



With WHO support, 6 labs are fully functional with COVID-19 testing capacity in six governorates; Mukalla, Sayoun, Aden, Hadramout, Taizz, and Sana'a.



30.5M ESTIMATED POPULATION*



24.3M MILLION ** IN NEED



14,642 * CHOLERA SUSPECTED CASES**



17.9M ** IN NEED FOR HEALTH CARE**

WHO



WHO provided health authorities across the country with tons of medicine, life-saving medical supplies, and personal protective equipment to tackle COVID-19. C: WHO Logistics Team

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 FEBRUARY

132,705 MEDICAL CONSULTATIONS

HIGHLIGHTS

- Between 10 April, when the first COVID-19 case was reported, and 31 May, the authorities announced 327 cases, including 81 deaths and 16 recoveries.
- Between June and December 2020, aid agencies have scaled up the COVID-19 response; prioritizing suppression of virus transmission through community engagement; procuring and distributing medical supplies and equipment; saving lives by supporting COVID-19 clinical readiness; and safeguarding the public health care system.
- Fighting continues to kill and injure civilians despite the UN Secretary-General’s call for a ceasefire. In southern Yemen, hostilities between Government of Yemen forces and the Southern Transitional Council erupted.
- Cholera is still endemic in Yemen, and though reported suspected cholera cases continue, the introduction of COVID-19 in the country has been more pronounced.
- In May, a total of 132,705 medical consultations were provided in WHO-supported health facilities.
- The 2020 Yemen Humanitarian Response Plan requires US\$ 2.41 billion to assist more than 24.3 million Yemenis, which accounts for 80 per cent of the entire population with humanitarian aid and protection. In 2020, WHO is for US\$ 234.4 to continue delivering its life-saving programs. To date, the funding gap at WHO remains above 90%.

* Yemen HRP 2020
 ** Yemen HRP 2020
 *** Cholera bulletin as of May 2020
 **** Yemen- HRP 2020

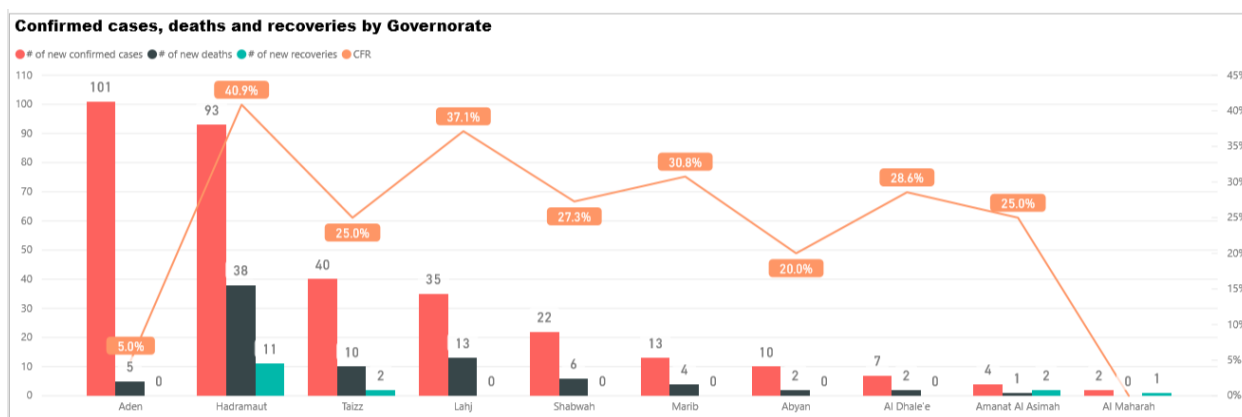
Situation Update

- COVID-19:** On 10 April 2020, Yemen declares its first COVID-19 case. COVID-19 is now spreading rapidly across Yemen. Health facilities are already overwhelmed, and many are being forced to turn patients away. Between 10 April, when the first COVID-19 case was reported, and 31 May, the authorities announced 327 cases, including 81 deaths and 16 recoveries. Official figures lag far behind infections. Fear of stigmatization has prevented people who are symptomatic from going to hospital and shortage of laboratory supplies and rapid response staff means cases go untested. This may account for the high fatality rate, but it also suggests the situation is far worse than official figures indicate. UN and Humanitarian partners are operating under the assumption that there is full-blown transmission in-country. Based on existing models by the Imperial College London, even with mitigation measures, an estimated 16.7 million people - 55 per cent of the population - may become infected with COVID-19 in Yemen. More than 42,000 people may die and up to 292,000 patients are likely to require hospitalization. Aid agencies have scaled up the COVID-19 response; prioritizing suppression of virus transmission through community engagement; procuring and distributing medical supplies and equipment; saving lives by supporting COVID-19 clinical readiness; and safeguarding the public health care system.
- Conflict:** Yemen remains the world's worst humanitarian crisis. The cumulative impact of more than 5 years of conflict, economic decline and institutional collapse has left 24 million people – about 80 per cent of the population – in need of humanitarian aid and protection. As of May 2020, fighting continues to kill and injure civilians despite the UN Secretary-General's call for a ceasefire. In southern Yemen, hostilities between Government of Yemen forces and the Southern Transitional Council have erupted.
- Cholera:** Between the beginning of 2020 and until 31 May 2020, there are 139,397 suspected cases and 36 associated deaths reported from 22 out of 23 Yemeni governorates. Cholera is still endemic in Yemen, and though reported suspected cholera cases continue, the introduction of COVID-19 in the country has been more pronounced. The discontinuation of incentives and an implementation of a 2-hour observational criteria which was agreed with the Ministry of Public Health and Populations may have had an impact on reporting. This criterion has the aim to improve the quality of cholera surveillance data by more accurately capturing acute watery diarrhoea cases that meet the suspected cholera case definition. Simply put, if a patient does not produce diarrhoea within the outlined 2-hour period, he/she is not included in the line list of suspected cholera cases. These emerging factors may have also had an impact on reporting and trends in this year. There were, however, minor increases in reported suspect cases in areas affected by recent floods.

Epidemiological Update and Surveillance

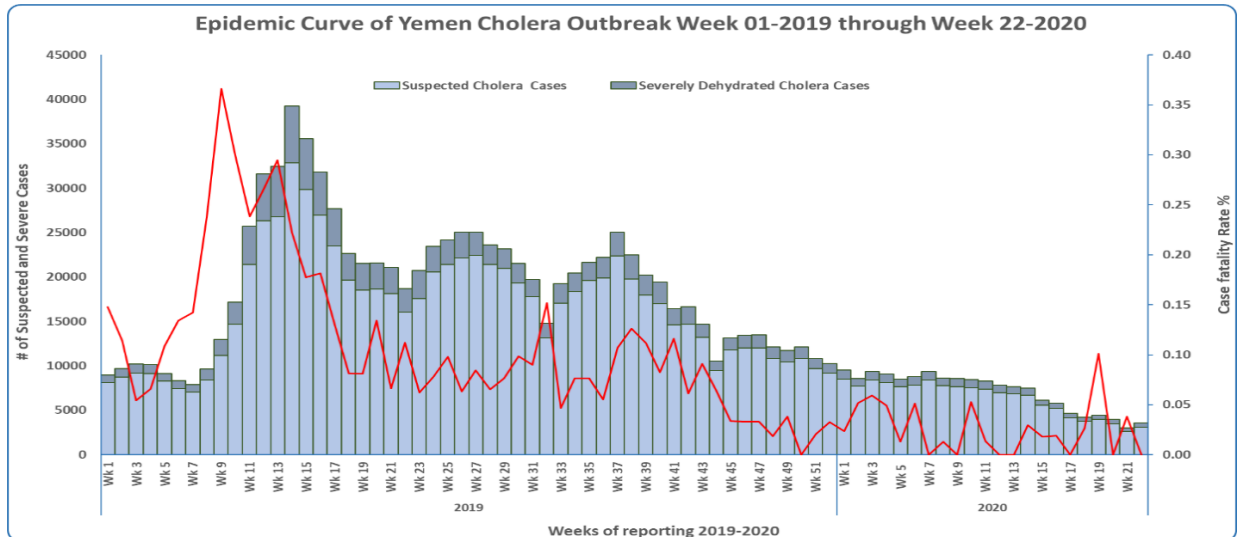
COVID-19

- Between 10 April, when the first COVID-19 case was reported, and 31 May, the authorities announced 327 cases, including 81 deaths and 16 recoveries in 10 governorates, (CFR : 24.77%).
- Confirmed cases keep increasing over time, the highest number of confirmed cases are reported in Aden, Hadhramout, and Taizz.
- The 45-59 year age group accounts for the highest number of cases and deaths. Males represent 75.78% of the total number of cases and deaths.



Cholera

- Since 1 January till 31 May 2020, a total of 139,397 suspected cases were reported with 36 associated deaths which noted at 62% reduction in cases and 95% in deaths compared to same period of 2019 when 371,012 suspected cases were reported with 659 deaths.
- In May 2020, 14,642 suspected cases were reported with 5 associated deaths.
- Country level trend is stable at 1%.



Health Response and WHO Actions in May 2020

COVID-19

Between June and December 2020, Aid agencies have scaled up the COVID-19 response; prioritizing suppression of virus transmission through community engagement; procuring and distributing medical supplies and equipment; saving lives by supporting COVID-19 clinical readiness; and safeguarding the public health care system.

- **Suppressing transmission, including through community action and influence:** The aim of the first line is to suppress transmission of the virus by mobilizing community volunteers and influencers to explain to millions of people across the country what the virus is, how it is transmitted and what can be done to stop its spread. Aid agencies stepped up awareness raising by activating more than 19,670 community-based volunteers and influencers. This is an increase from 9,000 volunteers in March to 14,000 in April. An additional 6,000 mother-to-mother community volunteers



were also activated. These volunteers have been deployed to explain to communities how the virus is transmitted, how people can protect themselves and the steps to take if someone falls ill. Together with mass media messaging, these activities reached an estimated 16 million people. Another 2.3 million people have been reached through 410,015 house-to-house visits and Mother-to-Mother sessions.

- **Supplying – securing, transporting and distributing COVID-19 supplies:** The United Nations has procured more than 10,000 metric tons of medical equipment, testing kits and medicine from a highly competitive global market; 4,800 metric tons (181 truckloads) have already arrived in country and another 6,151 metric tons (163 truckloads) are in the pipeline by end of May. Still more is urgently needed, especially oxygen and personal protective equipment.
- **Saving as many lives as possible, including people who are critically ill by boosting COVID-19 critical capacities:** The UN and partners are also rushing to expand hospital capacity in key population centers. Aid agencies scaled up the number of intensive care units (ICUs) in COVID-19 designated hospitals from 38 beginning of May, and are equipping an additional 21 ICUs, bringing the total to 59. In addition, partners are deploying two high capacity mobile field hospitals with nearly 100 beds and providing salaries to 9,000 frontline health care workers.
- **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 for humanitarian partners. 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 women and malnourished children. In May, 2,779 health facilities continued to provide health services for malaria, and 1,257 health facilities provided cholera response services.



An emergency campaign to control mosquito, and to raise awareness on mosquito-borne diseases spreading due to stagnant water, as well as on COVID19 pandemic in Aden. C: Nesma Khan

Cholera

- Between January and May 2020, WHO supporting a total of 100 (DTCs), 62 (ORCs) and 45 (DTC) combined with (ORC).
- A comprehensive analysis of DTC/ORC functionality with respect to the epidemiological situation for the entire country is underway.
- WHO enhanced its Third Party Monitoring (TPM) capacity by expanding the number of independent companies. The TPM covers the DTC facilities directly supported by WHO and non-WHO run facilities, by monitoring implementation of cholera response and provide current status of DTCs, such as adherence to IPC measures and case management protocol,



Since January 2020 112,851 suspected cases of #cholera were reported, of which 56 were confirmed including 29 associated deaths across 200 districts. In response, WHO supported 138 Diarrhea Treatment Centers and 58 Oral Rehydration Corners, most of which are in priority districts.

availability of medicines and supplies and verification of medical supplies provided to the Governorate Health Office (GHO). TPM companies conducted 765 monitoring visits to health facilities that have been supported by WHO and health cluster partners since June 2019. Since the beginning of the year, TPM has conducted rounds 4 and 5, covering 393 monitoring visits to facilities that have been supported by WHO (307 visits) and health cluster partner (86 visits). The breakdown of the number of TPM visits per round is shown in the table below.

- WHO continues to provide leadership and support for activities with health authorities and partners to respond to this 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.

Trauma Care and General Emergency Services

- **Incentives Payments to keep health system functioning:** A total of 58 surgical teams were supported with incentives/per diem payment in 19 governorates and 52 health facility based primary health care teams were supported in 16 governorates. In addition to 1 EMMT-Emergency Mobile Medical Team in Hodeida governorate.
- **Medical and Surgical consultations:** in May, health facilities based primary health care teams performed 109,219 consultations, the Surgical teams performed 22,671 surgeries, while the supported EMMT performed 815 consultations.
- **Fuel provision to health facilities:** 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 1,373,131 L of fuel planned to be provided to 299 HFs across the country in May, so far, a quantity of 1,002,276 liters was delivered to 195 health facilities. Due to logistics challenges, the delivery of the remaining quantity of 370,855 L to 104 HFs on wheels.

Non-Communicable Diseases

- During April and under the non-communicable diseases response, incentives were paid to:
 - 700 technical staff in 14 cancer centers, at 10 governorates.
 - 25 Dialysis Centers Health workers in 15 governorates.
 - The staff of the Thalassemia Treatment Center and Kidney Transplantation Team at Al-Thawra Hospital in Sana'a.

The payment is aimed to ensure the continuum and the sustainability of medical care provided for this vulnerable group of patients (cancer, dialysis-dependent chronic renal failure, and Thalassemia patients), and to prevent more brain drain of specialized staff in NCD care.

- 150,000 insulin vials funded by the United States Agency for International Development (USAID) were delivered to the drug supply program at the MoPHP, Aden, to be distributed to the health sites and will serve for more than 25,000 patients with insulin-dependent diabetes for 6 months.

Nutrition (April Update)

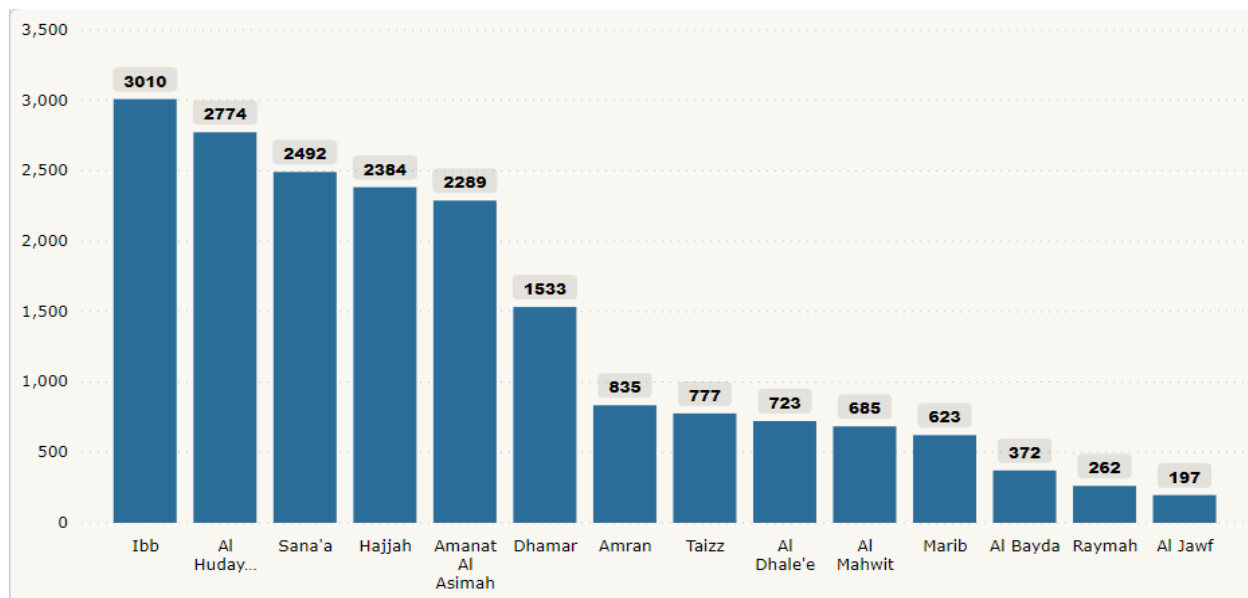
1. Nutrition Surveillance System (NSS)

- In April, a total of **18,959** children under five were screened for all forms of malnutrition; **5512** of them **under 6 months** of age.
- **By April 2020, 114** sites have been established in 21 Governorates, with a **geographical coverage of 95%** of all governorates of Yemen and **42% of priority districts**.
- **Acute Malnutrition** detected in **22,1%** of the total children 6-59 months screened in April, with highest rates of both moderate and severe acute malnutrition recorded in Hodeidah and Taiz governorates. Children found with acute malnutrition are referred to appropriate nutrition services.
- **Chronic malnutrition** remains of high concern, with 47.5% of children screened showing this condition in both moderate and severe grades.
- **Exclusive breastfeeding** among infants under 6 months of age shows very low average rates (19.9%), suggesting causal linkages between sub-optimal breastfeeding practices and high levels of acute and chronic malnutrition.
- As a result of the measures to contain COVID_19 and changes in healthcare seeking behaviour among the population, nutrition surveillance system (NSS) service coverage and utilization are now



further challenged. The continuity of essential services is at concrete risk to be affected by multiple but avoidable factors that can be addressed through effective response strategies. To address these challenges, WHO has put in place mitigation measures to boost system's skills and resources and maintain population trust in the capacity of the health sector to safely meet essential needs and to control infection risk in health facilities. Essential protection equipment and supplies will be procured for NSS staff, health workers skills to prevent the risk of exposure to the virus in health facilities have been improved through trainings and SOPs have been developed to enable health workers operating in a safe environment, for themselves and for the beneficiaries.

Number of children screened, by governorate – April 2020

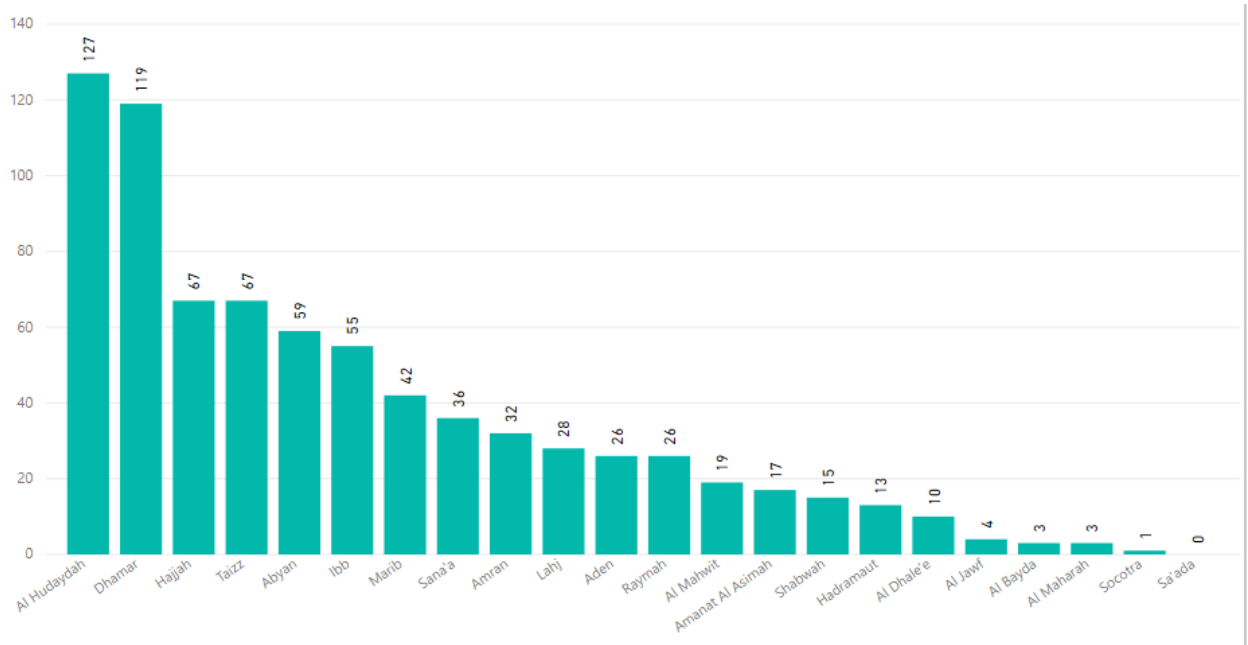


2. Therapeutic Feedings Centers (TFCs)

- Case Management:** In April 2020, a total of 764 children were admitted to WHO supported 84 TFCs for the treatment of Severe Acute Malnutrition (SAM) with medical complications. The cure rate was reported at 91% (703) with a case fatality rate of 2.1% (16). Cure in TFCs means that the medical complications were treated, and the child is stabilized and thus ready to be discharged and referred to the OTP to resume his/her nutrition therapeutic program.
- Capacity Building:** preventive activities were conducted represented by IYCF counselling. In the month of April, 764 caregivers were counselled on IYCF best practices across all TFCs. Each month an average of 20 counselling sessions/ TFCs are conducted for caregivers accompanying their children in admission, with average of 5 sessions per mother per admission period. In a country with exclusive breast-feeding rates less than 20%. This preventive measure is crucial to prevent future episodes for the same child. This was evidenced by the decrease in the relapse rate since this measure was extensively introduced, the relapse latest reported at 2%.
- TFCs Rehabilitation:** during the month of April, 14 TFCs were rehabilitated. 2 TFC were established and started functioning - one in Almsrakh Rural Hospital in Al Misrakh district and the other is located in 22 May hospital in Taiz city, both in Taiz governorate enclave.
- COVID-19 Impact:** due to COVID_19 situation, the TFCs scale up plan got affected and was decreased, losing around 3,000 children who were not reached out of the total number in need for severe acute malnutrition with medical complication (SAM/MC) treatment. Most of the available resources were repurposed and distributed to COVID_19 facilities. Capacity building training plans were rescheduled and repurposed for COVID_19 related topics. Also, 2 TFCs were closed as the health facilities were repurposed to COVID_19 facility and isolation units. One in Sanaa and the other in Raimah. This affected the targeted children in those areas to be redirected to other facilities that provide TFCs services. However, not all the children will be able to transfer to further places. Due to this repurposing, around 347 children might be lost without getting TFCs inpatient services. In response to that, WHO supported nearby TFCs to enable them to accommodate the

referred cases due to the closed TFCs by providing extra beds. In case no nearby TFCs, WHO supported partners to relocate the TFC to a nearby functional health facilities.

Number of children Admitted to TFCs, by governorate – April,2020



**Partnership/
Health Cluster**

- **Health cluster coordination meetings:** In May, Yemen Health Cluster (HC) conducted several coordination meetings to further improve health response operations by HC partners to discuss many epidemiological / health interventions situation as well as the main challenges facing partners in the field ,as well as discussing the current situation of COVID19 and participate in preparedness and response plan for COVID-19.
 - ✓ 2 National Health Cluster coordination meetings, 4 COVID-19 Update Meetings
 - ✓ 1 Virtual Subnational health cluster coordination meetings in Ibb/Taiz
 - ✓ 1 Virtual Health Cluster coordination meeting in Al-Hudaydah
 - ✓ 1 Virtual Health Cluster coordination meeting in Sa'ada
 - ✓ 1 Health Cluster coordination meeting in Aden
- **Technical working groups and bi-lateral meetings:** The Health Cluster have coordinated a total number of 16 meetings for the technical working groups such as RH, ICW, UN agencies COVID meeting, Joint Health and WSH Cholera review workshop and RCT.
- **Others:** During May ,2020 health cluster coordinators have conducted 5 Training of IDPs focal points for Community Based Surveillance of COVID-19 in Lahj, Abyan, Aden, Taiz, Atturba and AL Mukalla. In Aden HUB. In Sana'a Hub HCC have Constantly follow up with WHO logistics to ensure the Health Partners kits related to 2nd Standards Allocation projects are processing and Prepared all required DP for arrived kits as per WHO logistics request.

Funding Requirements in 2020

Challenges, concerns and needs (as reported by Health Cluster partners)

- The 2020 Yemen Humanitarian Response Plan requires US\$ 2.41 billion to assist more than 24.3 million Yemenis, which accounts for 80 per cent of the entire population with humanitarian aid and protection. In 2020, WHO is for US\$ 234.4 to continue delivering its life-saving programs. To date, the funding gap at WHO remains above 90%.
- **Access issues persist:** Access constraints, authorities restricting implementing partners, thus delaying implementation.
- **Bureaucratic impediments:** To importing and transporting medicines and supplies; delays in receiving MOPHP requests for supplies and equipment; increased restrictions and controls at the importation level, with customs, requesting to check and approve cargo manifest for each airlift. Implementing partners face delays in receiving the approval of the sub-agreements by the governorate counterparts further delaying governorate and district level implementation.
- **Customs clearance issues:** Separate administrations regulating clearance of controlled and non-controlled drugs. To authorize the release of medical supplies, every administration needs separate invoices and packing, adding a huge burden to an overstretched system.
- **Capacity building needs:** Training in health education and infection control at health facility level.
- **Attention and resources are diverted to COVID-19**, but preparedness and response efforts for cholera and other outbreaks must continue
- **Reduction in service utilization** at cholera treatment centres appears to be due to fear of COVID-19
- **Suspension of incentive payments for cholera** is imminent.



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