Aid agencies ramp up efforts to contain COVID-19, as UN warns of possible surge in cases

Aid agencies have expressed their deep concern over the presence, and the potential for the rapid spread of COVID-19 in Yemen. Until 29 April when five cases were confirmed in Aden, Yemen has been an outlier in the Eastern Mediterranean region with, the first laboratory confirmed case of COVID-19 declared on 10 April in Hadramaut. At the start of May, Taizz and Aden reported two cases in each location. The United Nations and its front-line partners continue to advocate for the steps that need to be taken, to provide guidance, and to support the health authorities to suppress transmission; to prepare and equip designated COVID hospitals and isolation units; to secure supplies; to identify and treat people with the virus; and to inform the public about the virus and how people can protect themselves.

NUMBER OF COVID-19 CASES, LABORATORIES AND ISOLATION UNITS PER GOVERNORATE (as of 2 May 2020)
“The threat of COVID-19 is so terrifying we have to do everything we can to stop the spread of the virus and help the people who may become infected,” said Ms. Lise Grande, the Humanitarian Coordinator for Yemen in a statement on 23 April. “The factors are all here, low levels of general immunity, high levels of acute vulnerability and a fragile, overwhelmed health system,” she added in another statement on 28 April.

Based on transmission patterns of the virus in other countries, and the elapse of twenty days since the first case was declared, the UN has warned there is now a very real probability that the virus has been circulating undetected and unmitigated within communities. This increases the likelihood of a surge of cases which may quickly overwhelm health capacities.

The UN has emphasized the need for swift action and the implementation of specific measures.

“There’s no time to lose. People have to be informed accurately and quickly about what is happening so they can do what’s necessary to protect themselves and their families,” Ms. Grande said in the statement of 28 April. “The record is clear,” Mr. Altaf Musani, WHO Representative in Yemen, cautioned, “In countries where people are aware and warned, and where there is testing, tracing and isolation measures, transmission of the virus has been interrupted.” In line with the International Health Regulations (article VI), announcing and managing any potential threat to global health security, including disease, is the responsibility of national authorities.

WHO has operationalized 333 Rapid Response Teams. These five-person teams, established in each of Yemen’s 333 districts in response to cholera, have been repurposed to help detect and respond to suspected COVID-19 cases. WHO plans on tripling the number of these teams to 999 to reinforce detection and response capacities. It is also working with partners to repurpose 26 Emergency Operations Centres, established at the height of the cholera epidemic, to address COVID-19.

In addition, WHO is equipping and upgrading specialized isolation units in the 37 hospitals designated by the authorities for COVID-19 response and has secured specialized medical equipment amid fierce global competition. It has already distributed 520 intensive care units (ICU) beds and 208 ventilators; another 1,000 ICU beds and 400 ventilators, are to be transported to Yemen and distributed as soon as conditions allow.

Over the past two months, WHO has purchased and distributed more than 6,700 testing kits. It has secured 32,400 more testing kits to be transported and distributed in coming weeks. Despite a global shortage, it is aggressively trying to secure personal protective equipment to meet the expected needs for the next six months.

WHO and other humanitarian partners have trained nearly 900 health personnel on rapid response, infection control, case management, psychological first aid and helping children cope with stress. In addition, UNICEF has been training 10,000 community volunteers, whose role is to educate communities on transmission patterns, detection and prevention methods. They have reached communities across Yemen with awareness-raising and materials and established hotline numbers to enable suspected cases to be reported.

**Humanitarians respond to widespread devastation caused by torrential rains and flooding**

In mid-April, torrential rains and flooding hit governorates in northern Yemen, reaching the south of the country about a week later. The rains have caused fatalities and injuries, and damaged buildings, infrastructure and services. Displaced people have borne the brunt of the storms, which have destroyed shelters and washed away food rations and possessions and cut off clean water supplies. Aden, Abyan, Lahj, Marib and Sana’a governorates, and Sana’a City were worst affected.

By 30 April, an estimated 21,200 families have been displaced. A convoy of 1,000 m3 of water is being transported to Sana’a and 2,000 more are expected to arrive. UNICEF has dispatched 1,500 tents and 200 solar-powered fans. The government has deployed 2,400 military and police personnel to the affected area.
to 150,000 people) had been affected by the rains and flooding across the country, and numbers were rising as the rains continued in some areas. In a **statement** of 26 April outlining the impact of and response to the floods, the Humanitarian Coordinator, Ms. Lise Grande said, “Countless families have lost everything” and, “This tragedy comes on top of the COVID-19 crisis, which comes on top of the pre-famine last year, which came on top of the worst cholera outbreak in modern history.” Aid agencies continue to provide assistance with food, shelter, clean water and emergency health care assistance, and are draining water and cleaning flooded sites. For further information see OCHA’s **Flash Update No.1**, **Flash Update No.2**, and **Flash Update No. 3**.

### Over 5 million children face the threat of cholera

Over 5 million children under age 5 in Yemen are facing a heightened threat of cholera and acute watery diarrhoea (AWD) with an increase in heavy rainfall in Yemen since mid-April. In a **statement** of 29 April, UNICEF warned that more than 110,000 cases of suspected cholera had been recorded across 290 of Yemen’s 333 districts since January 2020. Children under age 5 account for a quarter of these cases.

Very low levels of sanitation services especially in urban areas, use of contaminated water, and a lack of awareness about basic hygiene practices, including effective handwashing and food hygiene, drive the spread of cholera/AWD in Yemen where basic services have been destroyed or inadequately maintained during the conflict. Aid agencies are focusing on ensuring that communities have sustained access to clean water and improved sanitation and raising awareness on cholera prevention.

### 2019-2020 comparsion of reported suspected cholera cases (W1-W16)

![Graph showing comparison of reported suspected cholera cases (2019-2020)](source:WHO)
Civilian casualties increase from 467 to 506 in the first quarter of 2020

Civilian casualties from the conflict increased in the first three months of 2020, according to the Protection Cluster’s Civilian Impact and Monitoring Project (CIMP). CIMP recorded 506 reported civilian casualties from armed violence, an increase of 8 per cent from the 467 reported in the final quarter of 2019. CIMP indicates that 195 casualties were fatalities, including 66 children and 29 women, and that 311 people were injured, including 90 children and 32 women. The overall number of civilian casualties in the first quarter of 2020 is, however, lower than the quarterly average for the previous 2 years, 37 per cent below the average of 806 casualties per quarter in 2019, and less than half the 1,233 quarterly average in 2018. Despite the Stockholm Agreement that introduced a ceasefire in Al Hudaydah in December 2018, the highest number of civilian casualties in the first quarter of 2020 was in Al Hudaydah Governorate, where 136 were recorded, 27 per cent of the total across the country, and an increase of 60 per cent from 80 recorded in Al Hudaydah during the previous quarter. As fighting escalated in the north of the country from mid-January onwards along frontlines in Sana’a, Al Jawf and Marib governorates, civilian casualties more than tripled to 114 across the 3 governorates, up from 37 in the final quarter of 2019. Civilian casualties spiked in Al Jawf, more than tripling from the previous quarter, up from 28 to 87, largely as the result of a mass casualty incident that caused 58 civilian casualties in January 2020. Another key concern was the rise in child casualties, which rose to 156 and accounted for 1 in 3 casualties, up from 113 in the final quarter of 2019 when children accounted for 1 in 4 casualties.

Civilian impact incidents and civilian casualties (January – March 2020)

<table>
<thead>
<tr>
<th></th>
<th>Total number of incidents</th>
<th>Total civilian casualties</th>
<th>Total civilian fatalities</th>
<th>Total civilian injuries</th>
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<tbody>
<tr>
<td>January</td>
<td>138</td>
<td>163</td>
<td>56</td>
<td>107</td>
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<tr>
<td>February</td>
<td>153</td>
<td>187</td>
<td>73</td>
<td>114</td>
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<tr>
<td>March</td>
<td>165</td>
<td>159</td>
<td>66</td>
<td>90</td>
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</tbody>
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Source: CIMP

Attacks on medical facilities increase while medical needs will soar if COVID-19 spreads

Only half of Yemen’s medical facilities have been fully operational since the beginning of the war. Attacks on medical facilities, though protected under international humanitarian law, have been a feature of the conflict in Yemen, and have contributed to the debilitated state of the health sector. In the first quarter of 2020, attacks on health facilities increased threefold from the previous quarter according to CIMP, which recorded six incidents, four in Al Hudaydah and two on hospitals in Majzar in Marib. Reports of attacks continued into April, when health partners confirmed that grenades were thrown at guards at an isolation centre at a hospital in Al Dhale’e on 6 April.

Some facilities have been attacked multiple times. Al Thawra Hospital, the largest public hospital in Taizz serving thousands of people in the City, was hit twice in the first two weeks of March 2020, prompting condemnation from the Humanitarian Coordinator, Ms. Lise Grande. “It’s appalling that attacks on hospitals and health facilities are occurring,” said Ms. Grande. “All people have a basic right to health care.” An international medical NGO that supports Al Thawra Hospital highlighted that between 2018 and 2020, there were at least 40 incidents of violence against the Hospital, its staff and patients, causing medical staff to leave their positions in fear of their lives. The incidents include shooting inside or near hospital buildings and medical personnel being harassed and attacked, and the hospital premises were reportedly hit more than 15 times by small arms fire and shelling.

A recent report from Physicians for Human Rights and Mwatana for Human Rights documented 120
attacks on health facilities and medical personnel in Yemen over a 45-month period between March 2015 and December 2018. While the report does not detail all attacks on health facilities it does illustrate a pattern, nearly 50 per cent of all documented attacks were in 2015, and overall the attacks killed at least 96 civilians and health workers, including 10 children and 6 women, and wounded 230 others, including 28 children and 12 women. Taizz was the most affected governorate with 67 documented incidents, followed by Sa’ada, with 25 documented incidents, 22 of them air strikes. In the five years since the start of the conflict to March 2020, WHO and health partners documented 142 attacks on hospitals and other medical facilities across Yemen. As humanitarian partners continue to support the over-stretched health sector in Yemen, such attacks threaten the ongoing health and COVID-19 response.

Partners scale up aid and COVID-19 preparedness to over a million people in displacement sites

There are currently more than a million displaced people scattered in 1,600 makeshift sites (IDP sites) across Yemen. Internally displaced persons are among the most vulnerable and depend on humanitarian aid for survival. Living conditions in IDP sites are sub-standard as the population lacks access to basic services. Some IDPs are from marginalized groups, which can affect access to aid and opportunities.

To address these challenges and improve living conditions in IDP sites, the Camp Coordination and Camp Management (CCCM) Cluster was established in 2019. A CCCM Cluster report in January 2020 found that in 54 per cent of the 1,600 site locations, infectious diseases were among the most serious threat to the inhabitants, while 38 per cent reported water contamination and 32 per cent reported that evictions were the most serious threat. At the time there were pregnant and nursing women in 91 per cent of sites, elderly people in 83 per cent of sites, female-headed households and disabled people in 80 per cent of sites, and people with chronic diseases in 78 per cent of sites. The survey also found that in 39 per cent of sites, priority needs included food, health care, livelihood opportunities, site maintenance and access to clean water. The report findings have informed a coordinated and scaled up response across IDP sites with limited resources and ongoing access challenges due to the conflict.

With the lack of essential services at IDP sites, which accommodate large numbers of vulnerable people, communicable diseases pose a recurring threat. Should there be an outbreak of COVID-19 in any sites and this is not contained, then there would be a serious risk that it would spread fast and affect surrounding areas. In recent weeks, the CCCM Cluster has stepped up efforts to prepare for and be ready to suppress the spread of COVID-19 in IDP locations. This involved an integrated approach with the Health and WASH clusters in identifying areas at high risk, which are mainly those that host high numbers of elderly people and people with chronic conditions, and sites that lack access to clean water and health care services. The priority is to reduce the spread of the virus through scaling up awareness-raising activities, promoting preventive measures, shielding non-infected high-risk populations, and implementing isolation measures for suspected and confirmed cases at the sites. Distribution of hygiene kits, improving basic infrastructure, establishing community-based isolation options and setting up additional hand-washing stations for the most vulnerable are ongoing. Efforts to prepare for COVID-19 in IDP sites are hampered by a lack of funding.
Number of households in IDP hosting sites (April 2020)

Source: CCCM cluster

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