Current Situation

Since the beginning of the year, the capital city of Sana’a and other major cities in Yemen have witnessed an escalation of armed conflict, resulting in hundreds dead and thousands injured. As of 12 April 2015, there have been a total of 736 deaths and 2719 persons recorded with major injuries. Casualty estimates are likely to increase in the coming days and weeks, however, as additional cases are verified and reported.

More than 15 million people are currently affected, including 100 000 newly internally displaced persons. Heavy clashes in Aden and Al-Dhale’a have been reported and the fighting is expected to worsen, placing a significant number of civilians at serious risk.

The humanitarian situation is critical, with many facing lack of food and safe water. Power cuts and fuel shortages have also been reported. In Sana’a and Hodeidah, for instance, severe shortages of fuel are making it difficult to transport medicines and health supplies.

Health facilities in affected governorates are reporting critical shortages in trauma and surgical medicines as well as in medical staff to cope with influx of patients. Shortages are also reported in medicines for chronic diseases, and prices of medicines available on the local market have increased by more than 300%. Given the current challenges in access through airports and seaports into Yemen, local stocks are expected to further decrease.
Health Risks

Management of casualties and injuries remains the most pressing need in the south. Hospitals are overwhelmed with casualties, including people suffering from gunshot wounds, injuries from collapsed buildings and severe burns from explosions. There is dire need for additional medical and surgical teams in the hospitals.

Power cuts are being reported, threatening continuation of the provision of life-saving health services including surgical/medical care and the damage to large quantities of vaccines and cold chain items. Health facilities and health and sanitation infrastructure have been damaged and some partially destroyed.

Shortages in clean water are affecting the functionality of health facilities, and increase the risk of water-borne and communicable diseases, especially in areas where internally displaced persons are concentrated.

Accumulation of garbage is being reported in Sana’a city. Environmental problems may arise resulting in hygiene-related illness if this situation continues.

Ongoing health programs such as management of malnutrition among children have been suspended in Lahj; follow-up on severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases is impeded due to high levels of insecurity. This is a major threat in a country with acute malnutrition rates above emergency thresholds even before the current crisis.

The malaria transmission season will begin in early July. The disruption of community-based malaria control activities is a major threat in a country with fatal malaria strains. Distribution of bed nets, pre-positioning of malaria kits in health centres and outreach activities are all on hold now due to the grave security situation.

In Aden, medical supplies are available in medical warehouses, but they are being depleted by the day. Challenges in accessing airports and seaports continue to limit the ability of WHO to import needed medical supplies and deploy additional staff.

Even before the current conflict, Yemen was facing food and water insecurity as well as high levels of malnutrition. Severe food insecurity affected more than 5 million, including more than 170 000 severely malnourished children under the age of 5 years. The maternal mortality ratio stood at 270/100 000 and infant mortality rate at 40.4/1000 live births. There was also a high prevalence of four major noncommunicable diseases (diabetes, hypertension, heart diseases, chronic obstructive pulmonary disease) in the Yemeni population prior to this recent outbreak of violence.

Health priorities:

1. Lead coordination of the humanitarian Health Cluster
2. Conduct health assessments to identify gaps and needs
3. Strengthen medical referral services, triage and trauma case management
4. Provide urgently needed medicines and medical supplies, including vaccines and medicines for chronic diseases
5. Provide primary health care through mobile and fixed clinics
6. Early detection and control of disease outbreaks including mass immunization activities
7. Environmental health services

65 WHO staff in the country

WHO grading of emergency: Grade 2
Health Response Interventions

WHO continues to remain operational inside Yemen, providing lifesaving health services and supplies to hospitals and health facilities. There are currently 65 WHO staff in Yemen, and there are plans to scale-up the country office to ensure a robust response to this crisis.

WHO is working with the Ministry of Public Health and Population and leading the health partners to monitor and fill the gaps in health care services, and ensure a timely health response. The Ministry of Public Health and Population Emergency Health Operations Centre (equipped by WHO in 2010) follows up on all hospitals in all governorates to determine urgent needs in terms of oxygen supply, trauma and dressing kits, life-saving equipment and essentials, bed capacity, health human resources and inter-hospital patient transfer. WHO needs to be able to continue its crucial role as Health Cluster lead agency in Yemen.

Since the escalation of the conflict on 19 March 2015, WHO has provided eight Interagency Emergency Health Kits with medical supplies to cover the needs of 80 000 people for three months. WHO has also provided 18 hospitals throughout the country with trauma kits containing supplies for hundreds of major surgical operations, 11 000 blood bags, IV fluids, analgesics, oxygen supplies and dressing materials. WHO has procured locally assembled trauma kits and supplied them to the affected governorates.

Given the frequent power cuts in Aden, WHO is exploring options with the Ministry of Public Health and Population for the potential local procurement of generator sets to maintain the cold chain for vaccines. However, fuel shortages are creating additional challenges.

With the current shortage of ambulances, WHO is coordinating with the Ministry of Public Health and Population to relocate ambulances to governorates with the largest numbers of injured patients. WHO is also covering the operational costs of the ambulances.

WHO has more than 200 sentinel sites and environmental health teams across the country that are reporting and monitoring communicable diseases. Additional environmental health teams have been dispatched to areas where IDPS are concentrated (such as schools), to monitor water quality and check for water-borne diseases.
## WHO Planned Activities

### 1. Strengthen delivery of trauma management and referral
- Provide essential medicines kits and supplies for trauma care
- Build health care worker capacity
- Deploy surgical teams
- Support emergency and referral services

### 2. Support delivery of primary health care
- Improve access to primary health care services through outreach activities including mobile clinics and mobile teams
- Provide essential medicines for primary health care and chronic illness, such as diabetes and hypertension
- Build the capacity of health care providers to manage and refer mental health cases
- Strengthen the nutrition surveillance system and train health care providers on the treatment of acute and chronic malnutrition
- Support authorities with mass immunization activities in target areas.
- Support access to essential reproductive health services
- Support prevention and control of communicable disease

### 3. Support health information management and coordination
- Conduct health assessments to identify impact on health infrastructure and identify health system capacity
- Map available health resources, services, status of facilities, medicines and equipment
- Collect data on attacks on health workers, health facilities and patients
- Train staff on surveillance and information management
- Coordinate and disseminate health information

### 4. Health Cluster Coordination
- Strengthen regular coordination through effective information sharing in order to avoid duplication of interventions and to identify gaps
- Map public health risks, partner capacities and activities at all levels
- Continue to coordinate information management for the cluster

### 5. Restore water supply, sanitation, solid waste, hygiene and drainage services in healthcare facilities and hospitals
- Provide sufficient water supply, adequate sanitation, proper solid waste management in health care facilities and hospitals

## Funding Requirements

WHO needs **US$ 25.2 million** to provide health services for the affected population in Yemen for three months.

WHO has received **US$3.5 million** from the Government of Japan and the Central Emergency Response Fund.