



Yemen conflict



WHO supports Al-Thawra Hospital in Hodeida governorate with life-saving medicines

 21.1 MILLION AFFECTED	 1 019 762 INTERNALLY DISPLACED	 254 413 REFUGEES	 14 324 INJURIES	 3083 DEATHS
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WHO

67 STAFF IN COUNTRY

HEALTH SECTOR

20 HEALTH CLUSTER PARTNERS

15 M TARGETED POPULATION

WHO RESPONSE

135 TONS OF MEDICINES AND
MEDICAL SUPPLIES

527 000 LITRES OF FUEL TO HOSPITALS

DISEASE EARLY WARNING SYSTEM

200 E-DEWS SENTINEL SITES

FUNDING US\$ FOR 2015 RESPONSE PLAN

37.9 M REQUESTED

3.55 M FUNDED

FUNDING GAP: 91%

HIGHLIGHTS

- Between 19 March – 26 June 2015, 3 083 people have died and 14 324 have been injured as a result of the ongoing conflict in Yemen (health facility-based reports).
- The Ministry of Public Health Operations Room in Sana'a has reopened and is functioning normally after being closed since 3 June, due to damage.
- There has been an upsurge in cases of dengue with an outbreak announced in Al-Mukalla, Hadramout governorate during the reporting period. A rising number of measles cases has also been reported.
- WHO supplied 19 tons of health kits, IV fluids and other essential medicines and supplies to health facilities in Shabwah, Hadramout, Hodeidah, Sana'a City and Sana'a governorate. Supplies are sufficient to cover the primary health care needs of 438 300 people for a period of three months.
- WHO supplied 344 000 litres of water, 27 200 litres of fuel, 1 000 IV fluid packs and more than 100 oxygen cylinders to affected health facilities over the reporting period.

Situation update

From 19 March – 26 June there have been 3 083 health facility-reported deaths (including 165 women and 190 children) and 14 324 facility-reported injuries.

Electricity supply to Sana'a City and most neighbouring governorates continues to be disrupted.

Health facilities in some of the most affected governorates such as Aden, are closed as a result of fuel shortages and insecurity. Three governmental hospitals in addition to an NGO-run surgical centre are still providing lifesaving health services for medical and surgical emergency cases in Aden. Ambulance services continue to be hampered.

Attacks on health facilities and health workers continue. In Sana'a City, Al-Sabeen Hospital was partially damaged due to an explosion in the area, injuring staff. The Ministry of Public Health drug warehouse in Taiz governorate was burned, while Al-Jumhoori Hospital in the same governorate was attacked and damaged for the third time. The emergency obstetric care department and staff accommodation building in Harad Hospital, Hajjah governorate, were destroyed and an ambulance, also in Hajjah, was attacked and damaged while transporting patients to hospital. In Sa'ada governorate, the Director of Health for Ketaf district was attacked and killed.

The Ministry of Public Health Operations Room in Sana'a has reopened and is functioning normally after being closed since 3 June, due to damage. The facility, which manages emergency operations for the entire country plays a critical role in emergency health response throughout Yemen. The MoPH Emergency Operations room in Aden remains closed.

Table 1. Damaged health facilities since the start of the conflict

Type	Number damaged and/or non-functional	Total in country
Hospitals	27, 1 intruded	375
Ambulances	26	131
Health centres and polyclinics	11	1 146
Health offices	5	22
Health units	1	2 630
Emergency health operations rooms	2	20
Health institutes	2	18
Drug warehouses	3	27
Medical oxygen factories	1	6
Blood transfusion centres	1	10

Table 2. Number of health workers killed and injured since the start of the conflict

Health workers killed	6
Health workers injured	11

Epidemiology update

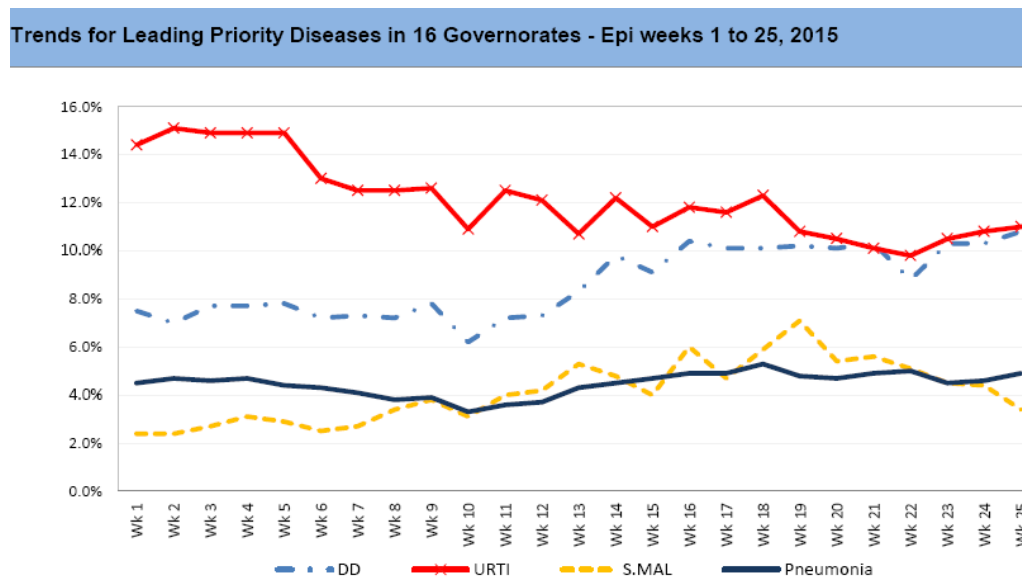
Week #25, 15 - 21 June 2015

During Week 25, 2015, 67% (272/403) health facilities from 16 governorates provided valid surveillance data.

Highlights:

- The total number of consultations reported during the week in 16 governorates was 45 849 compared to 44 454 the previous reporting week. Acute respiratory tract infections (ARI), acute diarrhoea (OAD) and suspected malaria (S.Mal) were the leading diseases causing morbidity this week, representing 29.5% of deaths.
- A total of 89 alerts were generated by the electronic disease early warning system (eDEWS) in week 25, 2015; of these 73 alerts were verified as true for further investigations with appropriate response.
- Altogether, there were 20 alerts for suspected dengue fever, 12 measles, 9 each for cutaneous leishmaniasis and bloody diarrhoea, 4 each for pertussis and acute viral hepatitis, 3 each for schistosomiasis and meningitis, 2 each for acute flaccid paralysis and viral haemorrhagic fever, 1 each for malaria, acute watery diarrhoea, neonatal tetanus, pneumonia and other diseases.
- The online disease surveillance and response system was launched in 4 governorates (Aden, Abyan, Lahj and Taiz) on March 2013. WHO appointed and supports MoPH focal points from each governorate to do the reporting. The system expansion phase in 6 governorates (Sana'a City, Hodeidah, Hajjah, Ibb, Al-Mukalla and Sa'ada) began in November 2013. The next expansion phase targets 6 governorates (Amran, Shabwah, Al-Mahrah, Sana'a, Hadramout Al-Wady and Dhamar). Ongoing on-site trainings to improve weekly reporting and immediate notification are underway in all governorates.

Figure 1. Trends for Leading Priority Diseases in 16 Governorates – Epi weeks 1 to 25, 2015



DD = diarrhoeal disease; URTI = upper respiratory infection; S.MAL = suspected malaria

Public health concerns

- Reduced health services and capacity in all public and private hospitals, especially operation theatres and intensive care units is noted. High numbers of casualties have contributed to shortages in medical supplies and equipment in fewer functional health facilities. There remains a shortage of health personnel due to security and access.
- Electricity outages have compromised day-to-day health facility operations and cold-chain vaccine storage. Severe shortages of fuel have hampered health facility and ambulance operations.
- Limited access to health care services and a breakdown in safe water supply and sanitation services have contributed to the spread of endemic diseases such as malaria and dengue fever, as well as acute diarrhoeal diseases. There has been an upsurge in cases of dengue with an outbreak announced in Al-Mukalla, Hadramout governorate during the reporting period.
- Rising numbers of measles and rubella cases have been recorded. There is an increased risk of polio outbreak due to disruption to immunization activities.
- Limited communications has resulted in reduced functionality of the disease early warning alert and reporting system.
- Shortages in medicines to treat noncommunicable diseases such as kidney disorders, diabetes, hypertension, and cancer.
- Acute shortages in food items have increased the risk of malnutrition among children.

Health priorities

- Continue to support mass casualty management in conflict-affected governorates through the provision of trauma kits, vaccines, medical and surgical supplies; provision of referral and ambulance services; and the deployment of surgical teams. Support the medical evacuation of the critically injured who cannot receive effective trauma treatment in-country.
- Procure, stockpile and distribute medical supplies to health facilities in the affected areas.
- Provide integrated primary health care services including mental health care, routine immunization, reproductive health, and screening and treatment of severe acute malnutrition.
- Ensure health care access for the IDPs and affected population through facility-based and mobile health teams and outreach.
- Strengthen communicable disease monitoring and control activities.
- Respond to upsurge of dengue and measles through conducting outbreak field investigation including management of cases, strengthening disease surveillance and putting into place prevention measures.
- Update information systems and field reporting to ensure timely and effective response and avoid duplication of efforts.
- Provide health care to migrants and third-country nationals.

Health response and WHO action

Medicines and medical supplies

In its response to the Ministry of Public Health's requests to fill the critical gaps in essential medical supplies, during the reporting period WHO provided:

- 19 tons of emergency health kits including trauma and diarrhoea kits, IV fluids and other essential medicines and supplies to health facilities in four governorates (Shabwah, Hadramout, Hodeidah, Sana'a City) to respond to the health needs of affected communities. Supplies are sufficient to cover the primary health care needs of 438 300 people for a period of three months.
- Psychotropic medicines to Al-Salam Hospital in Hodeidah governorate for

the treatment of mental health illnesses.

- 1 000 IV fluid packs to the haemodialysis centre in Bajel district, Hodeidah governorate
- 100 oxygen cylinders to Al-Thawra Hospital, Hodeidah governorate
- 10 oxygen cylinders to Al-Jumhoori Hospital, Sana'a governorate

Response to Dengue Fever

Dengue fever is endemic in Yemen, with the disease following a seasonal pattern and high numbers of cases occurring between April and August annually. However, this year there has been a surge in the number of suspected cases. Storing of water in open containers in households due to water shortages and insecurity was identified as a contributing factor to this increase.

The insecurity due to the on-going conflict has hampered effective field investigation for confirmation cases, transportation of samples for WHO reference laboratories for confirmation of the cause of the outbreak, and effective prevention and control measures. Access to health care has been severely impacted with nearly 50% drop in total consultations in 2015 since the conflict began.

To respond to upsurge in cases of dengue fever, WHO has:

- Supported the Ministry of Public Health and governorate health authorities in epidemiological field investigations and entomological surveys, focusing on the dengue mosquito vector and breeding sites in Hodeidah, Hadramout and Aden governorates. WHO standard case definitions have been adopted in Yemen to identify symptoms consistent with dengue fever among suspected cases.
- Coordinated the response efforts; a 24/7 hours operation room has been activated in the Ministry of Public Health in Sana'a to monitor the situation.
- Enhanced epidemiological surveillance in all affected governorates and delivered rapid diagnostic tests for malaria testing in affected areas.
- Printed and distributed case management guidelines for haemorrhagic fever and provided more than 100 000 units of IV fluids and other supplies for supportive treatment; these have been delivered to health centres and hospitals in affected governorates with the exception of Aden and Taiz due to access challenges.
- Supported MoPH to conduct awareness campaigns and distributed 10 000 leaflets, guidelines and posters on haemorrhagic fever control to different segments of the community and health facilities.
- Supported MoPH with vector control by conducting indoor and outdoor spraying in Hadramout governorate. Similar interventions are planned to take place in Hodeidah governorate in the coming weeks.
- Deployed international and national experts to assess, validate, advise and apply control measures, working with MoPH and partners in Aden. The team developed a report highlighting the magnitude of the problem, constraints, and best control measures to be adopted, including vector control.

Other support

Over the reporting period, WHO also:

- Supplied 120 000 litres of water to Harad Hospital in Hajjah governorate.
- Supplied 200 000 litres of water and 6 000 litres of fuel to the haemodialysis centre in Harad district, Hajjah governorate.
- Provided the following interventions in Hodeidah governorate:
 - 24 000 litres of water for IDP communities in Al-Hali district
 - 1 200 litres of fuel for cold-chain in Al-Hali district
 - 20 000 litres of fuel for haemodialysis centres in Bajel, Zabeed and Al-Meena districts
- Provided training for approximately 60 health workers in Hadramout Al-Sahel on eDEWS disease surveillance and early warning system.
- Supported the provision of complete package of primary health care services in Hajjah, Sa'ada, Amran, Sana'a, Hodeidah, and Aden governorates through fixed and mobile medical teams, and community mobilization activities.
- Supported mass casualty management services through the deployment of surgical teams in Aden (Al-Buraiqa district), Sa'ada (Sa'ada district), Abyan (Modiah district) and Hajjah (Harad district) governorates.
- Strengthened health referral system in Sana'a City through supporting the central health emergency operation room and inter-hospital transfer room.

Resource mobilization

On 19 June, the revised Yemen Humanitarian Response Plan was released, calling for US\$ 152 million to enable WHO and Health Cluster partners to continue meeting the health needs of 15 million people.

To date, WHO's response to the crisis in Yemen has been supported by the governments of Japan, Finland, Norway, Russia and the Central Emergency Response Fund. The Kingdom of Saudi Arabia has also pledged to support WHO's humanitarian work in Yemen.

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