

Regional Office for the Eastern Mediterranean

Situation report number 8 18 MAY – 7 JUNE 2015

# Yemen conflict



To reduce the risk of hygiene-related communicable diseases, WHO teams participate in a three-day cleaning and awareness campaign in selected neighborhoods in Sana'a



20 MILLION AFFECTED



1 019 762 INTERNALLY DISPLACED



254 413 REFUGEES



11 065 INJURIES



2 584 DEATHS

## **WHO**

**67** STAFF IN COUNTRY

#### **HEALTH SECTOR**

**20** HEALTH CLUSTER PARTNERS

**15 M** TARGETED POPULATION

# WHO RESPONSE

TONS OF MEDICINES AND MEDICAL SUPPLIES

**500,000** 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

# **HIGHLIGHTS**

- An estimated 2,584 people have died and 11,065 injured from 19
  March to 7 June as a result of the on-going conflict in Yemen (health facility-based reports).
- A total of 3,064 cases of suspected dengue fever have been reported since March 2015. Surges in cases of malaria and incidences of diarrhoeal diseases and pneumonia also continue to be reported.
- Access to health care has been severely impacted with nearly 50% drop in total consultations since the conflict began.
- On 3 June, the Operations Room of the Ministry of Health in Sana'a, which manages all emergency operations for the entire country, was partially damaged. The room plays a critical role in emergency health response throughout Yemen and the damage incurred impeded already strained emergency health relief operations.
- Since the beginning of the crisis, WHO has distributed almost 130 tons of medicines and medical supplies and more than 500,000 litres of fuel to maintain the functionality of hospitals serving an excess of 4.7 million people, including 700,000 internally displaced persons and 140,000 children under the age of five.

#### Situation update

From 19 March-7 June there have been 2,584 health facility-reported deaths (including 117 women and 140 children) and 11,065 facility-reported injuries.

In some of the most affected governorates such as Aden, all health centres are closed as a result of fuel shortages and insecurity, and out of the four hospitals in the governorate, only one hospital is offering outpatient services.

On 3 June, the Ministry of Health Operations Room in Sana'a, which manages all emergency operations for the entire country, was partially damaged. The room plays a critical role in emergency health response throughout Yemen and the damage incurred impedes already strained emergency health relief operations. The Ministry of Health Emergency Operations room in Aden remains closed.

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

Туре	Number damaged and/or non-functional	Total in country
Hospitals	23 including 1 intruded	375
Ambulances	25	131
Health centres and	11	1146
polyclinics		
Health offices	5	22
Health units	1	2630
Emergency health	2	20
operations rooms		
Health institutes	2	18
Drug warehouses	3	27
Medical oxygen factories	1	6
Blood transfusion centres	1	10

## **Dengue Fever**

Since March 2015, Yemen has experienced a surge in suspected dengue fever (Figure 1). So far (epidemiological weeks 19 - 24) a total of 3,064 cases have been reported. This included 38 suspected cases reported by three private hospitals (Alwali, Saber, and Alboraihi hospitals) in Aden in week 24 (June 2015) alone. 31 of these patients had haemorrhagic manifestations, out of which 15 patients died. The deaths among these cases occurred within 4 - 6 days from the onset of symptoms according to hospital reports. Other governorates that have reported a significant increase in suspected dengue fever cases include Hodeidah, Taiz, Aden, Lahj, Shabwa and Hadramount.

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 water in open containers in households due to water shortages and insecurity was identified as a contributing factor to this increase.

Insecurity due to the on-going conflict has hampered effective field investigation for confirmation of cases, transportation of samples to 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 (Figure 2).

Figure 1. Trends of occurrence of suspected Dengue cases in 2014 / 2015

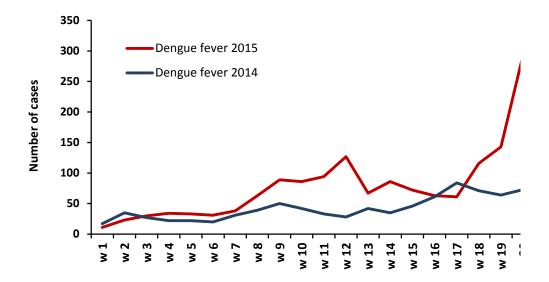
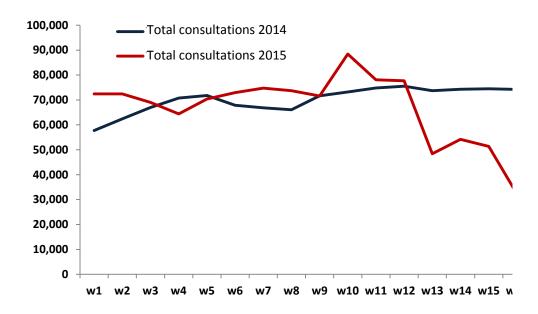


Figure 2. Trends of total consultations in 2014 and 2015



#### **Public health concerns**

- Reduced health services in all public and private hospitals, especially operation rooms and intensive care units.
- Limited access to health care services and a breakdown in safe water supply and sanitation services facilitating the spread of endemic diseases such as malaria and dengue fever, as well as acute diarrheal diseases.
- Disrupted immunisation activities increasing risk of outbreaks measles, polio.
- Limited communications hampering the functionality of the disease early warning alert and reporting system.
- Shortages in medicines for noncommunicable diseases such as kidney diseases, diabetes, hypertension, and cancer.
- Acute shortages in bread and other food items increasing the risk of malnutrition among children.

#### **Health priorities**

- Support mass-casualty management in conflict-affected governorates, including provision of trauma kits, vaccines, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
- Support communicable disease monitoring and control activities.
- Provide integrated primary health care services, including mental health care.
- Provide life-saving maternal, new-born and child health, including antenatal, delivery and postnatal care for mothers; new-born care, routine immunization, screening and treatment of illnesses in children through health facilities, outreach and mobile services accompanied by social mobilization activities.
- Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
- Procure, stockpile and distribute medical supplies to health facilities.
- Update information systems and field reporting to ensure timely and effective response and avoid duplication of efforts.
- Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
- 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 Health's requests to fill the critical gaps in essential medical supplies, during the reporting period WHO provided:

- 5.5 tonnes of lifesaving medicines and supplies including emergency trauma kits, dressing kits, first aid bags and I.V fluids to Shabwah Governorate to treat 2,243 people for 1 month.
- 9 tonnes of lifesaving medicines and supplies including emergency trauma kits, dressing kits, first aid bags and Intravenous fluids (I.V fluids) to the health offices in Hodeidah and Hadramout (Mukala) Governorates to treat 3,400 people for 1 month.
- 1 Interagency Emergency Health Kit (basic unit) for 1,000 internally displaced persons for 3 months in Al-Luhaia District, Hodeidah Governorate.
- Medicines for the management of Severe Acute Malnutrition (SAM) cases to Al-Muneerah and Al-Dhahi Rural Hospitals in Hodeidah Governorate.
- 20,000 I.V fluid packs to Al-Thawra Hospital in Hodeidah Governorate.
- Tuberculosis medicines for 500 TB cases to health facilities experiencing critical shortages.

#### Fuel

As part of ensuring continuity of health services delivery and access for the affected communities, WHO supported the following health facilities in the reporting period:

- Sayoun Hospital in Hadramout Governorate (15,000 litres).
- Al-Salam Hospital in Amran Governorate (9,000 litres).
- Al-Thawra Hospital in Sana'a City (25,000 litres).
- Al-Odeen Hospital in Ibb Governorate (14,400 litres).
- Haemodialysis centres in Hodeidah, Zabid and Bajel in Hodeidah Governorate (19 000 litres).
- National oncology center in Sana'a (20,000 litres).

## Response to Dengue Fever:

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

- Supported the Ministry of Health and health authority governorates in epidemiological field investigations and entomological survey focusing on the Dengue mosquito vector and breeding sites in Al-Hodiedah, 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 operations room has been activated in the Ministry of Health in Saana to monitor the situation.
- Enhanced epidemiological surveillance in all affected governorates and delivered Rapid Diagnostic test for malaria testing in affected areas.
- Printed and distributed case management guidelines for Haemorrhagic Fevers and provided more than 100 thousand 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 MOH in conducting awareness campaigns and distributed 10,000 leaflets, guidelines and posters on Haemorrhagic Fever control to different segments of the community and health facilities.
- Supported MOH 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, constraints, and best control measures to be adopted, including vector control.

#### Other support

• WHO provided 500 water jerry cans to 480 families and 36,000 chlorine tablets to internally displaced persons in Aslam area, Hajjah Governorate.

#### 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 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, Russia and the Central Emergency Response Fund. The Kingdom of Saudi Arabia has also pledged to support the humanitarian work of WHO in Yemen.

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