



World Health Organization

Regional Office for the Eastern Mediterranean

Situation report number 10
27 JUNE – 11 JULY 2015

Yemen conflict



WHO participated in a UN convoy which reached Yemen on 9 July by supplying essential medicines and supplies to meet urgent health needs.



**21.1 MILLION
AFFECTED**



**1 267 590
INTERNALLY
DISPLACED**



**254 413
REFUGEES**



**17 302
INJURIES**



**3640
DEATHS**

WHO

76 STAFF IN COUNTRY

HEALTH SECTOR

22 HEALTH CLUSTER PARTNERS

15 M TARGETED POPULATION

WHO RESPONSE

181 TONNES OF MEDICINES AND
MEDICAL SUPPLIES

800 000 LITRES OF FUEL TO HOSPITALS

DISEASE EARLY WARNING SYSTEM

200 E-DEWS SENTINEL SITES

FUNDING US\$ FOR 2015 RESPONSE PLAN

70 M REQUESTED

13 M FUNDED

FUNDING GAP: 84%

HIGHLIGHTS

- A UN humanitarian convoy reached Aden on 9 July. WHO participated with six trucks stocked with 46 tonnes of lifesaving medicines, emergency health kits and WASH materials for 84 000 beneficiaries in eight districts of Aden governorate. A Ministry of Public Health and Population (MoPHP) technical team travelled with the convoy to conduct epidemiological investigations and short trainings in Aden on disease reporting and case management.
- The humanitarian pause scheduled to begin on 11 July did not hold due to continuing conflict.
- From 19 March up until 10 July 2015, 3 640 people have died and 17 302 have been injured as a result of the conflict (health facility-based reports).
- During the reporting period, Harad Germany Private Hospital in Hajjah governorate was damaged. The Basic Emergency Obstetric Care Centre department in Al-Luhai District Hospital in Hodeidah governorate was also damaged.
- WHO provided 10 000 IV fluid packs, 5 000 syringes and 700 cannulas to Al-Thawra Hospital in Hodeidah governorate, in addition to three months' supply of x-ray films and x-ray solution.

Situation update

The humanitarian pause scheduled to begin on 11 July did not hold due to continuing conflict.

From 19 March – 7 July there have been 3 640 health facility-reported deaths (including 186 women and 224 children) and 17 302 facility-reported injuries.

Access to health care in many affected governorates in Yemen remains extremely challenging due to insecurity and the closure of health facilities. During the reporting period, Harad Germany Private Hospital In Hajjah governorate was damaged. Four patients and one Russian nurse were injured. The Basic Emergency Obstetric Care Centre department in Al-Luhai District Hospital in Hodeidah governorate was also damaged. As of 14 June, since the beginning of the conflict 70 health facilities have been reported completely or partially damaged. Of this number, 32 are hospitals; 27 of which have been fully damaged. 14 health workers have been injured and 5 killed. Aden governorate has reported the most number of damaged health facilities and ambulances.

A shortage of fuel across governorates continues to hamper health facility operations. Electricity supply to Sana'a City and most neighbouring governorates continues to be disrupted. Lack of medical supplies and a disrupted surveillance system has impeded monitoring and response to increasing suspected disease outbreaks, and essential health services such as immunization, nutrition, Integrated Management of Childhood Illness (IMCI) and disease control are limited.

The Ministry of Public Health Operations Room in Sana'a, recently reopened and is functioning normally after closing in early 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.

According to the latest data from International Organization for Migration and the Djibouti government, 9 256 Yemeni nationals have fled to Djibouti since 26 March.

Week #27, 29 June – 5 July 2015

During Week 27, 2015, 69% (279/402) health facilities from 16 governorates provided valid surveillance data.

Highlights:

- The total number of consultations reported during the week in 16 governorates was 45 492 compared to 44 491 the previous reporting week. Upper respiratory tract infection (URTI) (10.6%), other acute diarrhoea (OAD) (11.7%), pneumonia (4.7%), and suspected malaria (S.Mal) (1.9%) were the leading causes of morbidity this week, due to disease, representing 28.9% of deaths.
- Of the 92 electronic disease early warning and response system (eDEWS) generated alerts for Week 27, there were altogether 20 alerts for dengue fever, 18 bloody diarrhoea, 12 pertussis, 11 measles, 9 cutaneous leishmaniasis, 8 acute viral hepatitis, 5 schistosomiasis, 4 acute flaccid paralysis, 3 meningitis, and 2 viral hemorrhagic fever received and responded to.
- System generated alerts and alerts received from other health facilities through the Higher Medical Public Committee, Aden, saw 70 notifications for suspected malaria, dengue and unknown fever in week 27, 2015.
- Diarrhoeal diseases comprised 6.3% and pneumonia 2.45% of total morbidity in the <5 years age group.
- 278 suspected cases of dengue fever were reported in 9 governorates, and 8

Epidemiology update

additional cases with hemorrhagic manifestations were reported in 2 governorates through eDEWS sentinel sites (5 of the hemorrhagic manifestations were in Aden). Aden continues to be the worst affected by suspected dengue and viral hemorrhagic fever. The governorate has also lost nearly all regular eDEWS communicable disease surveillance reporting sites due to the conflict.

- Surveillance is being intensified to ensure that the ongoing dengue outbreak is effectively monitored and other priority communicable diseases are reported through alternative sources including private health facilities, mobile clinics, NGO partners on the ground, health workers in the community, and the general public.

Figure 1. Number of alerts received and responded to, Epi Weeks 24 – 27, 2015.

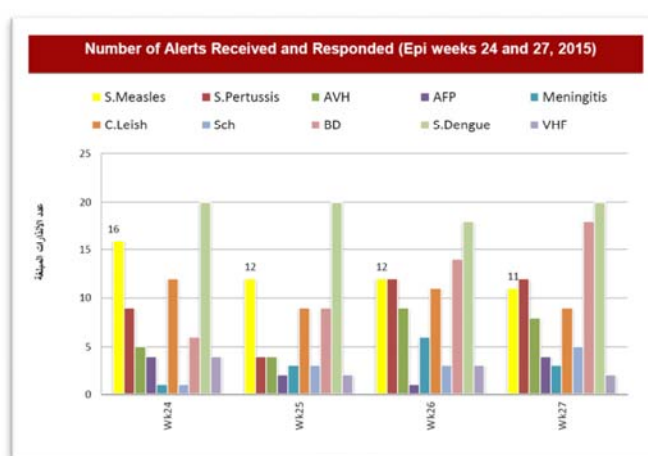
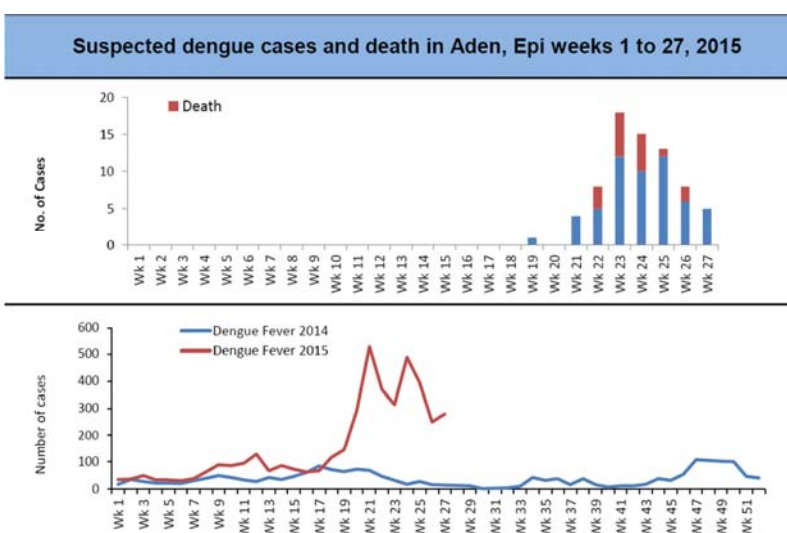


Figure 2. Suspected dengue cases and death in Aden, Epi Weeks 1 – 27, 2015



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 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 non-communicable 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 supplies

WHO continues to respond to Ministry of Public Health's requests to fill critical gaps in essential medical supplies. During the reporting period:

- WHO participated in a UN humanitarian convoy to Aden with six trucks stocked with 46 tons of lifesaving medicines, emergency health kits and WASH materials for 84 000 beneficiaries in eight districts of Aden governorate.
- WHO provided 10 000 IV fluid packs, 5 000 syringes and 700 cannulas to Al-Thawra Hospital in Hodeidah governorate, in addition to three months' supply of x-ray films and solution.

Other support

Over the reporting period, WHO also:

- Continued to respond to the upsurge in cases of dengue through enhancing epidemiological surveillance, field investigations and rapid diagnostic tests for vector-borne illnesses; distributing case management guidelines and training health workers; and participating in MoPH awareness raising activities on dengue, malaria and haemorrhagic fever, and preventive measures. WHO

conducted rapid testing for dengue fever and malaria in Aden and provided support to Alwahda Hospital to resume functionality of its fever/dengue ward and trauma management centre. National health professionals were trained by WHO experts on epidemiological field investigations and early warning system surveillance. As part of malaria preparedness activities, bed nets were distributed to more than 9 000 households in four districts and residual spray materials and equipment were distributed in the eight districts. Staff were also trained on house-to-house spraying.

- 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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