



# World Health Organization

Regional Office for the Eastern Mediterranean

## Situation report MAY 2019 Yemen conflict



In response to the increased needs, of displaced in Yemen. WHO with partners provided essential healthcare to almost 300,000 IDPs. C: Omar Nasr, WHO



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



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



**353,079 \*\*\***  
**CHOLERA CASES**



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

### WHO

### HIGHLIGHTS



In the ongoing efforts to combat cholera in Yemen, may marked the arrival of the first 6 reefer trucks, 40 feet's arrived from Dubai carrying cholera kits of different modules. C: Nesma Khan, WHO

### NUMBER OF WHO STAFF & OTHER CONTACTS MODALITY IN COUNTRY: 230

#### HEALTH SECTOR

71	HEALTH CLUSTER PARTNERS
15.8 M	TARGETED POPULATION –YHRP 2019
<b>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS APRIL 2019</b>	
55	TONS OF MEDICINES AND SUPPLIES
8,340	LITRES OF FUEL TO HOSPITALS
1.8 M	LITERS OF WATER

- Access constraints have delayed humanitarian assistance and health service delivery for an estimated 1.5 million people, over the past 2 months this is half a million beneficiaries per month.
- A total of 353,079 suspected cholera cases with 630 associated deaths (CFR 0.18%) were recorded. This is a decrease from 118,868 in April to 80,318 in May; with the overall trend remaining stable between weeks 18 -21
- In May, a total of 90 tons of essential medicines, supplies, and equipment were delivered to hospital and health facilities.
- A total of 27 trucks delivered supplies to cover 76 hospitals and health centers with WASH materials. There were also 12 governorate health offices (GHOs) who received cholera kits, and 11 governorate hospitals, WHO warehouses in Ibb and Sa'ada and 5 hospitals who received materials for the Diphtheria intensive care units (ICU).
- Heavy rains resulted in widespread flooding across 12 out of 23 governorates since early May have left tens of thousands in urgent need of emergency assistance. The flooding has impacted access to proper sanitation and safe drinking water as well as the ability of health clinics to deliver critical services, and the provision of medical and pharmaceutical supplies. Concerns surrounding increased probability of vector-borne diseases is also an issue.

\* Yemen HNO 2019  
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 \*\*\* Cholera bulletin as 25 May 2019  
 \*\*\*\*\* Yemen- HRP 2019

## Situation update

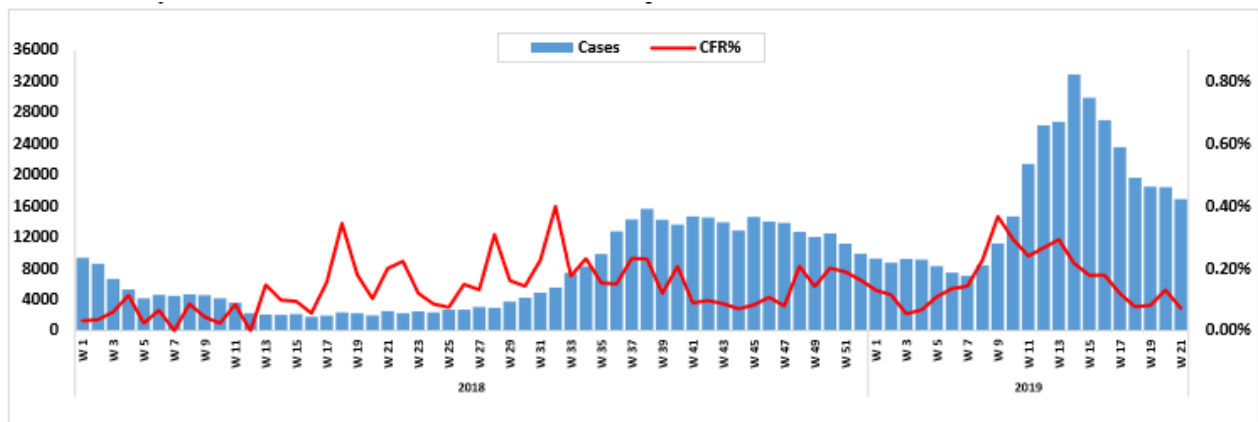
- Conflict update: 83 out of 333 districts in Yemen are impacted by conflict, and difficult to access due to damaged/destroyed roads and shifting frontlines. These challenges have detrimentally impacted health service delivery in these areas.
- Access constraints have delayed humanitarian assistance and health service delivery for an estimated 1.5 million people, over the past 2 months this is half a million beneficiaries per month.
- Cholera: There has been a significant decrease in the number of reported suspected cholera cases in May from April, an indicator that robust and integrated response efforts are having an effect.
- Flooding in the south: Heavy rains resulted in widespread flooding across 12 out of 23 governorates since early May have left tens of thousands in urgent need of emergency assistance. The flooding has impacted access to proper sanitation and safe drinking water as well as the ability of health clinics to deliver critical services, and the provision of medical and pharmaceutical supplies. Concerns surrounding increased probability of vector-borne diseases is also an issue.

## Epidemiological Update and Surveillance

### Cholera

- **From 1 January to 25 May 2019:** A total of 353,079 suspected cholera cases with 630 associated deaths (CFR 0.18%) were recorded. This is a decrease from 118,868 in April to 80,318 in May; with the overall trend remaining stable between weeks 18 -21. Children under five remain comprise an estimated 22.5% of the total number of suspected cases. As of May 25, 89% (296) of the 333 districts in Yemen reported suspected cholera cases since the start of 2019.

Figure 1: Epidemic curve 1 Jan to 25 April 2019



### Diphtheria

- **From 1 January to 25 May 2019:** 550 suspected/probable cases of diphtheria and 32 associated deaths were reported. To date a total of 123 districts reported suspected cases, 69% of which were concentrated in 4 governorates: Al Hodeidah (24%), Hajjah (19%), Amanat Al Asimah (16%) and Sana'a (10%).

## Measles/Rubella

- **From the 1 January to 25 May (EPI week 1- 21, 2019):** A total of 7,315 suspected cases of measles were reported, including 42 associated deaths (CFR 0.6%). Within the last four epidemiological weeks, a total of 336 suspected cases were reported. Children under five currently represent 68% of the total caseload.

## Dengue

- From 1 January to 25 May, there were a total of 10,240 suspected cases reported along with 36 associated deaths (CFR 0.4%). Within the last four weeks, 75 districts reported suspected cases, with 81% of these being reported from 5 governorates: Lahaj (25%), Aden (20%), Abyan (16%), Hadramout (11%) and Shabwah (8%). The highest proportion of cases are from districts where access is a challenge due to the security situation.

## Cholera

- In May, a total of \$20 million USD was donated from the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE) under the EMDAD Joint Implementation Program. This donation allowed WHO to enhance future cholera response activities, including procurement and repositioning of additional cholera kits.
  - WHO continues to provide leadership and support for activities in collaboration with health authorities and health partners in the response, including case management, surveillance and laboratory investigations, hotspot mapping and OCV campaign planning, water, sanitation and hygiene (WASH) and risk communication.
- **OCV campaign:** OCV is most effective with the receipt of two doses, and it is anticipated that the second will round take place in the north and the south in the coming months.
- **DTCs and ORCs:** A total of 1,235 Diarrhea Treatment Centres (DTCs) and Oral Rehydration Centres (ORCs) are operational in all 147 priority districts.
- **Training:** Case management training was completed in the northern governorates and is planned for the southern governorates; focused on cholera case management protocol, infection prevention control (IPC) and cholera case definition to provide clinical care in line with WHO standards. District level mapping of severe and confirmed cases is also being provided to partners.
- **Laboratory diagnostics capacity:** WHO continues to provide laboratory reagents, equipment and supplies to 6 Central Public Health Laboratories (CPHL). WHO is strengthening the capacity of laboratory technicians at these labs. WHO continues to scale-up diagnostics capacity in Yemen through its support of the establishment of 7 additional CPHLs.



field visit of Sub national health cluster and WHO to Al-Razi hospital and Zingibar hospital in Abyan to visit the DTC's & TFC's and discussing cholera

- **WASH:** WHO continues to support the monthly provision of water and WASH materials to diarrhea treatment centers (DTCs) and oral rehydration points (ORPs) while strengthening infection prevention and control (IPC) at these facilities.
  - Chlorination activities were scaled-up to disinfect water in 95 priority districts and provided fuel and spare parts to sustain existing and functioning water supply and sanitation networks.
  - Cholera kits are being procured for pre-positioning and distribution before another outbreak
- **Risk communications:** Public health messaging campaigns for cholera awareness and prevention were strategically implemented in popular locations where people gather for Ramadan. This is being done in collaboration with UNICEF.
- **Overall capacity strengthening:** Preparation of the integrated training on case management of cholera, diphtheria, influenza, measles, and rubella, with
  - eDEWS training to enhance data quality of detected infectious diseases.
  - Additional activities to be determined through the after-action review

## Diphtheria

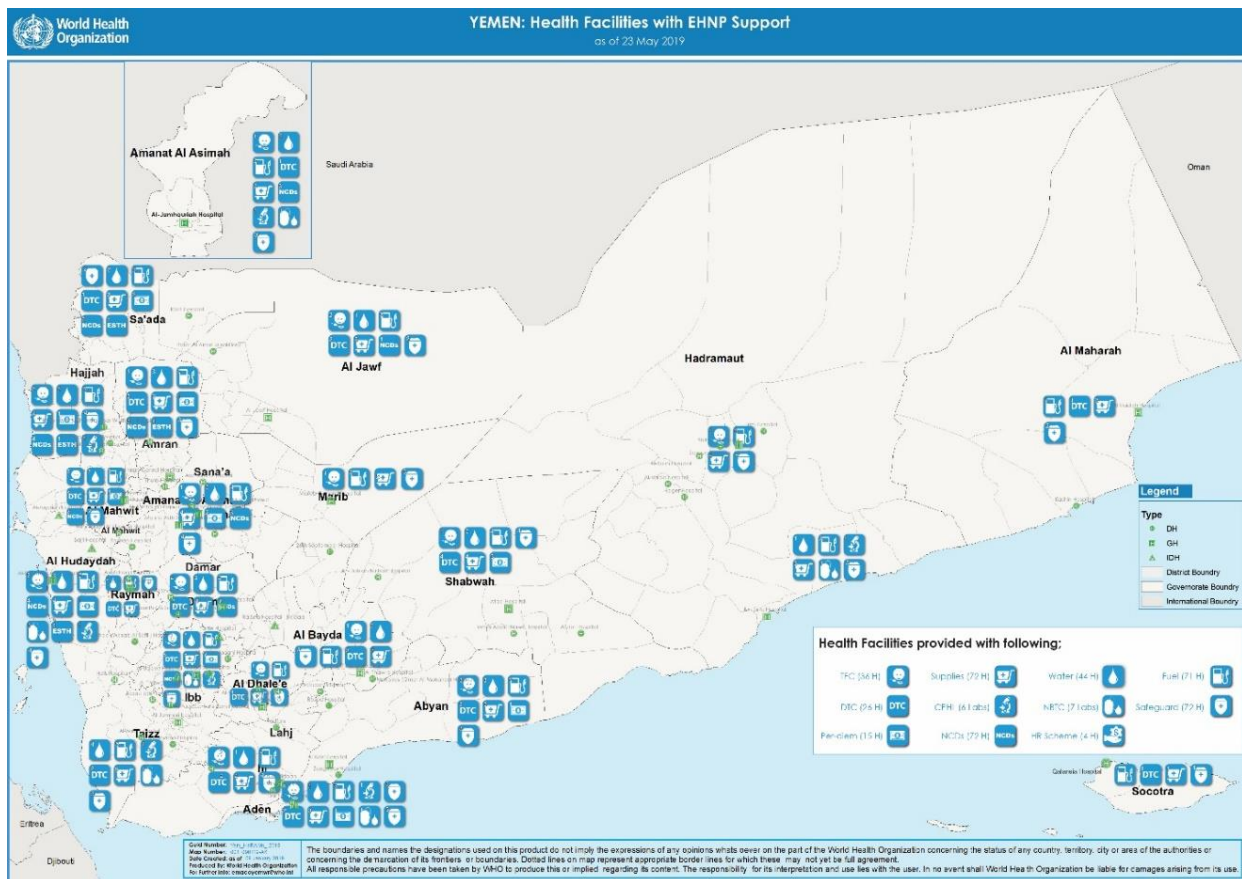
- **Capacity building:** 3 additional training courses were held in May in Amanat Al Asimah and Ibb. During the course of the three trainings, 77 healthcare workers supporting 15 Diphtheria Isolation Units (DIU) and Intensive Care Units (DICU)(DIU/DICU) were trained on Diphtheria case management, administration of Diphtheria Anti-Toxin (DAT), and proper management of complicated cases. With the conclusion of these trainings, all healthcare workers operating in these units in Northern governorates received Diphtheria case management training.
- Life-saving DICU equipment was delivered to five hospitals located in Amanat Al Asimah and Sana'a governorates. Each of the DICUs supported the provision of critical health services to patients with Diphtheria referred from healthcare facilities in surrounding governorates.

## Medical and Trauma Care

- **Incentive payments to keep the health system functioning:**
- 42 surgical teams were supported with incentives/per diem in 18 governorates and 30 health facility (HF) based primary health care (PHC) teams were supported in 12 governorates. Additionally, 1 emergency mobile medical team (EMMT) was supported in 1 governorate.
- Mobile primary health care, surgical and emergency medical teams conducted a total of 110,924 consultations in May. Respectively, primary health care teams performed 101,874 consultations, while surgical and emergency medical teams performed 7,755 and 1,295 consultations respectively. To support continued access to care through the mobile teams, as well as the provision of high-quality

services, incentives were paid to 42 surgical teams operating in 18 governorates and 30 primary health care teams in 12 governorates.

- Also, under the support of the Emergency Health and Nutrition Project (EHNP), a total of 47,969 consultations were conducted by the primary health care, and 1,673 consultations were performed by the surgical teams.
- **Material support to health facilities:** WHO continued its support to the targeted hospitals in order to ensure their functionality and the continuous provision of health services. Support included that of medical and surgical teams, fuel and equipment provision and provision of medical supplies.
- 184 health facilities in 22 governorates were provided by fuel. A total of 1,098,450 liters of fuel was provided to targeted HF. WHO has also supported the health facilities through the provision of 56 trauma kits and 15 surgical supply kits to the hospitals. Moreover, WHO has delivered medical equipment to some hospitals as required including CT scanners, mechanical ventilators and defibrillators.

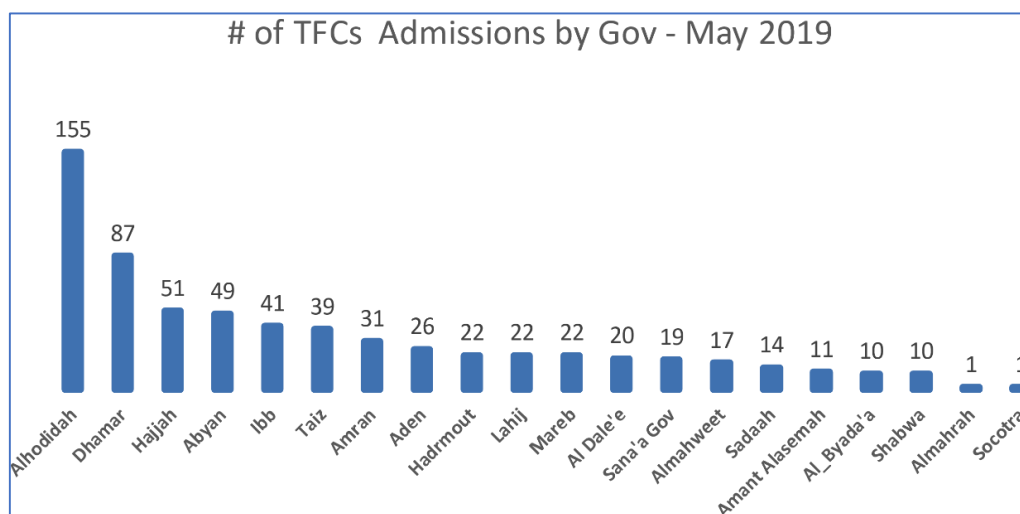


## Non-Communicable Diseases

- WHO supported the provision of 44,000 consumable dialysis sessions which were distributed to 4 dialysis centers in the governorates of Sana'a, Albayda, Ibb, and Al. These sessions delivered will help to meet the needs of 1,000 dialysis patients over a period of six months. In addition, 15 dialysis machines were distributed in Hajjah to replace out of service machines intended to service 1,200 patients.

## Nutrition

- This month, a total of 647 children were admitted to WHO supported Therapeutic Feeding Centres (TFC) for the treatment of Severe Acute Malnutrition (SAM) with medical complications. The cure rate was reported at 90.9% with a case fatality ratio (CFR) of 3.4%.



## Nutrition Surveillance

- A total of 5,083 children were screened at nutrition surveillance sentinel sites this month. The proportion of children referred for treatment for acute malnutrition was 19.1% and 4.8% for those with severe acute malnutrition (SAM). There has been improved reporting across the 42 newly established sentinel sites in priority districts between November 2018 and May 2019. Improvements in reporting has facilitated and led to better-quality screening for SAM cases with medical complications.
- In coordination with the health authorities, a 3-day sensitization workshop was conducted in Sana'a Hub on the Nutrition Strategic Plan for 2019-2020, targeting GHO Managers and nutrition focal points, the main objectives of the workshop were as follows:
  - Introduction to the updated operational guideline for TFCs;
  - Review the scale-up plan for 2019 based on current needs and operational capacity;
  - Define the role of Ministry counterparts in governorates, as well as the role of NGOs;
  - Introduction to the methodology and implementation modality for nutrition surveillance;

## Logistics

In May, a total of 90 tons of essential medicines, supplies, and equipment were delivered to hospital and health facilities. A total of 27 trucks delivered supplies to cover 76 hospitals and health centers with WASH materials. There were also 12 governorate health offices (GHOs) who received cholera kits, and 11 governorate hospitals, WHO warehouses in Ibb and Sa'ada and 5 hospitals who received materials for the Diphtheria intensive care units (ICU).

## Resource Mobilization

- The HRP still remains heavily under-funded, impacting on the continuity of life-saving programs. Programmes will have to halt if funding does not come in soon, some of these are the following:
  - Over 21,400 children with SAM with medical complications will be left without access to life-saving care and treatment; and more than 5,300 health workers will no longer receive their minimum incentives.
  - At end of May, plans to construct 30 new centres in 45 IPC 4 and 5 districts were halted
  - Tens of thousands of the most malnourished, ill children in the country will no longer receive treatment through 60 Therapeutic Feeding Centres, 70 percent of all TFCs in the country. Closure will significantly increase the probability that beneficiaries will remain acutely malnourished; at least 7,000 children with medical complications will be at immediate risk of death.
  - At end of May, major country-wide vaccination campaigns reaching 13 million people, including 200,000 infants, against killer diseases were halted. Closure will significantly increase the probability that beneficiaries will be at high risk of contracting diphtheria, measles and malaria.
  - 35,000 cancer patients, 7,000 renal patients and more than 1 million NCD patients across the country will no longer receive life-saving treatment and care; closure will significantly increase the probability that morbidity and mortality rates among these patients will reach emergency levels.



From the People of Japan



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