



PEOPLE AFFECTED

21.1 million in need of health care

3.1 million internally displaced

7.6 million living in areas affected by acute watery diarrhoea/cholera

76,018 at direct risk of acute watery diarrhoea/cholera

HEALTH SECTOR

55% of health facilities non-functional

FUNDING

US\$ 22.35 million requested by health and WASH cluster partners to contain the spread of acute watery diarrhoea/cholera in Yemen. This is in addition to 2016 Yemen Humanitarian Response Plan requirements.

100% funding gap

US\$ 182,300,000 requested by health cluster as part of the 2016 Yemen Humanitarian Response Plan

65% funding gap

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Current Situation

Yemen's Ministry of Public Health and Population announced the occurrence of acute watery diarrhoea/cholera in Sana'a City on 6 October. As of 17 October, a total of 340 suspected cases have been reported in Sanai, Al Hodeida, Taiz, Lahj, Aden and Al Bayda. Stool samples from 18 patients tested positive for *Vibrio cholera*. Patients are currently receiving treatment in an isolated section of Al-Sabeen hospital in Sana'a and other referral hospitals. No deaths have been reported.

Cholera remains a major public health problem in the Eastern Mediterranean Region with its endemicity in nine out of twenty-two countries in the region. It has become very difficult to estimate the cholera burden and the actual number of cholera cases and deaths in the region due to weak surveillance systems, inconsistencies in case definition and reporting methods, limited laboratory diagnosis capacity, underreporting of cases and fatalities, and denial to avoid travel and trade consequences. In 2016, cholera outbreaks have been confirmed in most countries in the Horn of Africa including Ethiopia, Djibouti, Somalia, Sudan and Kenya.

Health Risks

Two thirds of Yemenis do not have access to clean water, and sanitation services are limited, especially in cities. More than 7.6 million people live in areas affected by acute watery diarrhoea/cholera, and more than 3 million internally displaced persons are especially vulnerable to the outbreak. WHO predicts up to 76,018 reported cases across 15 governorates, with up to 15,203 cases requiring admission for intensive treatment.

The national health system's capacity to respond to the acute watery diarrhoea (AWD)/cholera outbreak has been severely compromised by the continuing decline in health service performance due to ongoing conflict. The recent deterioration of the already fragile economic situation is posing

Priority health activities:

1. Investigate cases and identify sources of infection, risk factors contact tracing and follow up of cases.
2. Strengthen e-DEWS for early detection of AWD/cholera cases.
3. Support laboratory specimen collection, packaging, storage and transportation.
4. Provide training and enhance capacity of health workers and lab staff.

Level 3 emergency since August 2015

30 active health partners

82 WHO staff in country

a serious threat to the basic functionality of health services in Yemen. The Ministry of Public Health and Population is not able to procure essential medicines and supplies or to provide salaries for health workers at risk. As of October 2016, only 45% of all health facilities in Yemen remain functional due to shortages in health staff, medicines and medical supplies.

Heath Cluster and WHO Interventions

The joint Health-WASH response plan is aligned to the main objective of the Government's plan, which is to reduce the attack and case fatality rates of AWD/cholera in Yemen to zero at the national and sub-national levels. The initial period for the response is estimated to be three months and the geographical priorities for the response plan are based on the governorates affected by the AWD/cholera outbreaks, population density, outbreak history and populations of concern, including IDPs.

With the overall goal of reducing mortality and morbidity related to AWD/cholera, **WHO and health cluster partners** aim to reach 3.8 million at-risk people through:

- Strengthening surveillance system established for early detection and response to diseases outbreaks in all locations, including those hosting displaced populations.
- Improving the case management through capacity building among health workers and establishment of cholera treatment centers and oral rehydration points;
- Providing access to health care services, including provision of essential medicines for AWD/cholera case management;
- Providing support for central public health laboratories on capacity building, equipment, reagents and transportation..
- Providing hygiene promotion and health information on prevention of AWD/cholera

In addition to health interventions, **WHO and partners** working under the Water, Sanitation and Hygiene (WASH) Cluster aim to reach to 500,000 at-risk people in targeted governorates through:

- Improving quality and quantity of water supplies in most affected areas, focusing on improved care, including some infrastructure improvement.
- Improving environmental hygiene through solid waste collection and disposal, sanitation/drainage improvement at household, community and city levels.
- Ensuring availability and encourage use of hygiene materials i.e. soap, water utensils, and washing utensils for hygiene improvement.
- Improving knowledge on hygiene and collective action to improve overall hygiene conditions of target areas to prevent AWD/cholera.



Communication for Development (C4D) will contribute to reduce morbidity and mortality due to the outbreak in Yemen by:

- Providing accurate, consistent, and comprehensive public information about prevention, outbreak, treatment and response.
- Promoting adoption of safe water, hygiene and sanitation practices and service-seeking behaviors among the public with focus on at risk populations through direct, face to face interpersonal engagement at the household and community levels.
- Increasing capacity of families, community members and volunteers to effectively identify, report, respond to, manage and refer cases of cholera and acute watery diarrhea.
- Improving participation and coordination of stakeholders including government, partners and community members in the planning and implementation of a coherent public communication and social mobilization response plan as part of the cholera outbreak response.

Funding Requirements

In order to contain the current transmission and prevent further spread of *Vibrio cholera* to other high risk areas, WHO and partners require a total of **US\$22.35 million**, of which **US\$16.6 million** is urgently required*:

Cluster/group	Total requirements	Immediate requirements
Health	US\$ 8,460,000	US\$ 8,460,000
WASH	US\$ 13,462,142	US\$ 7,690,000
C4D	US\$ 420,000	US\$ 420,000
	US\$22.35 million	US\$16.6 million

**See Annex 1 for detailed breakdown of activities and required funding*