbidity due in part to malaria parasites increasingly developing resistance against the anti-malaria drug Sulfadoxine-Pyrimethamine (SP). Studies in 2003/2004 showed clinical failure rates of SP for Plasmodium falciparum malaria of up to 36 per cent, indicating an urgent need to change antimalarial treatment policy. As a result, in July 2004, the Federal Ministry of Health approved the use of a new first-line antimalarial drug, Artemether-Lumefantrine (Coartem®), an Artemisinin-based Combination Therapy, or ACT, which is more effective at treating malaria.

Ethiopia has not been alone in changing its malaria treatment regime. There is a world-wide shortage of Coartem® because of increased demand and at the moment there is a US \$10 million backlog in orders. China which is the main producer of Artemesia Annu, the plant out of which the Aretemesine component is extracted, has difficulties meeting the demand of the drug manufacturer (Novartis). Total orders are expected to rise to US \$60 million in the coming year and the backlog in orders seems likely to increase.

Ethiopia required an estimated US \$8.9 million for the new malaria treatment. At the time of the September Appeal US \$4.6 million was secured from the donor community and UNICEF provided an emergency US \$2.5 million loan. Since then WHO has provided US \$87,803 and UNICEF an additional US \$100,578 to the Regional Health Bureaus for training and operational costs. In addition the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provided US \$1.2 million to procure Coartem®, which is expected to arrive soon. However there still remains a US \$4.9 million gap that needs to be addressed.

The procurement of US \$1 million worth of Coartem® by the Development Cooperation of Ireland (DCI) is also in progress, while UNICEF's order for US \$2.93 million worth of treatments are in the pipeline. So far, the total amount of treatments presently available in the country is 410,430, including the latest arrival of 380,430 treatments from UNICEF which has been distributed to

**While two thirds of the funds required for Coartem® (around US\$ 4.6 million) have been received, due to supply problems only around 10 percent of the country's requirements for the drug have been met.**

Regional Health Bureaus, and 30,000 which are kept for emergency needs.

The Ministry of Health reports that region and district level training is completed in all Regional Health Bureaus (RHBs), except Addis Ababa. The Demographic and Health Survey (DHS) 2005, which will initiate fieldwork in February, includes a detailed questionnaire on malaria, prevention and care seeking practices and should provide better information on the malaria situation in the country.

Both WHO and UNICEF are pursuing efforts to mobilise resources to meet requirements of the Special Alert. For example, the GFATM request for year-two has been brought forward to help meet the country's needs for ACTs and Long Lasting Nets. In addition WHO and UNICEF in collaboration with the MoH are focusing on ensuring wider dissemination and implementation of the new malaria diagnosis & treatment guidelines while strengthening malaria epidemics monitoring, preparedness and response capabilities at all levels. An efficacy study on the effectiveness of Coartem® on treating plasmodium vivax in Nazareth and Debrezeit is also currently underway.

### **TB/HIV a Deadly Combination – Ethiopia's Response**

Tuberculosis (TB) is a major cause of death among people living with HIV/AIDS and Sub-Saharan Africa suffers the most. Thirty seven percent of TB deaths in Africa are related to HIV. According to the Ethiopian Ministry of Health an estimated 20 million people are infected with TB and 1.5 million people by HIV in Ethiopia. Significant numbers of people are co-infected by both HIV and TB.

The catastrophic association between HIV and TB has now been well identified, although the underlying causal mechanisms and immunological aspects are not yet fully understood. It appears that latent TB-infection in HIV-positive persons reactivates at a rate of 10% per year (as opposed to 5%-10% over a lifetime for HIV-negative persons). HIV-positive persons are prone to re-infection with new strains of TB from the community and drug resistance may occur more frequently. In general, TB is often the first opportunistic infection in HIV-infected persons, and active TB has been shown to induce HIV virus-replication, thus accelerating the progression of AIDS. The clinical presentation of TB may be altered in HIV-positive patients, especially in advanced stages of HIV-infection when immunity is considerably compromised. Smear-negative and extra-pulmonary forms of TB are then more common and X-ray abnormalities are atypical.

Information on the association between HIV and TB in Ethiopia is very limited. In 1994, 44% of 450 TB patients in Shashemene, Oromiya Region were HIV positive; and 25% of 78 cases with TB of the lymph nodes, confirmed by pathology in 1997 in Butajira, Southern Nations, Nationalities and Peoples Region (SNNPR) were HIV-positive. A cross sectional survey of smear-positive TB patients in Addis Ababa showed 45% co-infection. Of 51 consecutive culture-proven TB patients in Addis Ababa in 2000, 47% were HIV-positive. Data generated from various regions suggest that majority of hospitalized TB patients are HIV-positive (40-70% in Amhara Region).

**Tuberculosis (TB) is a major cause of death among people living with HIV/AIDS and Sub-Saharan Africa suffers the most. Thirty seven percent of TB deaths in Africa are related to HIV.**

The Ministry estimates that the prevalence of HIV among adult population is 4.4 percent. Studies confirm that treating TB infection in HIV-positive patients is beneficial and can reduce mortality. This has strong future implications for TB control in areas of high HIV-prevalence. Policies establishing and promoting Voluntary Counseling and Testing (VCT) should include these interventions. In addition, linkages between Home-Based Care (HBC) programs for AIDS patients and provision of Directly Observed Treatment Short course (DOTs) for TB treatment at the community level also need to be considered. Presently Ethiopia is preparing to implement collaborative TB/HIV activities in nine pilot sites in Amhara, Tigray, Oromiya and SNNP regions where the greatest burden of the diseases prevails.

### **National WASH Movement - Ethiopia**

In Ethiopia, over half a million children under the age of five die every year from diarrhea. This means that for every five children born, one will die from diarrhea before they reach their fifth birthday. Clean hands are the single most important factor in preventing the spread of diseases.

It is in this context that the WASH Movement in Ethiopia was launched on 20 November in Addis Ababa. The movement is the flagship of action for behavior change and hopes to create awareness among teachers, children and their parents about hygiene, water, sanitation and health, using hand-washing as a key step to reducing mortality and morbidity. The WASH Movement which is a coalition of key government ministries, NGOs, the private sector, faith based organizations and UN agencies, recognizes that everyone has a right to the highest quality of health and environmental sanitation. Under the umbrella of this year's motto "Your Health is in your Hands", the launch spotlighted proper hand washing using soap or ash at critical times like before eating or preparing food and after using the toilet.

The simple habit of hand washing can help reduce the numbers of preventable diseases related to poor sanitation. Hygiene cannot improve unless all individuals are educated about key practices such as hand washing, and are encouraged to make informed choices about their own behavior.

Initial private sector donations from First Indo, Helena and Unilever will ensure that over 100,000 bars of soap will be distributed throughout the country that will be a vital component of the WASH kits and it is hoped that through an intensive campaign additional donations of soap shall be received.

WASH also contributes to the UN Millennium Development Goals by aiming to reduce the mortality of young children, decrease the spread of disease and by bringing together business, NGO's, governments and communities to improve the lives of people in the developing world.

### **Planning Underway for a Symposium on Population, Gender and Food/livelihood Security**

A joint conference on Gender population and livelihood security is planned for the first half of 2005. OCHA together with UNFPA co-chaired a meeting with interested parties from other UN agencies, NGOs and donors on 20 December for preliminary planning. The

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conference is to be held early in 2005 and is to include key agencies from Government, the UN, donors and NGOs concerned with this important issue. The idea for a conference results from recommendations made in the joint Evaluation of the Response to the 2002 - 2003 Emergency in Ethiopia. The Evaluation identified Root Causes to the emergency in Ethiopia including gender inequalities, human and animal pressures on degraded land and HIV/AIDS among other issues. A working group has been established to define the program and timing for the conference.

## 2004 Food and Non-Food Contribution

<b>Total food Requirements (1,203,365 tonnes)</b>	<b>US\$481,346,000</b>
<b>Grand Total</b>	<b>US\$392,115,600</b>
<b>Unresourced Amount</b>	<b>US\$89,230,400</b>
<b>Total non-food Requirements</b>	<b>US\$ 85,304,740</b>
<b>2004 contributions:</b>	
Agriculture	US\$ 12,518,190
Health and Nutrition	US\$ 8,136,507*
Water and Sanitation	US\$ 14,298,070
Education	US\$ 88,740
HIV/AIDS, Gender, Child Protection & Shelter	-
Disaster Response / Capacity Strengthening	US\$ 550,315
Overall Coordination	US\$ 551,940
Unspecified	US\$ 13,607,607
<b>Grand Total</b>	<b>US\$ 49,751,369</b>
<b>Unresourced Amount</b>	<b>US\$ 27,553,371</b>

*Focus on Ethiopia is produced by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA-Ethiopia). For further information contact the Information Unit at [ocha-eth@un.org](mailto:ocha-eth@un.org); Tel.: 44 44 14 or 51 37 25 and visit our website: [www.ocha-eth.org](http://www.ocha-eth.org)*