

Regional Office for the Eastern Mediterranean

SITUATION REPORT JULY 2020 ISSUE NO.7 Yemen Update





30.5M ESTIMATED POPULATION*



24.3M MILLION **
IN NEED



12,873 *** CHOLERA SUSPECTED CASES



17.9M ****
IN NEED FOR HEALTH CARE

WHO



WHO delivers COVID-19 supplies that includes PPEs, medical equipment sterilizers & medicines to distribute to isolation units in Sayoon General Hospital in Hadramaut Gov. C: WHO

NUMBER OF WHO STAFF & OTHER CONTRACTS MODALITY IN COUNTRY: 300

HEALTH SECTOR

71

HEALTH CLUSTER PARTNERS

19 M

TARGETED POPULATION -YHRP 2020

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS
JULY

1,373,321

LITERS OF FUEL

HIGHLIGHTS

- While humanitarian needs are increasing in Yemen,
 a significant gap in funding has worsened the
 situation further. The UN warns that humanitarian
 operations in Yemen are shutting down.
- WHO 2020 response requires USD 234M. As of 31 July, 47.8M has been received in response to COVID-19 and outbreaks control and containment.
- However, COVID-19 continues to claim lives in Yemen, the actual figures of cases and deaths are likely to be much higher than being reported by authorities.
- Conflict keeps raging. As of July, there were 43 active frontlines across the country.
- WHO continued its support to targeted hospitals to ensure functionality and continuous provision of trauma care services.
- Amid an ongoing fuel crisis, WHO continues its support to targeted health facilities with fuel provision to ensure functionality and continuous provision of life-saving health care services.

* Yemen HRP 2020

** Yemen HRP 2020

*** Cholera bulletin as of July 2020

**** Yemen- HRP 2020

Situation Update

- by the World Food Program (WFP), the UN Children's Fund (UNICEF) and the Food and Agriculture Organization (FAO) on 22 July, has warned that economic shocks, conflict, floods, locusts and COVID-19 could reverse food security gains in Yemen. The report analyses the situation of 7.9 million people in 133 districts in southern governorates. It forecasts an alarming increase in the number of people facing high levels of acute food insecurity (IPC Phase 3 and IPC Phase 4), from 2 million to 3.2 million in the next six months, even if existing levels of food assistance are maintained. Such a scenario would reverse improvements made since the 2018/2019 IPC analysis, when more than half a million people moved below IPC Phase 3, primarily because of a massive scale-up of humanitarian food assistance.
- Funding Gap aggravates suffering in Yemen: While humanitarian needs are increasing in Yemen, a significant gap in funding has worsened the situation further. Out of US\$1.35 billion pledged by donors on 2 June at the High-Level Pledging Event in Riyadh, only US\$ 650 million were received by the end of July, which is less than the fifth of the US\$ 3.2 billion required for the humanitarian operations in Yemen. Since mid-April, 31 of 41 of critical UN programmes have reduced or closed for lack of funding.
- COVID-19 continues to claim lives in Yemen: Health partners remain concerned that
 the actual figures are likely to be much higher than the 1,732 confirmed cases and 494
 associated deaths reported as of 31 July. Underreporting continues for various reasons
 including a shortage of testing facilities, difficulties in accessing health care, fear of
 stigma, the perceived risks of seeking treatment, and a lack of official reporting,
 particularly in northern governorates.
- Conflict keeps raging. As of July, there were 43 active frontlines across the country. The
 month of July has marked increasing hostilities in Hajjah and Al Jawf governorates.
 Reports indicated that civilians were killed and injured including children and women.
- Torrential rains and flooding hit Yemen in, damaging infrastructure, destroying homes and shelters and causing deaths and injuries. Heavy rains that started in April and continued into July affected thousands of families, many of them already displaced. The governorates of Al Hudaydah, Sana'a, Taizz, Ibb, Abyan, Lahj and Marib were the most affected.

COVID-19

Epidemiological
Update and
Surveillance

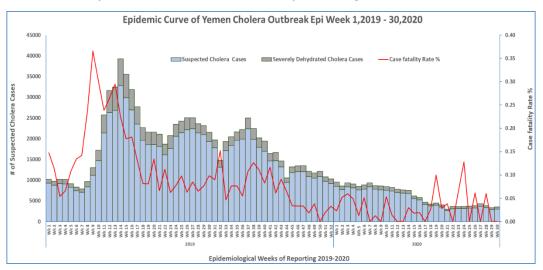
- In July, 570 new confirmed COVID-19 cases and 181 deaths were reported, bringing
 the total number of confirmed cases in Yemen to 1,732 with 494 deaths and 864
 recoveries since 10 April 2020 when first confirmed case was announced and
 compared with the 1,162 cases reported by the end of June with 313 deaths and 490
 recoveries.
- The highest number of cases and deaths were reported in Hadramaut followed by Taizz and Aden.



Cholera

- A total of 165,132 suspected cholera cases were reported during the first seven months of 2020 with 69per cent reduction compared to the same period of 2019 when 536,919 suspected cases were reported. Also, 47 associated deaths (CFR 0.02%) were reported with 94per cent reduction compared to the same period of last year when 789 deaths were reported.
- In July 2020, a total of 12,873 suspected cholera cases were reported with 85 per cent reduction compared to the same period of 2019 when 84,122 suspected cases were reported. Two deaths were identified in July with 97 per cent reduction in the number of deaths compared to the same period of last year when 68 deaths were reported
- A slight increase in the reported cases was recorded in Al Hudaydah and Taizz governorates due to recent flooding, while the country trend of suspected cholera cases remained stable at -2 per cent.

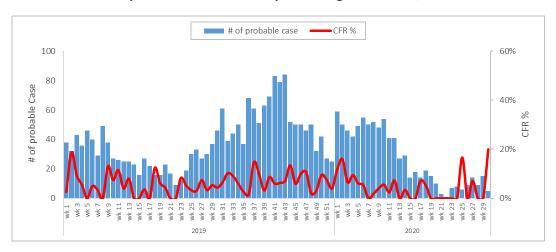




Diptheria

From 1 January to 26 July 2020, a total of 810 suspected cases, including 44 associated deaths, were reported. Within the last four epidemiological weeks, four governorates (Sa'ada (37%), Dhamar (21%), Ibb (9%) and Abyan (9%)) reported 76% of suspected cases.

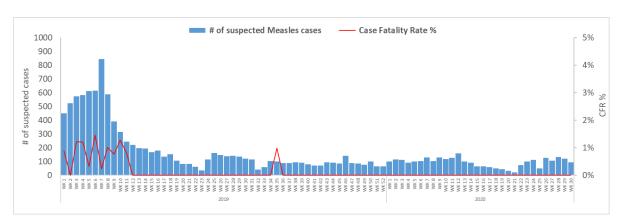
The trend of suspected cases between epidemiological weeks 1, 2019 to 30, 2020



Measles

- During the first seven months of 2020, a total of 2,381 suspected measles cases were reported, without any associated deaths.
- Within the last four epidemiological weeks, 80per cent of suspected cases were reported from five governorates: Amanat Al Asimah (42%), Ibb (22%), Amran (6%), Taiz (5%) and Dhammar (5%).
- Children under the age of five represent 68per cent of the total suspected cases.

The trend of suspected cases between epidemiological weeks 1, 2019 – 30, 2020



Health Response and WHO Actions in July 2020

COVID-19

- In July, the COVID-19 strategy was refreshed in line with the phase the pandemic has reached in Yemen. WHO and aid agencies response now focuses on testing, surveillance and case management.
 - 1. **To step up suppression transmission**, more than 19,680 community-based volunteers have been mobilized to educate communities and raise awareness about the virus, how it is transmitted and how people can protect themselves.
 - 2. **Providing COVID-19 supplies is essential**. By the end of July, the United Nations has procured more than 14,300 metric tons of medical equipment, testing kits and medicine. A total of 11,380 metric tons have already arrived in the country and another 2, 936 metric tons were in the pipeline.
 - 3. To save as many lives as possible, WHO and the UN partners continue to work on expanding hospitals capacity in key population centres. This includes establishing 21 new intensive care units (ICUs) in COVID-19 designated hospitals, adding to 38 existing ICUs bringing the total to 59 ICUs in 22 governorates. Also, 675 ICU beds and 259 ventilators were delivered into the country. A total of 333 health rapid response teams (1,665 staff) were occupied with responding to COVID-19 cases. 11.7thousand oxygen cylinders are being refilled, per month, countrywide and 300 thousand personal protective equipment items delivered. To expand the national labs testing capacity, WHO supported raising six labs with COVID-19 testing capacity, including four in the southern governorates (Mukalla, Sayoun, Aden, and Taizz), and two in the north (Sana'a city and Al Hudaydah).

- 4. Safeguarding the public health system at more than 4,300 non-COVID health care facilities to ensure available facilities are not overwhelmed by COVID-19 cases remains a priority. These facilities continue to provide non-COVID health care services to prevent deaths from other deadly diseases and causes, including cholera, diphtheria, dengue and malaria, and to provide nutrition treatment to pregnant and lactating women and malnourished children. In July, 2,779 health facilities continued to provide health services for malaria, and 1,257 health facilities provided cholera response services.
- Trauma Care and General Emergency Services: WHO continued its support to targeted hospitals to ensure functionality and continuous provision of trauma care services, includes the provision of 31 Trauma Kits A, 210 Trauma Kits B, 111 Anesthesia Kits and 796 SSK —Surgical Supply Kits to the main referral hospitals across the country.
- Fuel Provision: Amid an ongoing fuel crisis, WHO continued its support to targeted health facilities with fuel provision to ensure functionality and continuous provision of life-saving health care services. A total of 1,373,321 L of fuel was planned to be provided to 297 health facilities across the country in July, but the delivery has been delayed due to logistic challenges.
- Cholera response: WHO continued to provide leadership and support activities with health authorities and partners to respond to the ongoing cholera outbreak including case management; surveillance and laboratory investigations; hotspot mapping and oral cholera vaccine (OCV) campaign planning; water, sanitation and hygiene (WASH); and risk communication. The cholera response faces, however, a series of challenges, including a lack of resources, suspension of incentive payments, reduction in health-seeking behaviours and service utilization at cholera treatment centres due to fear of COVID-19, and authorities' restrictions on OCV shipment.
- Nutrition Surveillance System (NSS): a total of 19,736 children under five were screened for all forms of malnutrition in June; 30% of them under six months of age. A concerning decline in the number of children tested from April to June has been observed. The decrease in the number of children screened is likely to be an impact of COVID-19 on healthcare-seeking behaviour. With the emergence of the COVID-19 pandemic, nutrition surveillance sites have adopted standard operating procedures to reduce the risk of COVID19 transmission among health workers, target beneficiaries (children under five years of age) and their caregivers, during nutritional screening in NSS. Adapted procedures and revised methods aim to ensure a correct child's nutritional assessment while minimizing contact with surfaces and between health workers (HWs), patients and caregivers. On the other hand, a total of 1,038 children were admitted with medical complications to WHOsupported 90 therapeutic feeding centres (TFCs) for the treatment of Severe Acute Malnutrition (SAM). The cure rate was reported at 92 per cent (579) with a case fatality rate of 1 per cent. Furthermore, WHO continued scaling up the plan to increase service availability and reach more rural communities by opening new TFCs in rural areas. In line with the scale-up plan, 19 new TFCs were established since the beginning of 2020. In June, two new TFCs started reporting in Amran governorate.
- Polio campaign: As of late July, WHO in coordination with UNICEF, and health authorities, implemented a life-saving polio campaign in 13 governorates targeting over 1.2M children under the age of five. A total of 1,161,091 children (94%) were

reached with polio vaccine and Vitamin A. The World Bank supported the campaign under the Emergency Health and Nutrition Project (EHNP).\$

Reproductive Health

Reproductive Health: An Advocacy and Endorsement workshop on the MPDSR (Maternal, Perinatal death surveillance and response) with the attendance of 140 participants from the Ministry of Health, NGOs, Al-Thawra and Al-Sabeen hospitals and the health offices was organized for 4 days in Al-Thawra & Al-Sabeen districts. The workshop represents the



steps of establishment of the MPDSR system in Yemen, the flow of the reporting and the notification and reporting forms. Participants stressed the importance of establishing this program as a mandatory program all over Yemen to address causes of maternal mortality and improve quality of care. WHO supported the development of a situation analysis and action plan for child health program interventions with priority areas in consultation with the related departments at the Ministry of Health. WHO is leading on the implementation of the "COVID-19: Mitigating indirect impacts on RMNCH health services." from a new fund received from the Bill & Melinda Gates Foundation (BMGF). Yemen is among three countries in the region supported with this grant. Training materials in the area of maternal and new born health were delivered to a number of training institutes in Sana'a and Aden.

 Diphtheria Campaign: WHO conducted a diphtheria vaccination campaign in Aden, Lahj, Al Mahra, Taiz and Al Dahle governorates targeting 1.45 million children from six weeks to 15 years of age in 1st week of July 2020, following infection, prevention and control measures. A total of around 1.09 million children (75.1%) were vaccinated during the campaign.

Partnership/ Health Cluster (HC)

- Health Cluster continued to support and guide partners towards a bettercoordinated response with life-saving health interventions based on the people's needs. That also included the coordinated response for COVID -19 preparedness and response strategies.
- During July 2020, Yemen Health Cluster conducted several coordination meetings to further improve health response operations by HC partners. Various operational issues were discussed, including the latest epidemiological and health interventions situation as well as the main challenges facing partners in the field.

Funding Requirements in 2020

WHO 2020 response requires USD 234M. As of 31 July, 47.8M has been received in response to COVID-19 and outbreaks control and containment.



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