



# World Health Organization

Regional Office for the Eastern Mediterranean

## Situation Report NOVEMBER 2019 ISSUE NO.11 Yemen Update



Thalassemia patients in Yemen have renewed hope through the lifesaving support provided by WHO and the World Bank through the Emergency Health & Nutrition Project (EHNP). C: WHO



**24.1 MILLION\***  
**IN NEED**



**14.3 MILLION \*\***  
**IN ACUTE NEED**



**818,431 \*\*\* CHOLERA**  
**SUSPECTED CASES**



**19.7 M \*\*\*\***  
**IN NEED FOR HEALTH CARE**

### WHO

### HIGHLIGHTS



To ensure safety of blood transfusion, WHO with the support of the KS Relief provided the national blood transfusion centers in southern and eastern governorates with a total of 29,000 blood bags. These supplies are sufficient for continued supply of safe blood for six months. C: Nesma Khan

- Nearly 80 per cent of the total population, 24.1 million people, requires some form of humanitarian assistance and protection. Ten million people are a step away from famine and starvation and 7 million people are malnourished.
- A total of 818,431 suspected cases of cholera, including 1,014 associated deaths (CFR 0.12%), have been reported. Children under the age of five represent 26% of the total number of suspected cases.
- From 1 January to 30 November 2019, there have been a total of 52,357 suspected cases reported including 192 associated deaths (CFR 0.4%).
- From 1 January to 30 November 2019, a total of 9,913 suspected measles cases have been reported, including 47 associated deaths (CFR 0.5 %).
- In November the health facilities based primary health care teams performed 113,090 consultations, the surgical teams performed 13,383, while the supported EMMT performed 1,232 consultations.

### NUMBER OF WHO STAFF & OTHER CONTRACTS MODALITY IN COUNTRY: 300

#### HEALTH SECTOR

**71** HEALTH CLUSTER PARTNERS

**15.8 M** TARGETED POPULATION –YHRP 2019

#### MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS SEPTEMBER

**127,705** MEDICAL CONSULTATIONS

\* Yemen HNO 2019  
 \*\* Yemen HNO 2019  
 \*\*\* Cholera bulletin as of 30 November 2019  
 \*\*\*\* Yemen- HRP 2019

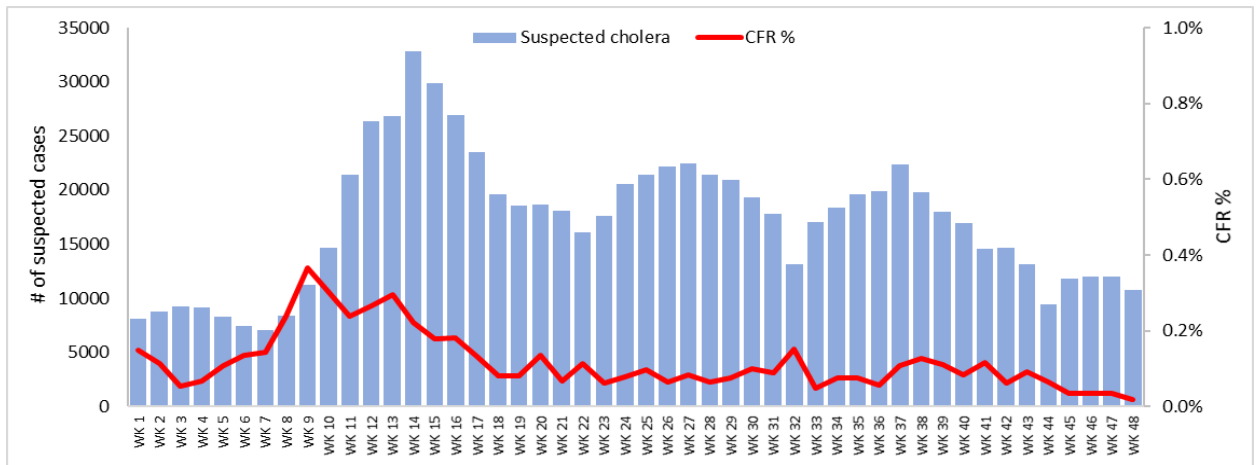
## Situation update

- Conflict update:** As of early November, preliminary reports indicate that a key MSF- run hospital serving thousands of Yemenis has been badly damaged by strikes which occurred on 6 November in Al Mukha, in Taizz Governorate on the western coast of Yemen. Also, field reports indicate that ten civilians have reportedly been killed and a further 18 injured, including a child, in a shelling attack on Al-Raqw market in Monabbih District in Sa'ada. In another related context, The Government of Yemen and the Southern Transitional Council reached an agreement on the way forward by signing a power-sharing deal. The deal aims to end months of infighting in the southern part of the country.
- Cholera update:** A total of 818,431 suspected cases of cholera, including 1014 associated deaths (CFR 0.12%), have been reported. Children under the age of five represent 26% of the total number of suspected cases. As of 30 November, 94% (n=313) of the 333 districts in Yemen have reported suspected cholera cases since the start of the year.
- Nutrition update:** The establishment of the nutritional surveillance system has supported the targeted detection in 52% of all children 6-59 months screened, with 39 districts reporting a very high proportion of stunting. In October 2019, there are 9,655 children under five who were screened for all forms of malnutrition (24% of them under 6 months of age) and over 72,287 children screened, since January 2019, across 42 sites in 7 governorates.

## Epidemiological Update and Surveillance Cholera

- From 1 January to 30 November 2019, a total of 818,431 suspected cases of cholera, including 1,014 associated deaths (CFR 0.12%), have been reported. Children under the age of five continue to represent 26% of the total number of suspected cases, 94% (n=313) of the 333 districts in Yemen have reported suspected cholera cases.

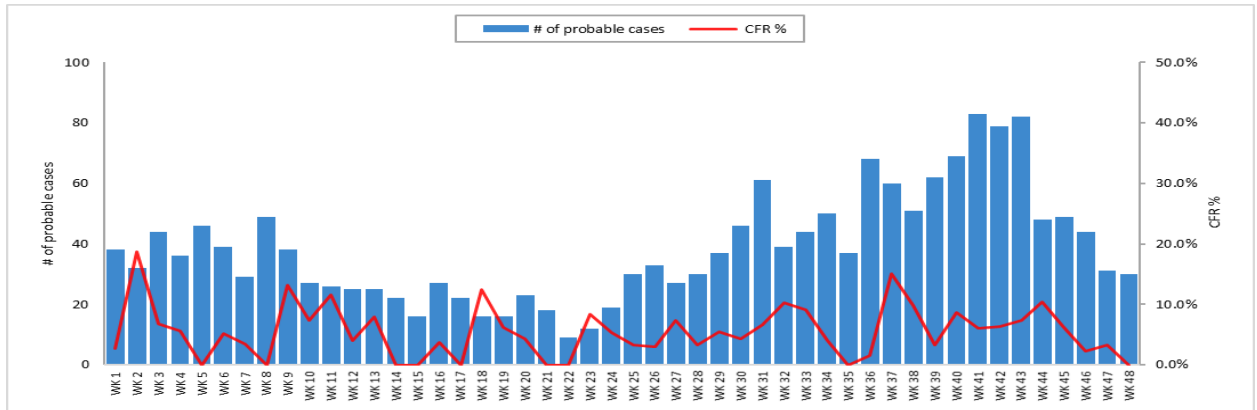
The trend in suspected cases between epidemiological weeks 1 -48



## Diphtheria

- From 1 January to 30 November 2019, a total of 1845 probable cases, including 107 associated deaths, have been reported. As of 30 November, 66% (n=220) of the 333 districts in Yemen have reported suspected diphtheria cases, during last four weeks 73 % were reported from five governorates: Hajjah (19%), Sa'ada (18%), Amanat Al Asimah (18%), Al Hodeida (9%), and Amran (9%)

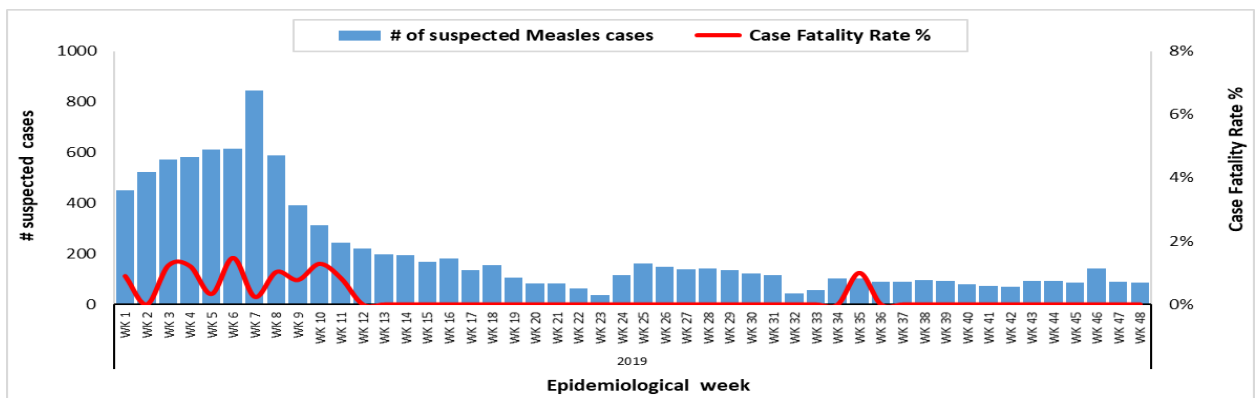
The trend in probable cases between epidemiological weeks 1 -48



## Measles

- From 1 January to 30 November 2019, a total of 9,913 suspected measles cases have been reported, including 47 associated deaths (CFR 0.5 %). Within the last 4 epidemiological weeks, 62% of suspected cases were reported from 7 governorates: Sa'ada (20%), Dhamar (9%), Amanat Al Asimah (9%), Ibb (7%), Hadramout Al Wady (7%), Hajjah (5%) and Amran (5%). Children under the age of five represent 68% of the total suspected cases.

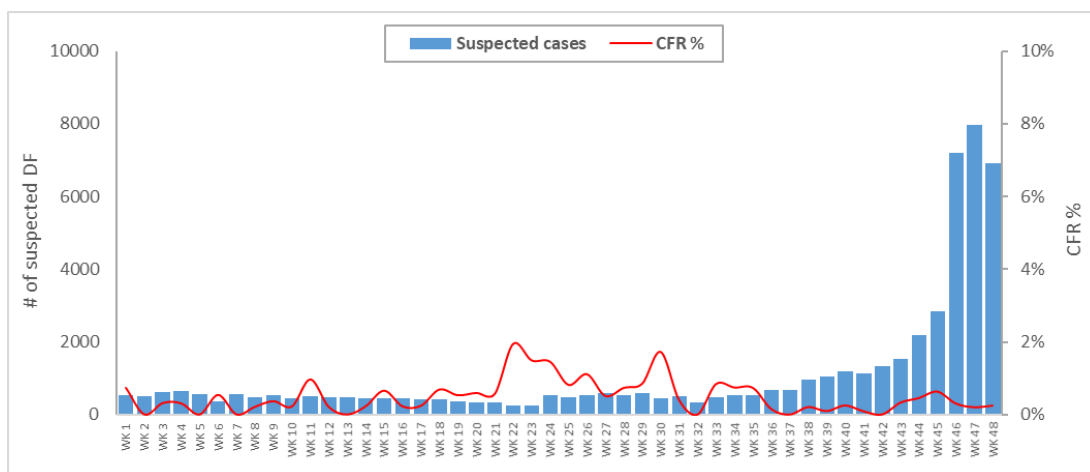
The trend in suspected cases between epidemiological weeks 1 -48



## Dengue Fever

- From 1 January to 30 November 2019, there have been a total of 52,357 suspected cases reported including 192 associated deaths (CFR 0.4%). Within the last four weeks, 174 districts have reported suspected cases, with 96% of these being reported from three governorates: Al Hodeidah (48%), Taiz (29%) and Hajjah (19%). The highest proportion of cases is being reported from districts where access is challenging due to insecurity.

The trend in suspected cases between epidemiological weeks 1 -48



## Health Response and WHO Actions in November 2019

### Cholera

- Capacity Building:** First round of cholera case management training was completed in all 147 priority districts, in addition to all districts of the southern governorates. Preparation for conducting the next round of training in non-priority districts is ongoing in 155 districts in 13 governorates targeting 1,337 health workers in diarrhea treatment centers (DTCs). Training materials are being updated regarding the management of acute watery diarrhea (AWD) with severe acute malnutrition (SAM). Also, integrated training on five infectious diseases (cholera, diphtheria, measles, rubella and influenza) has been provided to health workers in health facilities other than DTCs and diphtheria intensive units (DIUs). The training was conducted in 138 districts in 9 governorates targeting 459 health workers.



WHO in partnership with the world bank provided 92 tons of surgical supply kits to 10 hospitals in 10 governorates across Yemen, sufficient to meet the needs of 62,000 patients. C: Nesma Khan

**Water Provision and Monitoring:** WHO environmental health (EH) team is working in close collaboration with the WASH Cluster, Health Cluster partners, and National Authorities highlighting health risks associated with contaminated water, poor sanitation and hygiene issues and providing guidance on mitigation measures.

- Resource mapping of partners working on WASH in healthcare facilities is completed by technical working group (TWG) of WASH in healthcare facilities the thing that would help in resource allocation and identification of gaps.
- Also, the monitoring indicators are finalized by the TWG in order to monitor the progress on WASH in health facilities at national level.
- In terms of water provision, WHO maintained the provision of approximately 14,111 m<sup>3</sup> of safe water to health care facilities and 4,990 m<sup>3</sup> to DTCs.
- Moreover, regular monitoring of EH services in health facilities has been conducted by WHO field WASH supervisors in 12 governorates.
- Free residual chlorine (FRC) has been monitored in water supplied by WHO to 72 healthcare facilities. 80 percent of the samples tested have shown positive results for FRC. Results of samples having less than required standard or zero FRC were communicated to the administration of the health facilities to take remedial actions.
- Also, WHO is supporting National Water Resource Authority (NWRA) for water quality monitoring of water sources in 14 high risk districts in 6 Governorates (Al-Hudayda, Ibb, Taiz, Dhamar, Al-Dhali 'and Hajjah governorates). The report indicates that 45 % of the water sources are microbiologically contaminated and unfit for human consumption. The results will be communicated by NWRA to the relevant partners to take mitigation actions.
- Finally, reconstruction and rehabilitation work of WASH services in 29 healthcare facilities is completed.



Inpatient management of severe acute malnutrition with medical complications, Uganda. C: WHO

## Dengue Fever

WHO continued to provide Dengue response through provision of the following:

- IV fluids and supportive drugs
- Distribution of 160,000 dengue rapid diagnostic tests across Yemen.
- 200,000 IEC materials distributed for dengue
- Fogging spraying campaigns in Sothern and Northern governorates (Aden, Iahj, Al-Dhalea, Abyan, Hadramout , Al-Mahra, Hajjah and Taiz
- Conducted health education and source reduction campaigns in the aforementioned governorates
- Conducting entomological surveys in the mentioned governorates

- Conducting trainings on case managements in Aden, Lahj, al-Dhalea , Abyan, and Hudaydah
- Deploying technical teams to investigate suspected cases, provided diagnostics and laboratory support for vector-borne diseases, IV solutions, and built the capacity of health care staff in health facilities to treat these diseases.
- In communities, WHO along with support from local health authorities, has continued to educate communities and conducted mass spray campaigns to kill these mosquitos.

### Nutrition (October update)

- The establishment of the nutritional surveillance system has supported the targeted detection in 52% of all children 6-59 months screened, with 39 districts reporting a very high proportion of stunting. In October 2019, there are 9,655 children under five who were screened for all forms of malnutrition (24% of them under 6 months of age) and over 72,287 children screened, since January 2019, across 42 sites in 7 governorates.
- Also, WHO has recently provided 27 tons of severe acute malnutrition kits sufficient to treat 1350 children in 10 governorates across Yemen.
- WHO in coordination with health authorities conducted a training in Kampala, Uganda for 12 Yemeni experts on inpatient management of severe acute malnutrition with medical complications, that'll strengthen their capacity in training and developing inpatient management procedures.

### Trauma Care and General Emergency Services

- **Incentives Payments to keep the health system functioning:** A total of 39 surgical teams supported with incentives/per diem payment in 15 governorates and 20 health facility based primary health care teams in 12 governorates. In addition to 1 EMMT-Emergency Mobile Medical Team in Hodeida governorate, have reported in November 2019.
- **Medical and Surgical consultations:** In November the health facilities based primary health care teams performed 113,090 consultations, the surgical teams performed 13,383, while the supported EMMT performed 1,232 consultations.
- **Fuel provision to health facilities:** WHO continued its support to targeted health facilities with fuel provision to ensure functionality and continuous provision of life-saving health care services. A total of 1,135,400 L of fuel planned to be provided to 190 HFs across the country in November, so far a quantity of 691,406 liters was delivered to 111 health facilities. Delivery of the remaining quantity of 443,994 L to 79 HFs on the wheels, due to some logistic and coordination challenges.

### Non-Communicable Diseases (NCDs)

- To ensure the sustainability of medical care provision to the most vulnerable patients suffering from chronic diseases such as cancer, dialysis-dependent chronic renal failure, and patients with mental disorders, WHO supported 7 dialysis centres 50.000 consumable dialysis sessions in 6 governorates (Amanat Al Asimah, Dahmer, Sana'a Gov. Ibb, Albaydha, and Alhudaydah). The critical support will cover the need of more than 1,300 dialysis dependents patients for 6 months.

- Also, 172,000 IV fluids were distributed to 21 dialysis centers in 13 governorates (Taiz, Amanat Al Asimah, Shabowa, Sana'a, Hadramout, Sa'adah, Almahrah, Albaydha, Aden, Ibb, Mareb, Dahmer and Alhodaydah) to meet the needs of 3,357 dialysis dependents patients for 6 months. Moreover, a total of 288 non-communicable diseases Kits were distributed to 69 district hospitals, 10 inter-district hospitals, and 14 Governorate hospital in 12 governorates (Albaydha, Al Jawf, Alhodaydah, Amran, Dhamar, Hajjah, Ibb, Raymah, Sa'adah, Amanat Al Asimah, Sana'a Governorate and Al Mahwit). The provided kits will improve the access for the essential drugs of the most common NCDs and serve for about 1 million patients for 3 months.
- An Emergency quantity of Anti-Cancer medicine were dispatched to the National Oncology Center to be distributed to 7 Cancer Care HFs in the governorates to cover the needs of 3 months.

## Lab

- To ensure safety of blood transfusion, WHO provided the national blood transfusion centers in southern eastern governorates with a total of 20,000 triple blood bags and 9,000 single blood bags. These supplies are to sufficient for continued supply of safe blood.
- WHO conducted a training for 42 laboratory technicians from Central Public Health Lab to improve their skills on cholera diagnosis, acute watery diarrhoea and review 30 standard operating procedures related to sample collection and equipment operation to be adapted.



Training of lab technicians on cholera diagnosis, acute watery diarrhea review 30 standard operating procedures related to sample collection & equipment operation to be adapted. C: WHO

- By November 2019, WHO response is fully funded as result of the USD 108M allocation from KSA and UAE.

## Partnerships/ Health Cluster

- **Health cluster coordination meetings:** During November, Yemen health cluster conducted a total of 9 cluster coordination meeting as follows:
  - one National Health Cluster coordination meeting
  - Two Subnational health cluster coordination meetings in Ibb/Tlaiz Hub
  - 1 Health Cluster coordination meeting in Al Hudaydah
  - 1 Health Cluster coordination meeting in Sa'da
  - 3 Health Cluster coordination meeting in Aden), in which the cluster discussed many epidemiological / health interventions situation as well as the main challenges facing partners in the field.

- **Technical working groups and bi-lateral meetings:** health cluster have coordinated a total number of 5 meetings for the technical working groups such as MHPSS, RH, and ICWG also the health cluster on national and subnational level have conducted a total of 28 bi-lateral meetings with the partners and authorities to discuss partner’s interventions, response, Gaps, needs and challenges.
- **Field Visits:** During November, health cluster coordinators have conducted a total of 14 field visit to monitor and support HFs, DTCs Hospitals in the Hubs as well as participating in 2 workshops conducted in Alhodaydah and Sa’da HUB.
- **Others:** Health Cluster Subnational Health cluster coordinators have participated in RCT, ICWG, Quality, DF response, SNWC and Response for IDPs meetings to ensure the effectiveness in partner’s interventions and responses.

## Resource Mobilization

- By November 2019, WHO response is fully funded as result of the USD 108M allocation from KSA and UAE.

## Health Response Priorities 2019

WHO leads the health cluster in Yemen and works in collaboration with partners on a two-pronged approach:

- **Firstly, addressing two health determinants; WHO will focus on monitoring potable water and sanitation conditions** to advocate and leverage partners at directing their efforts where more critically needed; the goal is to decrease water borne diseases such as cholera.
- The Organization will also significantly enhance surveillance and monitoring for malnutrition, address severe malnutrition as a last resource organization and ensure all partners have access to strategic information for their operations in a timely fashion.
- **Secondly, restoring and enhancing preventive programs and access to health services.** WHO aims to restore key priority preventive programs such as vaccination and disease surveillance and improving access to health services. While WHO will increase its technical support to the country, it will also restructure its emergency operations to deliver within the security and non-permissive environment conditions.

## Challenges, Concerns and needs

**As reported by Health Cluster partners:**

- **Access issues persist:** Access constraints, authorities restricting implementing partners, thus delaying implementation
- **Bureaucratic impediments:** To importing and transporting medicines and supplies; delays in receiving the MoH requests for supplies and equipment; increased restrictions and controls at the importation level, with customs, requesting to check and approve cargo manifest for each airlift. Implementing partners face delays in receiving the approval of the sub-agreements by the governorate counterparts further delaying governorate and district level implementation.



- **Customs clearance issues:** Separate administrations regulating clearance of controlled and non-controlled drugs. To authorize the release of medical supplies, every administration needs separate invoices and packing, adding a huge burden to an overstretched system.
- **Capacity building needs:** Training in health education and infection control at health facility level.



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