



Yemen conflict



Photo: © WHO
A team of sprayers gather outside of Ataq district shortly before beginning starting the fogging exercise supported by WHO



21.1 MILLION*
IN NEED



1.4 MILLION**
INTERNALLY
DISPLACED



250 000***
REFUGEES



26 568****
INJURED



5564****
DEATHS

WHO

HIGHLIGHTS



Photo: © WHO
A shipment containing 17 tonnes of medicines medical and surgical supplies that WHO shipped to Sana'a in Yemen

82 WHO STAFF IN COUNTRY

HEALTH SECTOR

22 HEALTH CLUSTER PARTNERS

15.2 M TARGETED POPULATION

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS 18 MAY–30 AUGUST 15



250 TONNES OF MEDICINES AND MEDICAL SUPPLIES

800 000 LITRES OF FUEL TO HOSPITALS

DISEASE EARLY WARNING SYSTEM



400 E-DEWS SENTINEL SITES

FUNDING US\$ FOR 2015 RESPONSE PLAN



83 M REQUESTED

36.8 M FUNDED

56% FUNDING GAP

- On 8 October, WHO shipped 15.7 tonnes of medicines and medical supplies for an estimated 40 000 people for one month. The supplies are meant to fill the critical gap of a shortage of essential medicines, emergency medical kits and other medical supplies at health facilities in the country.
- WHO supported health authorities to conduct training of trainers for 76 immunization supervisors from 22 governorates in preparation for the introduction of inactivated polio vaccine (IPV) into the national immunization programme in Yemen.
- A total of 32 132 casualties, including 5564 deaths and 26 568 injuries, have been recorded from conflict-affected governorates from 19 March to 11 October.
- A total of 1000 health workers were trained and sensitized on communicable disease surveillance reporting and investigation in all 21 governorates, except Al Dhalee.
- Together with health authorities, WHO conducted review meetings for district surveillance coordinators from 195 districts. The meetings were held in Alhudeida, Amran, Almahweet, Reimah, Hajah, Sanaa city, Sanaa, Dhamar and Ibb governorates.

* 2015 Yemen Humanitarian Response Plan- Revised version

** UNOCHA

*** UNHCR website

**** Data as of 11 October 2015

- From 19 March to 11 October, reports from selected health facilities indicated that 5564 people have died as a result of the conflict in Yemen, including 399 women and 410 children. The figure of death could be higher (see Table 1).

Table 1. Summary of health facility-based reported figures as of 11 October 2015

19 March-11 October 2015	deaths	injuries	total
Women	399	693	1092
Children	410	904	1314
unclassified (including men)	4755	24 971	29 726
Total	5564	26 568	32 132

- The ongoing crisis in most locations in Al-Moka neighbouring Al-Hodeida and Taiz has left most health facilities with shortage of medicines, medical supplies and kits to manage the increasing number of trauma cases and patients with chronic diseases. In this period, WHO shipped an additional 15.7 tonnes of medicines, kits and medical supplies to support the management of patients health facilities and hospitals. Since March 2015, WHO has provided over 250 tonnes of medicines, medical kits, laboratory and other medical supplies.
- Ninty (90) health sector facilities and 22 health workers have been affected by the ongoing crisis. Among the health facilities affected are: hospitals, health centres and polyclinics, health units, emergency health operations rooms and health institutions. Others are drug warehouses, blood transfusion centres, ambulances and health organization premises. Health workers have also died and others injured due to the crisis. See Table 2 below for details.

Table 2: health sector facilities and health workers affected by the crisis in Yemen

Health staff & facilities	No. of health staff and facilities directly affected by the crisis
Hospitals	34
Health centres, polyclinics and renal dialysis	12
Health units	1
Health offices	6
Emergency health operations rooms	2
Health institutes	2
Drug warehouses	3
Blood transfusion centres	1
Ambulances	27
Health organizations	2
Health workers killed	8
Health workers injured	14

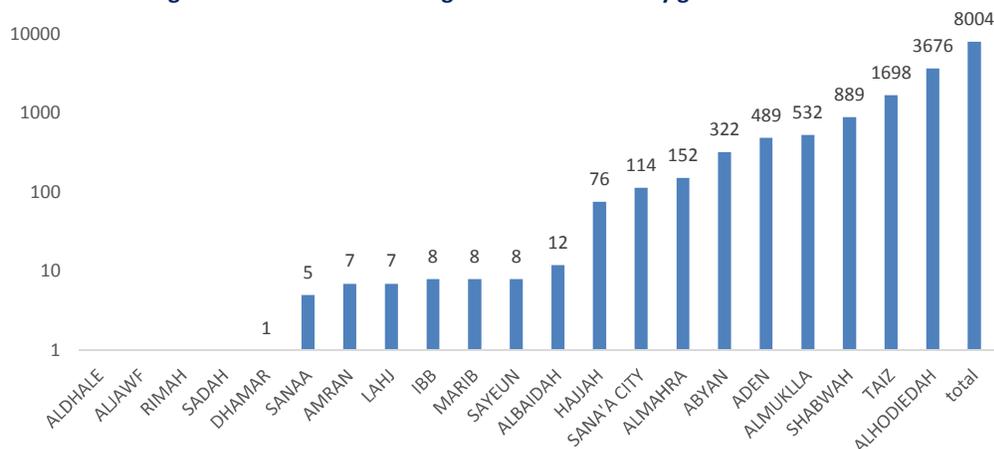
- A decrease of 15% in penta immunization coverage was recorded in Yemen in July 2015 (54%), as compared to the same period in 2014 (69% coverage). The decline is attributable to the ongoing crisis that limits access of children, shortage of operational costs to conduct outreach activities and the closure of some health facilities in areas of active conflict. WHO, UNICEF and GAVI are closely working to close the gaps by conducting outreach activities. Since the start of the year, two out of the planned five outreach activities have been conducted in 2015. Three other outreach activities have been planned for, to take place in October, November and December 2015.
- WHO plans to conduct Health Resources Availability Mapping System for health facilities in Yemen aimed at strengthening the collection, collation and analysis of information on the availability of health resources and services in humanitarian emergencies. WHO in consultation with partners and health authorities have developed a concept note for the survey and are in the process of reviewing the survey questionnaire. Plans are under way to train technical teams, governorate supervisors and field enumerator's by the end of October who will conduct the

survey once the questionnaire is reviewed and endorsed. The first phase of the survey is planned for November and December 2015.

Epidemiological update

- Until 03 October 2015, 8004 suspected dengue fevers cases have been recorded in Yemen (see Figure 1). An outbreak of dengue fever was reported in April 2015 in six governorates, however since 15 June 2015, a decline has been reported in Aden, Hodiedah and Hadramout due to WHO and Ministry of Public Health and Population interventions. As of Week 39 (3 October 2015) the total reported dengue fever cases in Taiz were 1698 cases.

Figure 1. Distribution of dengue fever in Yemen by governorates in 2015



- Low reporting rates continue to be recorded in Taiz due to loss of communication tools. The increase in the number of cases could also be associated to deterioration in the security situation coupled with the rainy season. In addition, scarcity of water in Taiz governorate is further burdening the population as they have been compelled to collect and store water in artificial plastic containers for future use, which is a breeding ground for the dengue fever parasites. In Shabwah governorate an increase in the number of dengue fever cases was recorded in the past four weeks.

Public health concerns

- Severe reduction of health services in all public and private hospitals, especially operating theatres and intensive care units, mainly due to the ongoing crisis.
- Disrupted immunization activities increasing the risk of outbreaks for measles and polio.
- Limited life-saving medicines and supplies, including trauma, diarrhoeal disease kits and medicines for chronic diseases.
- The spread of endemic diseases, such as malaria and dengue fever, as well as acute diarrhoeal diseases due to limited access to health care services and a breakdown in safe water supply and sanitation services is increasing.
- Hampered functionality of the disease early warning alert and reporting system due to limited communications possibilities.
- Increased cases of dengue fever in Taiz continues to be a public health concern.
- Lack of safety of health facilities and health personnel as most are damaged and health workers are killed or injured in their line of duty.

Health priorities

- Support mass casualty management in conflict affected governorates, including provision of trauma kits, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
- Provide integrated primary health care services in all the affected governorates, including mental health care, routine immunization, screening and treatment of childhood illnesses through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- Procurement, stockpiling, and distribution of lifesaving medicines and supplies including interagency emergency health kits, trauma kits, interagency diarrhoeal disease kits and blood bags to health facilities in the highly affected governorates, namely, Sada'a, Amran, Taiz, Aden, Lahej and Hajja.
- Improve/upgrade Ministry of Public Health and Population information systems and field reporting to ensure timely and effective response and avoid duplication of efforts.

Health response and WHO action

- On 8 October, WHO shipped 15.7 tonnes of medicines and medical supplies containing interagency emergency health kits and basic anti-malaria medicines for an estimated 40 000 people for month. Trauma kits and surgical supply kits sufficient enough to perform 2200 operations were also among the supplies. These supplies will be sent to areas where severe health needs and gaps for medicines and medical supplies have been identified.



Photo: © WHO/P Ajello
WHO staff take stock of medicinal supplies in WHO warehouse in Sana'a

- WHO donated one Italian trauma kit to Dhamar General hospital enough for 100 severely injured patients. The supplies are sent in view of the escalating crisis and increase in the number of casualty patients from Dhamar, parts of neighbouring Ibb and Al-Baidha'a governorates.
- WHO conducted training of trainers for 76 Expanded Programme on Immunization (EPI) supervisors and assistant supervisors from 22 governorates in preparation for the introduction of inactivated polio vaccine (IPV) into the routine immunization programme in Yemen. Those trained will roll out a similar training to health workers in lower units in preparation for the introduction of IPV into the routine immunization programme in the country in November 2015. The risk of polio and other vaccine preventable diseases remains high in Yemen.
- A two-day meeting to evaluate and review outbreak surveillance was convened in Sana'a on 5 October 2015. Forty participants including surveillance officers, surveillance coordinator, health facility focal points and eDEWS coordinators from 18 governorates. WHO supports acute flaccid paralysis and measles surveillance in 1400 sites using 1700 trained personnel.

- In this reporting period, 30 vials of insulin were donated to Bani Al-Hareth and Al-Thaara districts and Amanat Al-Asimah governorate for the management of 30 IDP patients for one month. Chronic disease patients in Yemen are faced with challenges of access to treatment and medicines exacerbated by the ongoing crisis.

- To ensure continuous supply and access of safe water to Al-Jumuri hospital in Hajja governorate, WHO provided emergency connection pipes measuring 2800 metres for the connection of water from the main water tank in the city centre to the hospital. The hospital uses electricity and generators to pump water to the facility,



Photo: © WHO/P Ajello

A team from the department of water, hygiene and sanitation conduct quality water testing and monitoring at an IDP camp in Sana'a

- however with the direct connection from the main tank, water shortage problems will be minimised during periods of power cuts and shortage of fuel to run generators. Plans are under way to support host communities in Taiz with water tracking and chlorination.

- In Sana'a, WHO continues to support daily water tracking, chlorination and distribution of cleaning materials to 3000 internally displaced persons. Over the past seven months, WHO has provided an estimated 800 000 chlorine tablets, over 400,000 liters of potable water and over 2000 jerry cans to health facilities and IDP communities. An estimated 1500 IDPs families have also benefited in Hodeida, Hajja, Haradh hospital, Hayram and 7 districts in Abs district.
- In Shabwa governorate, WHO supported outreach teams to investigate and analyse the dengue fever situation and initiated a response. As a follow up, WHO supported community volunteers to conduct fogging and health education campaigns in the two most affected districts of Ataq and Maifaa. Insecticides, Information Education Communication materials were provided and operation costs for the sprayers and community health educators covered by WHO. In Taiz town, WHO continues to support fogging and health education activities in order to control dengue fever in the governorate inspite of access challenges and ongoing crisis.
- From 4 to 8 October 2015, a total of 2447 children under 5 years, pregnant women and mothers benefited from the WHO and Field Medical Foundation (FMF) supported nutrition mobile clinics in Aden, Lahj and Hadramout governorates. Data gathered in this period shows that the Global Acute Malnutrition (GAM) rate in Aden was 3.3% and in Lahj 22.2% among the new screened children. While in Hadramout, Global Acute Malnutrition (GAM) rate was 10.5%. An estimated 818 children who were found with acute malnutrition in the previous outreaches were visited for follow up.
- A total of 1000 health workers were trained and sensitized on the communicable disease surveillance reporting and investigation in all 21 governorates except Al Dhalee during the first half of October 2015. This brings the total number of medical staff trained since March 2015 to 14 000.

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- Together with health authorities, WHO conducted review meetings for district surveillance coordinators from 195 districts. The meetings were held in Alhudeida, Amran, Almahweet, Reimah, Hajah, Sanaa city, Sanaa, Dhamar and Ibb governorates.

Resource
mobilization

As part of the revised Yemen Humanitarian Response Plan (YHRP), WHO requires a total of US\$ 83 million of which US\$ 36.8 million has been received. WHO's response to the crisis in Yemen has been supported by the Governments of Japan and Finland, Kingdom of Saudi Arabia, the Central Emergency Response Fund and the Office of U.S. Foreign Disaster Assistance (OFDA).

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