Ethiopia remained vulnerable to disease outbreaks in 2019 with cholera, measles, chikungunya, dengue fever and cVDPV2 reported in different parts of the country. The drivers and risk factors for these outbreaks remained largely unaddressed. Mass population displacement due to conflict and other triggers continued with about 3 million IDP reported. The IDP return exercise left returnees with huge humanitarian needs.

Most health response in 2019 targeted conflict induced displaced populations and communities affected by disease outbreaks. The preferred modality of response was surge support to existing health facilities, including deployment of qualified health workers, emergency health kits and logistics. Mobile teams provided the necessary alternative. National and subnational partners’ coordination ensured response was directed to where it was needed most.

The existing health system’s local authorities and health facilities were already strained and functioning suboptimal. Lack of recommended ratios of qualified health workers and administrators, medicines and medical equipment were common. Therefore, emergency events were an additional burden to the low capacity. Limited funding and insecurity affected partners presence, availability and access to emergency health services by the targeted populations.