



World Health Organization

Regional Office for the Eastern Mediterranean

Situation report
AUGUST 2019
ISSUE NO.8
Yemen conflict



Launching the 2nd round of the OCV campaign in four districts in Aden, Taizz and Al Dhale governorates. C: WHO team



24.1 MILLION*
IN NEED



14.3 MILLION **
IN ACUTE NEED



620,348 * CHOLERA**
SUSPECTED CASES



19.7 M ****
IN NEED FOR HEALTH CARE

WHO

HIGHLIGHTS



WHO supported in providing a total of 6 trauma A and B kits sufficient for 100 patients requiring surgical care in the governorates of Abyan, Hadramout Shabwa and Taizz. C: Nesma Khan, WHO

NUMBER OF WHO STAFF & OTHER CONTRACTS MODALITY IN COUNTRY: 230

HEALTH SECTOR

71	HEALTH CLUSTER PARTNERS		
15.8 M	TARGETED POPULATION –YHRP 2019		
MEDICINES	DELIVERED	TO	HEALTH FACILITIES/PARTNERS
AUGUST			
1,107,200	LITERS OF FUEL PROVIDED TO 182 HEALTH FACILITIES		
135,549	MEDICAL CONSULTATIONS		

- Since the epi week 34, a slight increase (3%) in suspected cases was observed (n=18,315) to Week 35 (n=18,546). This slight increase in suspected cases is due to the heavy raining in some governorates mainly in Al Hudaydah governorate.
- Since 1 January to 31 August 2019, a total of 620,348 suspected cases of cholera, including 845 associated deaths (CFR 0.14%) were reported. Children under the age of five continue to represent 25% of the total number of suspected cases.
- Jointly with UNICEF and the Ministry of Health, WHO conducted the 2nd round of OCV campaign in four high risk districts in the governorates of Aden, Taizz and Al Dhalea for 6 days. Despite heavy conflict in the area at the time of implementation, over 400,000 people including 65,000 children above the age of 1 till 5 years old were reached with cholera vaccine.
- WHO continued its support to targeted hospitals to ensure functionality and continuous provision of health services. Support included that of medical and surgical teams, fuel and equipment and medical supplies provision. A total of 1,107,200 liters of fuel was provided to a total of 182 health facilities in 22 governorates across the country.

* Yemen HNO 2019

** Yemen HNO 2019

*** Cholera bulletin as of 31 August 2019

**** Yemen- HRP 2019

Situation update

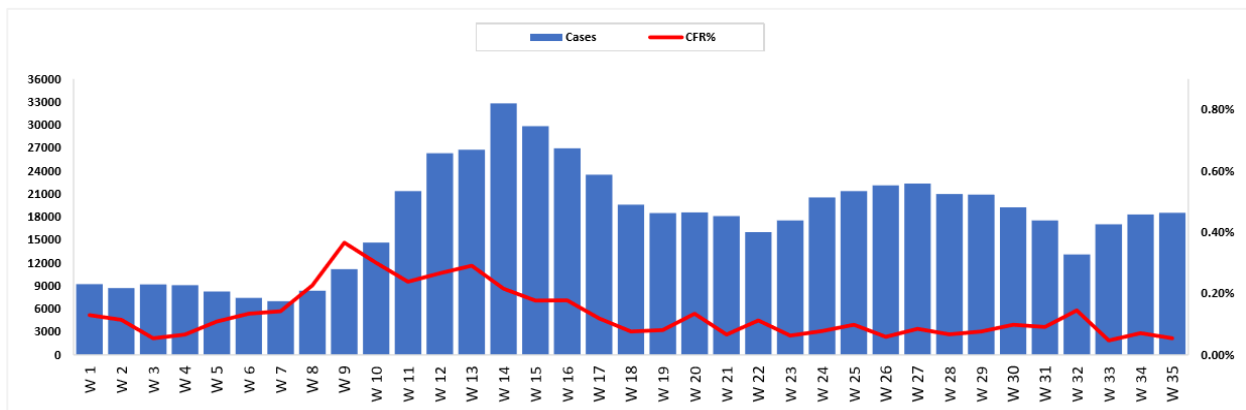
- **Conflict update:** As early of August, airstrikes hit a house in Mustaba District in Hajjah Governorate. Reports indicate that twelve people, including six children, were killed and 16 wounded. The injured have been transported to Al Joumhoria Hospital and Abs Hospital in Hajjah Governorate. Also, armed fighting flared up in Aden governorate resulting in the death and injury of civilians which exacerbated the humanitarian situation on the ground.
- **Impact of shortfall in funding:** As of August 2019, less than half of the amount pledged to Yemen (USD 2.6 billion) to meet the urgent needs of more than 20 million Yemenis has been received. Out of 34 major UN humanitarian programmes in Yemen, only three are funded for the entire year while several others have been forced to close in recent weeks and many large-scale projects designed to help destitute.
- **Cholera update:** Since the epi week 34, a slight increase (3%) in suspected cases was observed (n=18,315) to Week 35 (n=18,546). This slight increase in suspected cases is due to the heavy raining in some governorates mainly in Al Hudaydah governorate.

Epidemiological Update and Surveillance

Cholera

- **From 1 January to 31 August 2019:** a total of 620,348 suspected cases of cholera, including 845 associated deaths (CFR 0.14%), have been reported. Children under the age of five continue to represent 25% of the total number of suspected cases. As of 31 August, 305 (92%) of the 333 districts in Yemen have reported suspected cholera cases since 2019.

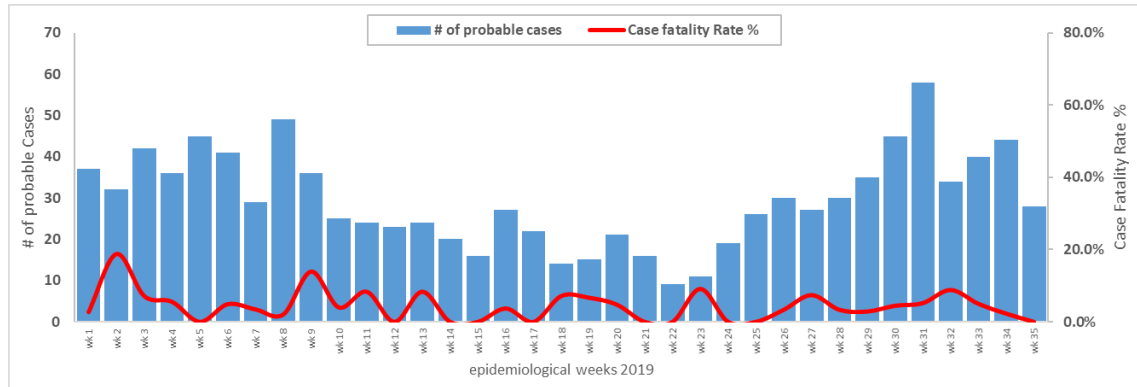
The trend in suspected cases between epidemiological weeks 1 -35



Diphtheria

- **From 1 January to 31 August 2019,** a total of 1043 probable cases, including 51 associated deaths, have been reported. As of 1 September, 175 (53%) of the 333 districts in Yemen have reported suspected diphtheria cases, of which 72% were reported from five governorates: Hajjah (20%), Al Hodeida (20%), Amanat Al Asimah (12%), Sana'a (10%) and Sa'ada (10%).

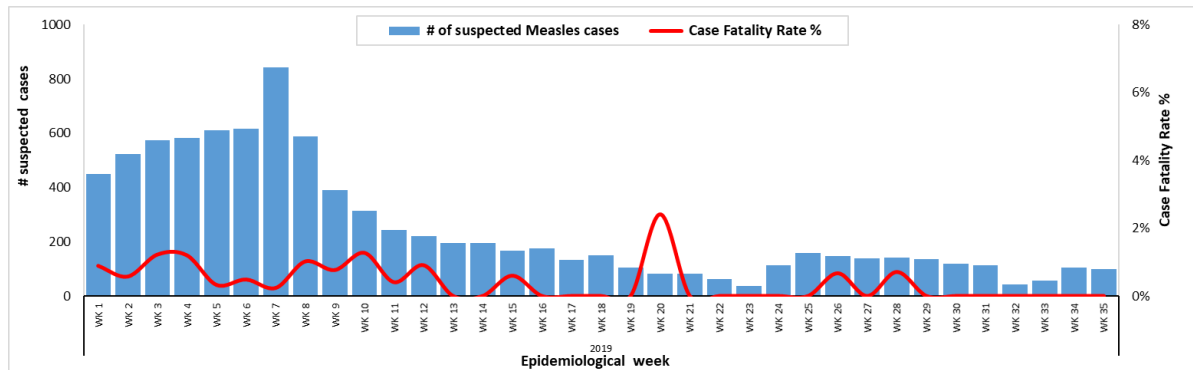
The trend in probable cases between epidemiological weeks 1 -35



Measles

- Following the measles vaccination campaign in February 2019 targeting 12 million children from the ages of 6 months to 15 years (93% coverage) in 317 districts (i.e., all except Sa'ada governorate and 1 district in Hajjah), there has been a decrease in the number of reported measles cases. From 1 January to 31 August 2019, a total of 8,730 suspected measles cases have been reported, including 47 associated deaths (CFR 0.5 %). Within the last 4 epidemiological weeks, 52% of suspected cases were reported from 5 governorates: Amanat Al Asimah (16%), Aden (10%), Taiz (9%), Ibb (9%), and Sa'ada (8%). Children under the age of five represent 68% of the total suspected cases.

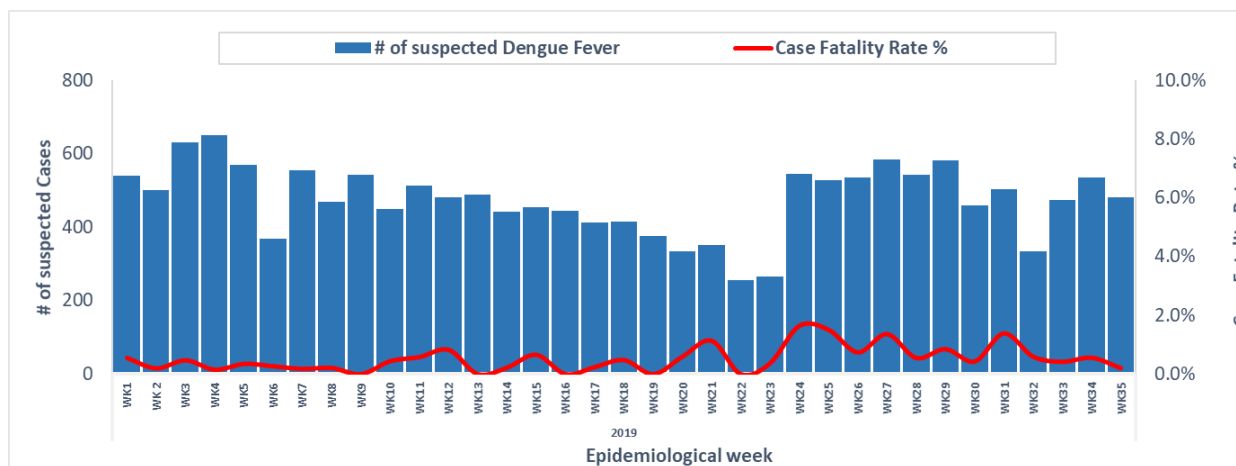
The trend in suspected cases between epidemiological weeks 1 -35



Dengue

- From 1 January to 31 August 2019, there have been a total of 16,608 suspected cases reported including 90 associated deaths (CFR 0.5%). Within the last four weeks, 76 districts have reported suspected cases, with 81% of these being reported from four governorates: Taiz (37%), Lahj (18%), Aden (14%), and Abyan (12%). 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 -35



Cholera

- Oral cholera vaccination (OCV) campaign-2nd round in the south:** Jointly with UNICEF and the Ministry of Health, WHO conducted the 2nd round of OCV campaign in four high risk districts in the governorates of Aden, Taizz and Al Dhalea for 6 days. Despite heavy conflict in the area at the time of implementation, over 400,000 people including 65,000 children above the age of 1 till 5 years old were reached with cholera vaccine.
- WASH:** 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.
- WHO under the Health Cluster has activated the technical working group on WASH in healthcare facilities to assess gaps and provide technical guidance to partners to fill those gaps. Two coordination meetings were held in the month of August.
- Coordination meetings have been conducted with National Water Resource Authority (NWRA) to discuss water testing laboratory capacities at the national level. Water testing equipment will be provided to NWRA for microbiological analysis to trace the source of contamination in drinking water.



- WHO has provided necessary healthcare facilities with cleaning tools, equipment and disinfection chemicals needed for infection control to maintain proper hospital hygiene in these 92 diarrheal treatment centers.
- In August, a total 3239 m³ of safe water were distributed to 72 health care facilities.
- Regular monitoring of emergency health services in health facilities has been conducted by WHO WASH supervisors in 12 governorates. Free residual chlorine (FRC) in health facilities has been monitored in water supplied by WHO to health facilities. Seventy percent of the samples tested have shown positive results for FRC. Results of samples having zero FRC were communicated to the administration at the health facilities to take remedial actions.
- Reconstruction and rehabilitation of WASH services in 35 healthcare facilities are in progress.

Diphtheria

- **Vaccination:** the out-reach diphtheria vaccination campaign targeting 5,965,307 children, who are 6 months to 15 years of age, launched on the 28th July and was conducted throughout the month of August in 11 governorates (Amanat Al Asimah, Al Hudaydah, Al Jawf, Al Mahweet, Amran, Dhamar, Haja, Ibb, Mareb, Sana'a, Raymah). The campaign continues till 5th September 2019.
- The implementation of the campaign conducted was as follows:

	Date	Target	Vaccinated	Coverage
1st phase (Al Mahweet; Amanat Al Asimah; Amran; Hajjah; Raymah and Sana'a)	28 July – 8 Aug 2019	2,853,771	1,534,882	54%
2nd phase (Al Jawf; Al Hodeidah; Dhamar; Ibb; Mareb)	31 Aug – 5 Sep 2019	2,658,287	1,295,481	49%

Medical and Trauma Care

- **Incentives Payments to keep the health system functioning:** A total of 54 surgical teams were supported with incentives/per diem in 19 governorates and 38 health facility (HF) based primary health care (PHC) teams were supported in 13 governorates.
- **Medical consultations:** Mobile primary health care, surgical and emergency medical teams conducted a total of 135,549 consultations in August. Primary health care teams performed 121,321 consultations, while surgical and emergency medical teams performed 12,886 and 1,342 consultations respectively.
- **Material support to health facilities:** WHO continued its support to targeted hospitals to ensure functionality and continuous provision of health services. Support included that of medical and surgical teams, fuel and equipment and medical supplies provision. A total of 1,107,200 liters of fuel was provided to a total of 182 health facilities in 22 governorates across the country.

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 6 cancer centers with incentives in Sana'a, Aden, Taizz and Hadramout governorates and 13 dialysis centers in Amanat Al simah, Ibb, Sada'a, Al baidha, Al Hudaydah, Sana'a, Al mahrah, Taizz, Aden, Hadramout and Shabwah governorates.

Partnership/ Health Cluster

- Throughout the month of August, Health Cluster partners supported 3,011 Health Facilities (17 Governorate Hospitals, 120 District Hospitals, 66 General Hospitals, 19 Specialized Hospitals, 951 Health Centers and 1,838 Health Units.
- As of 31st August 2019, the Health Cluster Partners supported a total of 181 Diarrhea treatment centres and 366 oral rehydration corners in the 147 Priority districts
- The Health Cluster partners supported the health facilities with medicines and medical supplies as well as payment of incentives to the health staff. A total of 1,216,852 of fuel and 22,676,520 million liters of water were supplied to the health facilities in addition to 25 IEHK basic Kits, 3 IEHK Supplementary kits, 258 other types of kits and 8 Trauma kits to support various health facilities across the country.

Health Response Priorities 2019

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

1. 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.
2. 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 and Concerns

- Access constraints, authorities restricting implementing partners, thus delaying implementation
- Bureaucratic impediments to importing and transporting medicines and supplies
- Delays in receiving 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.
- 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.

- Implementing partners face delays in receiving the approval of the sub-agreements by the governorate counterparts further delaying governorate and district level implementation.

Resource Mobilization

- The YHRP still remains heavily under-funded, impacting the continuity of life-saving programs. Programmes will be stopped if funding does not come in soon, and some of these activities have been or will be halted.
- As of August, the office of U.S. Foreign Disaster Assistance (OFDA) generously allocated US\$ 17 million to first line response. This contribution helps WHO sustain some of the most critical and life-saving interventions, including the existing 63 therapeutic feedings centers across Yemen. Thanks to the timely support from OFDA, the funding gap is 79%, but several other needs from the first and second line response remain unmet, leaving more than 9.3 million people at risk”



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