



## Yemen conflict



### WHO

**65 STAFF IN COUNTRY**

### HEALTH SECTOR



**18 HEALTH CLUSTER PARTNERS**  
**7.5 M TARGETED POPULATION<sup>2</sup>**

### MEDICINES PROVIDED BY WHO



**24 TRAUMA KITS**  
**48 INTERAGENCY EMERGENCY HEALTH KITS**

### EWARN



**200 E-DEWS SENTINEL SITES**

### FUNDING US\$ FLASH APPEAL



**37.9 M REQUESTED**  
**3.55 M FUNDED**

### HIGHLIGHTS

- From 19 March to 20 April there have been 1080 health facility-reported deaths and 4352 health facility-reported injuries.
- The electricity supply to the city of Sana'a and most neighbouring governorates continues to be disrupted. Fuel shortages continue to be reported throughout the country and many health facilities face the danger of shutting down as a result. WHO and the Ministry of Public Health and Population estimate that approximately US\$750,000 is needed per month to provide sufficient fuel to cover 100 ambulances, major hospitals in affected governorates and mobile health teams.
- Power cuts and fuel shortages threaten to disrupt the vaccine cold chain, leaving millions of children below the age of five unvaccinated. This increases the risk of communicable diseases such as measles, which is prevalent in Yemen, as well as polio, which has been eliminated but is now at risk of reappearing.
- WHO has provided fuel to maintain emergency health operations including the cold chain, ambulances and hospitals services in a number of affected governorates throughout the country.
- On 17 April, the United Nations and its humanitarian partners in Yemen called on the international community to urgently provide US\$273.7 million to meet the life-saving and protection needs of 7.5 million people affected by the escalating conflict in Yemen. Out of this amount, US\$ 37.9 million is required to provide a health response for a targeted 7.5 million people over the next three months.

<sup>1</sup> The affected figures and breakdown are currently being revised by OCHA.

<sup>2</sup> Strategic Response Plan 2015 quoted 5.9 million. This number has increased to over 8.2 million.

## Situation update

On 20 April, an explosion took place in the area of Attan-south of Sana'a city, causing large scale damage to residential areas. This explosion caused the death of 39 people and injured 547 people.

Total health facility reported deaths and injuries from 19 March to 20 April is as follows:

	deaths	injuries
<b>Total</b>	<b>1080</b>	<b>4352</b>
Women (included in total)	28	80
Children (included in total)	48	143

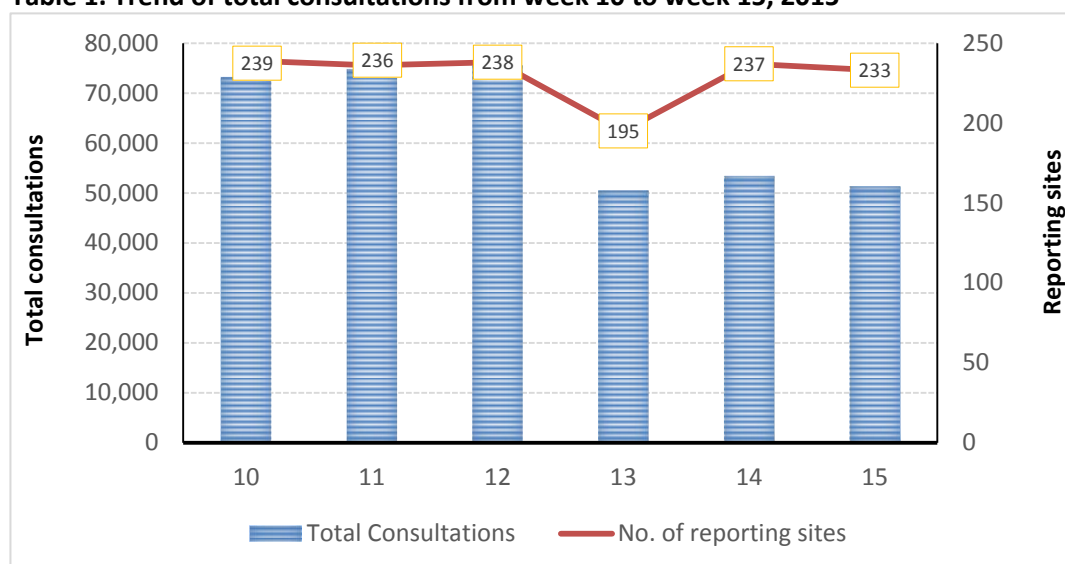
The electricity supply to the city of Sana'a and most neighboring governorates continues to be disrupted. Fuel shortages continue throughout the country and many health facilities are in danger of shutting down as a result. Shortages in safe water are becoming more acute due to irregularities in electricity and fuel supply.

WHO and the Ministry of Population and Health estimate that approximately US\$750,000 is needed per month to provide sufficient fuel to cover 100 ambulances, major hospitals in affected governorates and mobile health teams.

The humanitarian situation in Sa'ada Governorate is deteriorating. Many health staff have left their duty stations due to fear of direct attacks. One ambulance in Al-Hawtah in Lahj Governorate was targeted and hit while attempting to rescue injured people. The Emergency Health Operations Centre in Aden is still closed after it was attacked on 5 April. On 21 April, the WHO office in Aden was attacked.

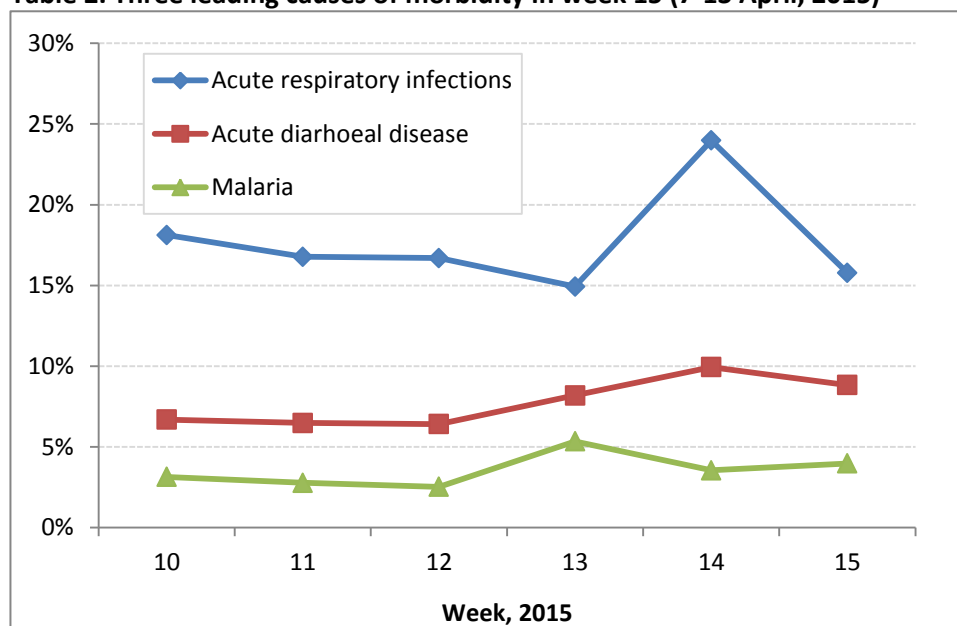
## Epidemiological update

**Table 1. Trend of total consultations from week 10 to week 15, 2015**



Based on available e-DEWS data up to week 15 of 2015, the number of total consultations dropped from an average of 70,000 consultations per week to 50,000 consultations per week. There was a decrease in number of reporting health facilities from 238 to 195 in week 13; however, the numbers subsequently went up to near pre-crisis average levels. This could not therefore account for the low levels of consultations being reported. The crisis appears to be having significant impact on access to and utilization of health services at a time when they are probably needed the most by those affected.

**Table 2. Three leading causes of morbidity in week 15 (7-13 April, 2015)**



The three leading causes of morbidity are acute respiratory infections, acute diarrheal diseases, and malaria. Furthermore, the burden of these three diseases, as a proportion of the total consultations, appears to be on the upward trend from week 12 for acute diarrheal diseases. These are perhaps an indication of increasing poor access to optimal water and sanitation facilities among the affected population. There also appears to be increasing exposure to malaria vectors - this could be due to increased contact of the population with the vectors, although the reasons for this are unclear given the limited information.

A number of alerts were reported in week 15 including 16 alerts of suspected measles, 6 alerts of suspected dengue Fever, 5 alerts of bloody diarrhea, 3 alerts of Meningitis, 2 alerts of Acute Flaccid Paralysis and 2 alerts of Neonatal Tetanus little information was available regarding efforts made to address the alerts. Available human resources for early warning surveillance activities on the ground, as well as capacity for effective epidemiological support appears to be limited.

### **Rapid Multi-Cluster Assessment in Aden Governorate**

Initial findings from a Rapid Multi-Cluster Assessment in Aden Governorate on 12 April that surveyed 46 key informants across the community revealed that 97% reported that people had to leave their homes during the recent crisis. The top three priorities identified across Districts are food, safety and security, and Water, Sanitation and Hygiene (WASH). 93% of residents agreed food was insufficient, and available food was not good enough.

52% of respondents identified malnutrition as a serious problem in the community; all reported that they knew how to identify malnutrition and to refer the case to a hospital or health facility. Respondents overwhelmingly agreed that in all locations there is a problem due to lack of clean water, with 86% citing it as a serious problem.

70% identified a serious health problem in the community because people were sick or injured. Nearly all cited cold, respiratory ailments and diarrhoea as the most common illness. In Khormaksar district, seven of nine respondents cited malaria as a serious

concern. 95% of all informants agreed that a serious problem exists in the community because people cannot access adequate healthcare.

### Public health concerns

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Power cuts and fuel shortages threaten to disrupt the vaccine cold chain, leaving millions of children below the age of five unvaccinated. This increases the risk of communicable diseases such as measles, which is prevalent in Yemen, as well as polio, which has been eliminated but is now at risk of reappearing.

Shortages of safe water have resulted in increased risk of diarrhoea, and other diseases. Over the past four weeks, national disease surveillance reports show a doubling in the number of cases of bloody diarrhoea in children below the age of 5, as well as an increase in the number of cases of measles and suspected malaria. High rates of malnutrition among women and children below the age of 5 have also been reported.

Since the conflict escalated, there has been a 40% reduction in overall daily consultations in health facilities, indicating that many men, women and children are unable to reach health facilities due to blocked roads and fighting in the streets.

### Health needs, priorities and gaps

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According to the Yemeni Ministry of Population and Health, life-saving and health protection programmes will gradually collapse due to lack of medicines for chronic diseases such as kidney dialysis, cardiac and oncology.

Power outages and shortages of fuel are also affecting the functionality of health facilities and the ability of ambulance teams to deliver life-saving interventions.

Laboratory and blood transfusion services are also at risk. Blood banks are witnessing serious shortages in reagents needed for blood donation and transfusion, while blood stocks are in danger of impairment due to power outages.

Priority actions for health include:

1. Support mass-casualty management in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
2. Provide integrated primary health care services, including mental health care.
3. Provide life-saving maternal, new-born and child health, including antenatal, delivery and postnatal care for mothers; new-born care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
4. Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
5. Procure, stockpile and distribute medical supplies to health facilities around the country.
6. Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
7. Provide health care to migrants and third-country nationals.

### Health response and WHO action

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During the reporting period:

16 ambulances were deployed by the Ministry of Population and Health to rescue injured people in Sana'a following the explosion on 20 April.

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WHO provided 16,000 litres of diesel to the health sector in Hodeidah Governorate for distribution as follows:

- 5,000 l for the cold chain and to regional medicines warehouses.
- 7,000 l to Al-Thawrah General Hospital.
- 1,000 l to Al-Olfy Hospital.
- 3,000 l to the haemodialysis center.

WHO provided 2,000 litres of fuel to maintain emergency health operations including, cold chain, ambulances and hospitals services in Taiz Governorate.

Due to the disruption of electricity supply and lack of fuel for generators, the available stock of vaccines in Al-Dha'ale was at risk. WHO coordinated with MSF Holland to transport the vaccines to Dhamar immunization stores where the cold chain is functioning adequately. WHO also provided fuel and gas for the vaccines stores in Abyan Province.

WHO supported FMF (national NGO) with 52 items of essential medicines and dressing materials. FMF medical teams are working in Abyan (Khanfar District) and Al-Dha'ale (Al-Dubia'at area) to provide essential health care services for the IDPs. WHO also provided I.V fluids and dressing materials to Al-Nasr Hospital in Al-Dha'ale Governorate.

WHO provided 250,000 chlorine tablets for water purifications in IDPs gathering places in Hodeidah Governorate, as well as one Italian trauma (A+B) Kit and one locally procured trauma kit to Sa'ada for a total of 200 medical treatments.

Due to difficulties in accessing Al-Ma'alla District, WHO provided life-saving drugs and dressing materials to the Director of Health Services of Al-Ma'alla, who will deliver the items by sea to Al-Tawahi sea port, where they will then be transported to Al-Ma'alla polyclinic.

## Resource mobilization

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On 17 April, the United Nations and its humanitarian partners in Yemen called on the international community to urgently provide US\$273.7 million to meet the life-saving and protection needs of 7.5 million people affected by the escalating conflict in Yemen. Out of this amount, US\$ 37.9 million is required to provide a health response for a targeted 7.5 million people over the next three months.

WHO has received US\$3.55 million from the Government of Japan and the Central Emergency Response Fund. The Government of Russia has donated two interagency emergency health kits for primary health care interventions for 20,000 beneficiaries for three months and three trauma kits for 300 medical interventions.

## Yemeni refugees in Djibouti

### Situation

Since the beginning of the crisis, more than 400 registered refugees and an estimated 2700 unregistered migrants are currently hosted in Djibouti. The host area is dry, windy and hot. Health services are being provided by a Ministry of Health facility in Obock, a small town of 8000 population located 20km from the current temporary refugee camp. The health facility is under-equipped and has services limited to outpatient, inpatient (50 beds max), laboratory services, x-ray service and SAM with complications management. An initial limited expansion of services to include surgery, maternal and new-born health (B/CEmOC) and health facility water supply, safe waste disposal and management is needed as this is essentially the facility of first resort. With the arrival of larger numbers and a definitive establishment of a camp, there will be need to assure access at the camp

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level. Migrants tend to go to Djibouti city or other cities to access secondary health facilities. Djibouti has been facing an acute seasonal malaria outbreak since 2013 in addition to dengue disease.

#### **Public health concerns**

Key health threats for Yemeni refugees in Djibouti include diarrhoea, dengue, malaria, acute respiratory infections and skin diseases due to poor hygienic conditions, lack of clean drinking water, scarcity of food, shelter and lack of access to essential medicines.

#### **Health response**

In Djibouti, WHO has been coordinating the preparedness activities and coordination meetings with health partners and Ministry of Health since the onset of Yemeni arrivals in late March. One emergency expert was deployed from WHO's Regional Office to Djibouti to support the country office. WHO Djibouti is seeking funding to procure IEHK kits for 50,000 beneficiaries for three months and surgical kits for 200 major operations to support health services for Yemeni refugees. A vaccination campaign for measles and polio is scheduled for 2-11 May. WHO staff together with UNICEF / MoH will deploy vaccinators for 10 days targeting 296,626 total children 9 months-15 years from measles and 0-59 months for polio. In Obock the campaign will target 8997 children, including unregistered Yemeni children in host communities and 214 registered refugee children. New arrivals will also be vaccinated by the mobile teams.

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