



HEALTH CLUSTER BULLETIN August 2017



WHO and Health Cluster partners aim to reach 10.4 million of the most vulnerable people in Yemen with health services in 2017



14.8 M
IN NEED OF
HEALTH ASSISTANCE



10.4M
TARGETED
WITH HEALTH
INTERVENTIONS



3.11 M
INTERNALLY
DISPLACED



2.2 MILLION
TREATMENT
DOSES DISTRIBUTED

HIGHLIGHTS

- Health Cluster partners continue to provide health services to the people of Yemen, supporting 485 health facilities and mobile medical teams, paying incentives to health workers and supporting the local health authorities.
- A cumulative total of 615,037 suspected cholera cases and 2,050 associated deaths have been reported across the country between 27 April and 31 August. The case-fatality rate has dropped to 0.33%.
- Health Cluster partners are operational in 22 Governorates in Yemen.
- Health partners are providing trauma management, including pre-hospital care, in 62 health facilities, maternal and newborn care in 107 facilities, comprehensive emergency obstetric care in 57 health centres, mental health/psychosocial support in 32 health facilities and physiotherapy in 16 health facilities.
- The Yemen Humanitarian Pooled Fund (YHPF) will soon begin its second standard allocation. US\$ 70 million will be made available to cover integrated services provided by all clusters.

HEALTH CLUSTER



40 HEALTH CLUSTER
PARTNERS

MEDICINES DELIVERED¹



57 IEHK BASIC
403 TONS OF OTHER MEDICINES
53 FACILITIES RECEIVED NUTRITION
SUPPLIES

SUPPORTED HEALTH FACILITIES



247 MOBILE CLINICS
267 PRIMARY HEALTH CARE
FACILITIES (FIXED)
66 HOSPITALS

HEALTH SERVICES



141,864 CONSULTATIONS
2,891 TRAUMA CASES
998 ASSISTED DELIVERIES
2,876 MENTAL HEALTH
CONSULTATIONS

VACCINATION



8,909 CHILDREN UNDER 5
VACCINATED

DISEASE SURVEILLANCE



4764 TEAMS TRAINED ON
OUTBREAK DETECTION AND
RESPONSE

FUNDING \$US⁴



340.4 MILLION REQUIRED
17.4% RECEIVED

Situation update

Since March 2015, the conflict in Yemen has exacerbated the already precarious humanitarian situation. Almost 15 million are in need of humanitarian health assistance. The continued and prolonged violence has also led to the near-collapse of the health system. More than 55% of all health facilities are closed or are only partially functional and water and sanitation systems have been disrupted according to HeRAMS 2016. Since 27 April, cases of suspected cholera have been reported in 96% of the country's governorates. The outbreak is fast depleting the country's already inadequate public health capacity. A lack of medicines for the treatment of non-communicable diseases, shortages in resources for health, widespread malnutrition, disrupted water and sanitation systems, displacement and inadequate maternal and child health care services are severely affecting the health status of the Yemeni population.

Public Health Risks, Priorities, Needs and Gaps

Trauma

- 629 new conflict-related trauma cases were recorded and treated and 77 trauma-related deaths were reported in August 2017. Number of trauma case and deaths dropped in August 2017 as compared to previous months. Since March 2015, a total number of 48,848 trauma cases and 8,530 death were reported.

Communicable diseases

- In total, 22 out of 23 (96%) governorates and 300 out of 333 districts (90%) have been affected by the second wave of the cholera outbreak.
- A cumulative total of 615,037 suspected cholera cases and 2,050 associated deaths have been reported across the country between 27 April and 31 August. The case-fatality rate has dropped to 0.33%.
- During the month of August, the local health authorities reported a total of 152,216 suspected cholera cases, including 117 associated deaths (case-fatality rate 0.1%)
- The weekly number of cases increased from epi week 34 to epi week 36 in eight governorates. WHO sent investigation teams to investigate and verify this reported increase in the governorates that contributed most to the increase namely Hudaidah, Ibb and Aden.
- A total of 2,457 disease alerts were detected by the eDEWS system in week 35. Of these, 2,333 alerts were verified as true, requiring further investigation and response. The diseases appearing most commonly in these alerts included suspected cholera (539 alerts), upper respiratory infections (406), other acute diarrhea (381), lower respiratory infections (309) and malaria (202).

Health Resources Availability Mapping (HeRAMS)


Lack of functional health care facilities is the main reason for the low availability of services for the affected population. Out of 3,507 fixed health facilities in Yemen, 55% have either closed or are only partially functional. An estimated 30,000 local health workers have not been paid their salaries regularly for a year. Operational costs for more than 3,500 health facilities have not been paid.

To ensure the continued availability of health services over the long term, health facilities must be re-opened. Direct support is required for service provision, including compensation to staff.


Health Cluster Action


Health Cluster partners are present in 22 governorates of Yemen, providing support to 485 health care facilities, including 66 hospitals, 267 primary health care facility and 152 mobile clinics.


Health Cluster coordination

 In the month of August, the Health Cluster conducted three coordination meetings. Much of the discussion focused on the cholera response, including harmonization of incentive payments for health workers involved in the response, the cholera dashboard, the community referral system, and infant and young child feeding (IYCF) for those with acute watery diarrhea/cholera. Other topics discussed included meningococcal meningitis and the UNICEF/World Bank/WHO Emergency Health and Nutrition Project.


Support to health service delivery

 In August, Health Cluster partners conducted 141,864 consultations of which, 69,883 were for children under 18 years of age.

 The number of children who received treatment for severe acute malnutrition was 695. Our partners received and managed 629 trauma cases.

 During August, health partners conducted 821 normal deliveries


and 176 caesarean sections along with 8,367 antenatal care visits and 4,200 postnatal care visits. Partners provided clinical care for 1,158 victims of sexual and gender-based violence.


 Physiotherapy services were provided to 116 patients and mental health/psychosocial support services to 2,876 patients. Outside of the cholera awareness campaign, which reached 14 million people with key




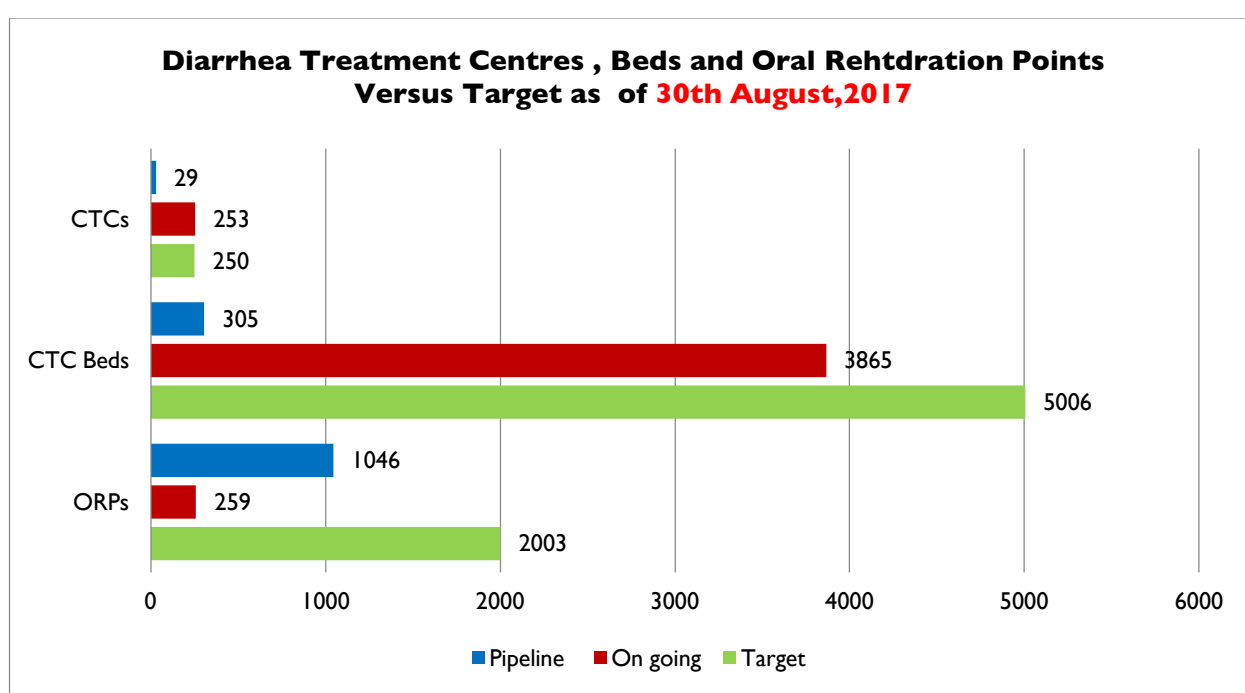
More than 99% of suspected cholera cases who have received treatment have survived (Credit: S. Al-Wesabi/WHO Yemen)

prevention messages throughout August, 49,465 beneficiaries received health education on different topics mainly cholera prevention.

 Health partners also provided training to 40 doctors, 41 nurses, 86 midwives and 116 community health workers on cholera case management and infection control.

 Health Cluster partners are operating 3 270 Diarrhoea Treatment Centre (DTC) beds in 253 DTCs and 1046 Oral Rehydration Points (ORPs) in 20 Governorates and 234 affected district in Yemen.

 Partners have reached 77 % of the target number of DTC beds, 52% of the target number of ORPs and targeted Number of CTC reached in the past week but we are working on identifying duplication of the CTC activities in various governorate and districts.



Plans for Future Response

Minimum Package of Health Services

WHO, in collaboration with the World Bank and the local health authorities, has developed a minimum service package of health services for Yemen. In a workshop planned for September, WHO will elaborate to health partners the content of this package.

Health Assessment Tools

In September, the Information Management Working Group under the Health Cluster will revise and update tools used for the assessment of different types of health facilities and for cholera.

Funding Status

Humanitarian Response Funding

Health Cluster received almost 17.4% of the total funding request under the Yemen Humanitarian Response Plan 2017 (US\$ 430 million). A second allocation will take place in September 2017 and health partners are applying for this funding allocation. With 70 million USD for this allocation, it was agreed to keep the two envelopes from the first standard allocation namely Famine response and IDPs response besides some funds to keep cholera response for NNGOs.

Health partners that reported for August

28 health cluster members reported for the month of August 2017:

WHO, UNFPA, UNICEF, IRC, HI, IOM, NFDHR, BFD, YFCA, Direct Aid, ACF, ADO, ADRA, FCDF, Relief International, WRG, RRD, PU-AMI, HAD, Al-Amal FO, TYF, RDP, All Girls Foundation, QRCS, IYCY, KDH and YDN

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