World Health Organization

Regional Office for the Eastern Mediterranean

Situation report #7
6–17 MAY 2015

Yemen conflict

WHO provides primary health care services through mobile medical teams to internally displaced persons in the Al-Hali district of Hodeida governorate

15.9 MILLION AFFECTED	334 093 DISPLACED	254 413 REFUGEES	7394 INJURED	1849 DEATHS

WHO

65	STAFF IN COUNTRY

HEALTH SECTOR

18	HEALTH CLUSTER PARTNERS
7.5 M	TARGETED POPULATION

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS 6–17 MAY

47.6	TONNES OF MEDICINES AND MEDICAL SUPPLIES WHO WAREHOUSES IN YEMEN
20	TONNES OF MEDICINES AND MEDICAL SUPPLIES FROM WHO'S HUB IN DUBAI

DISEASE EARLY WARNING SYSTEM

200	E-DEWS SENTINEL SITES

FUNDING US$ FOR 2015 RESPONSE PLAN

37.9 M	REQUESTED
3.55 M	FUNDED

HIGHLIGHTS

- From 19 March to 15 May, conflicts in Yemen claimed 1849 lives and left 7394 others injured, according to health facility-based reports.
- On 12 May at 11 pm local time, a 5-day humanitarian pause began, allowing the scaling-up of humanitarian aid into and inside the country. WHO was able to reach 16 000 direct beneficiaries and 400 000 indirect beneficiaries.
  While the pause allowed WHO to preposition essential medicines inside the country, the situation in terms of health care in Yemen continues to deteriorate.
- The humanitarian situation in Sa'ada governorate is critical, with residents continuing to flee in large numbers to the districts of Khamer and Houth in Amran governorate.
- On 11 May, Al-Thawra Hospital in Sana'a City was partially damaged.
- Even though there is no further significant decrease in total consultations, the overall low figures appear to suggest that access to health care continues to be a major challenge for the affected population.

Situation update

As of 15 May, total health facility-reported death and injuries were:

19 March–15 May	deaths	injuries
Total	**1849**	**7394**
Women (included in total)	67	132
Children (included in total)	103	225

On 12 May at 11 pm local time, a 5-day humanitarian pause began, allowing the scaling-up of humanitarian aid into and within the country. While the pause allowed WHO to preposition essential medicines, the situation in terms of health care in Yemen remains critical and continues to deteriorate. A number of private hospitals have been forced to shut down across the country due to lack of fuel. Public hospitals are also struggling to remain functional as shortages of medical supplies and insecurity, especially in Sa'ada, Taiz and Aden governorates, continue to grow due to lack of fuel. 27.4 tonnes of medical supplies were unable to be distributed to Dha'ale, Shabwah, Hadramout, Marib, Hodieda and Al-Jawf due to shortages of fuel and the reluctance of truck drivers to travel to those areas due to insecurity. The WHO warehouse at Algamhoria Hospital in Sana'a could not be reached due to heavy clashes.

The humanitarian situation in Sa'ada governorate is rapidly deteriorating, with residents continuing to flee in large numbers to the districts of Khamer and Houth in Amran governorate.

The manager of Yemen's national blood bank reports that all hospital blood banks in Sana'a, the only source of desperately-needed blood and blood derivatives, are nonfunctional.

The electricity supply to the city of Sana'a and most neighbouring governorates continues to be disrupted.

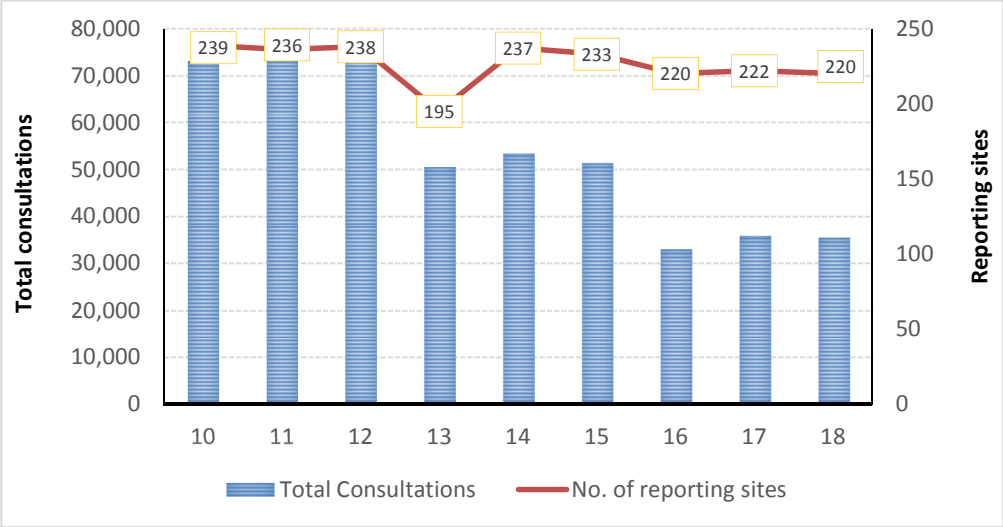
On 11 May, Al-Thawra Hospital in Sana'a City was partially damaged. Information on total damage to the health sector as a result of the conflict since 19 March is provided in the table.

Type	Number damaged	Total in country
Hospitals	21	375
Ambulances	25	131
Health centres and polyclinics	9	1146
Health offices	5	22
Health units	1	2630
Emergency health operations rooms	1	20
Health institutes	1	18
Drug warehouses	1	27
Medical oxygen factories	1	6
Blood transfusion centres	1	≈10

The Health operations room in Aden is still closed.

Epidemiological update

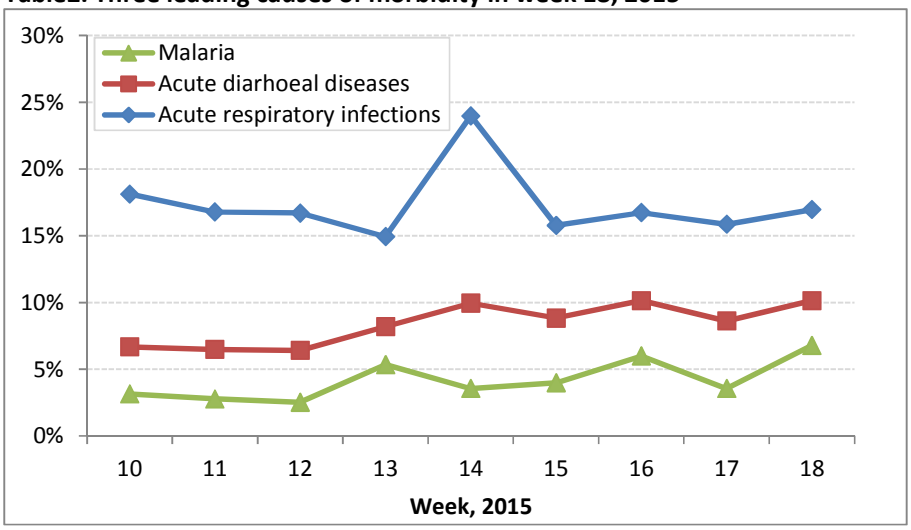
Table1. Trend of total consultations from week 10 to week 18, 2015



Compared to pre-crisis levels, total consultations have fallen more than 50% to the current weekly figure of about 35 000. There was marginal change in total consultations in week 18 (35 369) compared to the previous week (35 743).

Even though there is no further significant decrease in total consultations, the overall low figures appear to suggest that access to health care continues to be a major challenge for the affected population. An assessment is ongoing to determine the true status of health facilities and access to health services among the affected population.

Table2. Three leading causes of morbidity in week 18, 2015



The three leading causes of morbidity in week 18 were acute respiratory infections, acute diarrhoeal diseases and malaria. The trend of incidence of acute respiratory infections appears to be stabilizing. However, the general upward trend of acute diarrhoeal diseases and malaria appears to be sustained. 42 alerts of suspected disease outbreaks were reported. Field epidemiology to establish risk factors contributing to increasing diarrhoeal diseases and malaria continues to be hampered by security constraints due to

ongoing conflict.

Public health concerns

- Reduced health services in all public and private hospitals, especially operation rooms and intensive care units.
- Disrupted immunization activities increasing risk of outbreaks of measles and polio.
- 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 diarrhoeal diseases.
- The national tuberculosis programme's centre in Taiz governorate has shut down, leaving more than 1000 patients without treatment. Multidrug-resistant patients are facing challenges in accessing treatment.
- Limited communications hampering the functionality of the disease early warning alert and reporting system.
- Medicines for noncommunicable diseases, such as kidney diseases, diabetes, hypertension, heart conditions and cancer, are at zero stock in warehouses and no longer available on the local market.
- Some districts in Aden experiencing 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.
- Provide integrated primary health care services, including mental health care.
- Provide life-saving maternal, newborn and child health, including antenatal, delivery and postnatal care for mothers; newborn care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
- Procure, stockpile, distribute medical supplies to health facilities in the country.
- 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

WHO response during the humanitarian pause:

During the pause from 12 to 17 May, WHO was able to reach 16 000 direct beneficiaries and 400 000 indirect beneficiaries through the following activities:

Supplies delivered

- 47.6 tonnes of medicines and medical supplies for a total of 10 350 beneficiaries in the governorates of Aden, Lahej, Abyan, Sada'a, Hajja, Albaida and Aljouf. An additional 20 tonnes of medical supplies is being delivered to Sana'a airport for 120 000 beneficiaries.
- A shipment of anti-malaria medicines from the Global Fund to Fight AIDS, Tuberculosis and Malaria sufficient for 44 950 treatment courses of malaria.

Fuel

- 262 300 litres of fuel to support hospitals, ambulances, the oxygen plant and the transport of vaccines in 10 governorates. The majority of fuel was delivered to 14

hospitals (228 100 litres).

Direct medical and nutrition assistance

- Surgical teams in 4 hospitals, one team in Sa'ada governorate and 3 in hospitals in Abyan governorate (Modia Hospital, Laoder Hospital, Mahfad Hospital). It is estimated that the teams will provide essential surgical care to 60 000 people.
- One medical team supported by WHO working in Haidan Hospital in Sa'ada governorate, expected to provide primary health care services for a total of 15 000 people.
- 13 mobile clinics providing essential primary health care services for 5323 internally displaced persons (IDPs) and residents in Amran, Alhudaida and Aden governorates.
- Nutritional support delivered by 3 mobile clinic teams to 1141 IDPs in Alhudaida and Aden governorates. Services include early detection and referral services for severe and medium malnourished children using mid-upper arm circumference.

Other support

- Psychological first aid training course was conducted for 33 health staff from 5 partner nongovernmental organizations in Sana'a City. 100 IDPs are receiving counselling from those who were trained.

Additonally, during the period 6–12 May, WHO provided:

- safe water and water supplies, such as water tanks and drinking-water bottles, to IDPs in Al-Bureiqa district, Aden governorate, Al-Razi Hospital in Abyan governorate and IDPs in Al-Luhaia district, Hodeida governorate.
- 100 000 chlorine tablets to the National Fund for Development and Human Rights, to be distributed to IDPs in Najrah district, Hajjah governorate, to around 1890 households.
- 1200 jerry cans distributed to IDPs in Aslam, Aflah Yaman, Aflah Sham and Abs districts, Hajja governorate, targeting approximately 1200 families.
- Hygiene materials for IDPs living in schools in Al-Bureiqa district, Aden governorate.
- 20 000 litres of fuel for generators to Al-Jamhoori Hospital and the haemodialysis centre in Hajjah governorate and 540 litres of diesel to the mobile teams in Zuhra and Luhai districts in Hodeida governorate.
- 1 emergency interagency supplementary health kit to Al-Thawra Hospital in Hodeida governorate to cover primary health care needs for 10 000 beneficiaries for 3 months.

Resource mobilization

A United Nations flash appeal requires US$ 273.7 million to meet the life-saving and protection needs of people affected by the escalating conflict in Yemen. Of this amount, US$ 37.9 million is required to provide a health response for a targeted 7.5 million people over the next 3 months.

WHO's response to the crisis in Yemen has been supported by the Governments of Japan and Russia and the Central Emergency Response Fund. Saudi Arabia has also pledged to support the humanitarian work of WHO in Yemen.

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