



SITUATION REPORT AUGUST 2020 ISSUE NO.8 Yemen Update



WHO and partners continue working in Yemen to ensure children with medical complications are treated from malnutrition. C: WHO



30.5M ESTIMATED POPULATION*



24.3M MILLION ** IN NEED



1,962 * COVID-19 CONFIRMED CASES**



17.9M ** IN NEED FOR HEALTH CARE**

WHO

HIGHLIGHTS



Al Jumhori hospital, Sana'a. Medical supplies support
Photo credit: WHO/Omar Nasr

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 AUGUST

54,000 LITERS OF FUEL DELIVERED

- While humanitarian needs are increasing in Yemen, a significant gap in funding has worsened the situation further.
- WHO 2020 operations in Yemen require \$313.5 million of which 73.3 million has been received as of the end of August, leaving 240.2 million as a shortfall.
- COVID-19 continues to claim lives in Yemen, the actual figures of cases and deaths are likely to be much higher than those being reported.
- Fifteen children have been paralyzed in a poliovirus outbreak in several districts in Sa'adah Governorate, in the north-west of Yemen. The governorate has also recorded 20 confirmed measles cases since the beginning of the year.
- Amid an ongoing fuel crisis, WHO continued its support to targeted health facilities, including with fuel provision, to ensure the functionality and continuous provision of life-saving health care services.

* Yemen HRP 2020
 ** Yemen HRP 2020
 *** COVID-19 Report as of 31 August 2020
 **** Yemen- HRP 2020

Situation Update

- **Yemen’s Humanitarian Operations are shutting down:** By the end of August, the Yemen Humanitarian Response Plan for 2020 was 24 per cent funded, leaving the humanitarian response still woefully underfunded with US\$811.5 million received out of the \$3.38 billion required. The lack of funding impacts half of all the UN’s major programmes in Yemen. Already, 12 of the UN’s 38 major programmes are shut or drastically reduced. As of the end of August, WHO received \$73.3 million of the \$313.5 million it needs to run its 2020 Yemen operations, leaving 240.2 million as a shortfall.
- **COVID-19 continues to claim lives in Yemen:** The number of reported confirmed cases slowed in August, with 230 new confirmed cases compared to 567 new cases reported in July. The reasons for this include a lack of testing facilities and official reporting, and people delaying seeking treatment because of stigma, difficulty accessing treatment centres and the perceived risks of seeking care. There has also been a decrease in health-seeking behaviour more generally.
- **Fuel Crisis since June 2020:** A stifling fuel crisis has been ongoing since over three months causing a drastic impact on the cost of essential items, access to healthcare, and transport for people, goods and materials and holding back the humanitarian operations, leaving hundreds of thousands of people in need.
- **Torrential rains and flooding** hit several governorates across Yemen, damaging infrastructure, destroying homes and shelters, causing deaths and injuries, ruining crops and killing livestock. Dams have overflowed, water supplies have been damaged, roads have been blocked, and houses have collapsed. By 29 August, estimates indicated that over 62,000 families were affected in Sana’a, Marib, Hajjah, Raymah, Al Mahwit and Al Hudaydah governorates. Families already displaced have again been badly affected by the rains and flooding.
- **Polio outbreak in Sa’adah Governorate:** As of the end of August, 15 children were paralyzed in a poliovirus outbreak in several districts in Sa’adah Governorate, in the north-west of Yemen.

Epidemiological Update and Surveillance

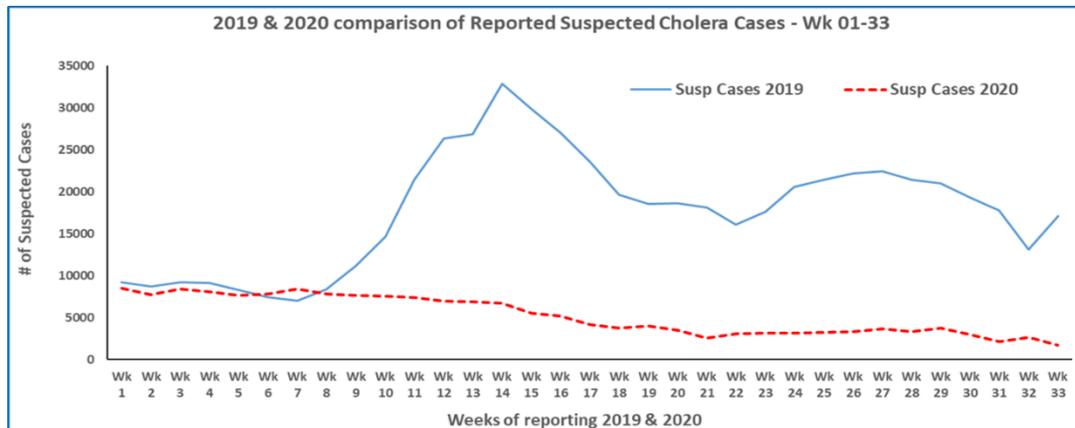
COVID-19

- In August, 230 new confirmed cases of COVID-19 were reported, with 73 deaths and 269 recoveries, bringing the total number of reported cases to 1,962 with 567 deaths and 1,133 recoveries. The numbers of reported cases show a decline from 570 new confirmed cases reported in July and 835 new confirmed cases reported in June. Hadramaut remains reporting the highest number of cases (890), deaths (284), and recoveries (438).



Cholera (January- 16 August 2020)

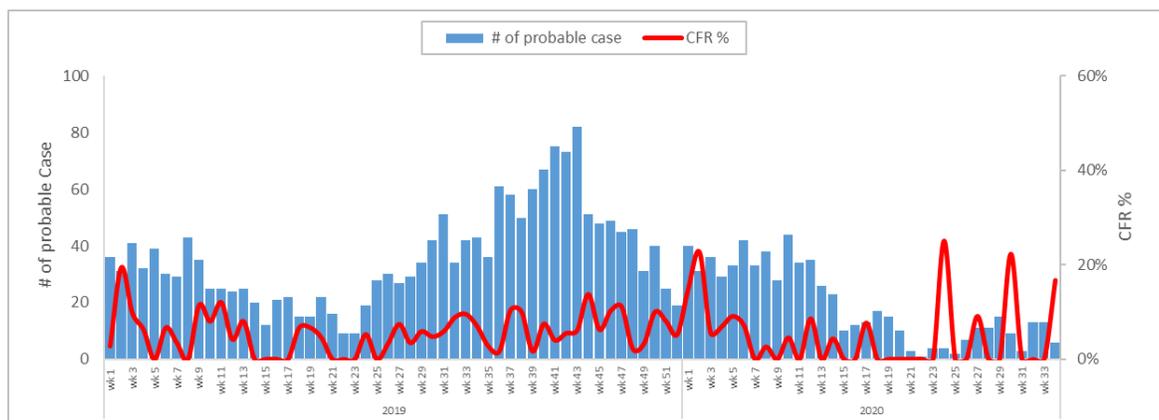
- A total of 172,769 suspected cholera cases were reported during the first eight months of 2020 with 71% per cent reduction compared to the same period of 2019 when 586,026 suspected cases were reported. Also, 50 associated deaths (CFR 0.02%) were reported with 94 per cent reduction compared to the same period of last year when 853 deaths were reported.



Diphtheria

- As of 23 August, health authorities reported a total of 651 probable cases of Diphtheria in northern governorates since the beginning of the year, with 36 associated deaths.
- During the reporting period, 20 districts reported probable cases, with 71% of probable cases reported from three governorates: Sa'adah (46%), Ibb (14%) and Dhamar (11%).

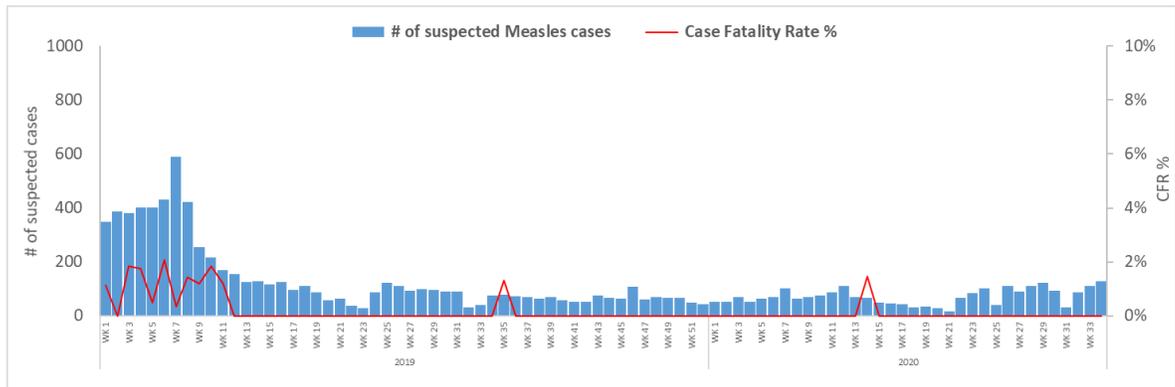
The trend of probable cases between epidemiological weeks 1, 2019 to 34, 2020



Measles:

- Since the beginning of this year, 20 confirmed measles cases were reported in several districts of Sa'adah Governorate, including in Sahar District (11) and Alsafrah District (7). Several cases were also reported in the neighbouring governorates of Amran (9), Hajjah (10) and Aljawaf (1). Forty-seven per cent of confirmed cases reported countrywide were reported in these four governorates.

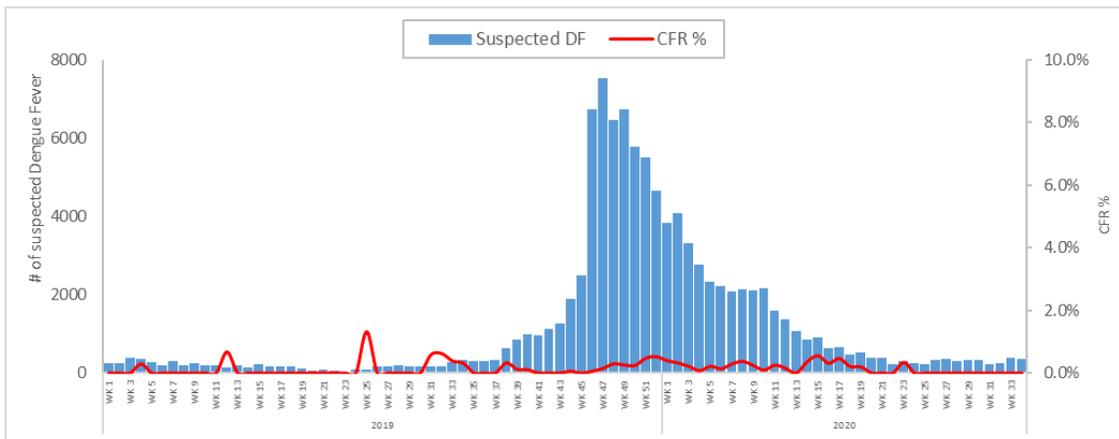
The trend of suspected cases between epidemiological weeks 1, 2019 – 34, 2020



Dengue Fever

- From 1 January to 23 August 2020, a total of 39795 suspected Dengue Fever cases were reported from northern governorates, with 88 associated deaths.
- During the reporting period, 95 districts reported suspected cases with 65% of suspected cases reported from four governorates: Hajjah (27%), Amran (16%), Sana'a (12%) and Sa'ada (10%).

The trend of suspected cases between epidemiological weeks 1, 2019 – 34, 2020



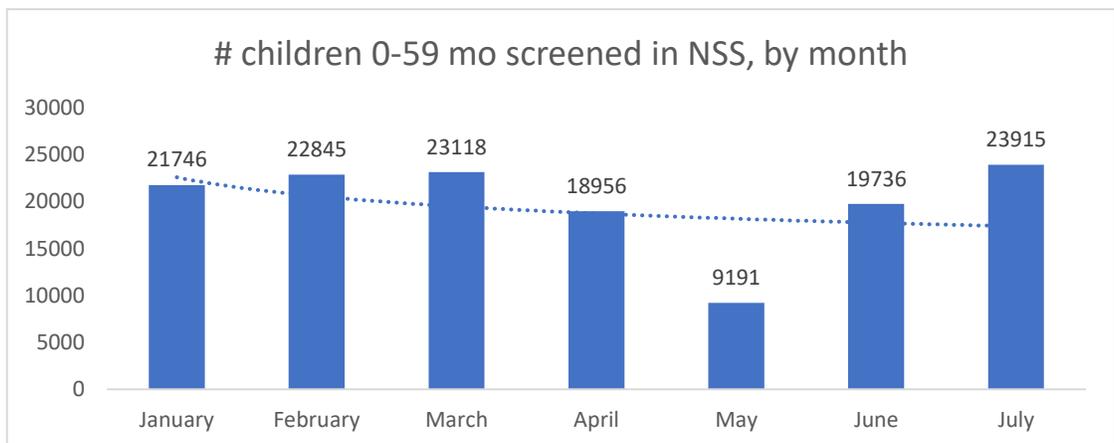
Polio Outbreak in Sa'adah

- Fifteen children have been paralyzed in a poliovirus outbreak in several districts in Sa'adah Governorate, in the north-west of Yemen.
- The cases – children aged from 8 to 156 months – had onset of paralysis ranging from 31 January to 18 June 2020, with one other case from June 2019 also confirmed retrospectively.

Nutrition

- Acute Wasting by Mid-Upper Arm Circumference (MUAC) was detected in 26% of the total children aged between six and 59 months screened in July, with the highest rates recorded in Al Hudaydah and Raymah governorates. Children found with acute malnutrition were referred to appropriate nutrition services.
- Underweight in the age group 0-59 months shows an average proportion of 47%, with levels above 50% in Al Hudaydah, Dhamar and Raymah governorates.
- Exclusive breastfeeding remains at alarmingly low levels, with 19% infants under six months of age are exclusively breastfed.
- As a total of 23,915 children under five were screened for all forms of malnutrition in July; 27% of them were under six months, this number of children screened is almost back to the annual average, after the sharp decline witnessed in June 2020. The improvement can be attributable to the measures (Infection Prevention Control (IPC) and safe anthropometric assessment) put in place to maintain safe access to surveillance and preserve population's trust in the system's ability to provide safe nutrition services, including during the COVID19 pandemic. This result is also confirmed by the increased number of sites with available IPC material and PPE, as per the charts below.

Number of children 0-59 months, screened in the 81 NSS operational sites from January to July 2020



Health Response and WHO Actions in August 2020

COVID-19

- In August, WHO and partners began working towards increasing surveillance; deploying dedicated COVID-19 staff within agencies; tracking the impact of the virus on routine priority health programmes; refining messaging to encourage behavioural change; and boosting intensive care unit capacity. Urgent priorities identified by health partners during the month include upgrading screening capabilities at points of entry and triage of COVID-19 cases at non-COVID-19 facilities; expanding testing capacity; safeguarding heavily used parts of the public health system by providing allowances and covering key operational costs; identifying innovative ways of encouraging health-seeking behaviours; and improving data capacities by working closely with the authorities.
- To mitigate the impact of COVID19 on safe access to healthcare services, WHO will help implement practical actions to establish safe and effective patient workflow in health facilities at all levels, and to reorganize and safely maintain access to essential health services (EHS) in the pandemic context. People with and without COVID-19 symptoms will initially access the health system in the same way. To reduce the transmission within hospitals, other healthcare settings and connecting services, including ambulance, all sites to sort patients appropriately when they arrive at the health facility. This includes screening, test, ensure timely access to Emergency Health Services and referral.
- WHO facilitated a training of trainers session in August for 60 participants from 30 non- COVID health facilities on Triage, Referral and Infection Prevention Control. The technical package also included Monitoring & Evaluation tools that would be rolled out from September, once triage areas are established.

4S COVID-19 Response Strategy Update

- **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.
- **Providing COVID-19 supplies is essential.** By the end of August, the United Nations has procured more than 16,067 metric tons of medical equipment, testing kits and medicine. A total of 13,960 metric tons have already arrived in the country, and another 2,107 metric tons were in the pipeline at the end of this month. In August, a WHO medical aid plane arrived in Sana'a carrying over 15 tones of medical supplies including Personal Protective Equipment, Oxygen concentrators and COVID diagnostic supplies.

- **To save as many lives as possible**, WHO and the UN partners continue to work on expanding hospitals capacity in key population centres. This included 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. 11.7K oxygen cylinders are being refilled, per month, countrywide and 300K personal protective equipment items delivered. To expand the national labs testing capacity, WHO supported raising seven labs with COVID-19 testing capacity in Aden in seven governorates.
- **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 August, 2,779 health facilities continued to provide health services for Malaria, and 956 health facilities provided cholera response services.

Trauma Care and General Emergency Services:

- WHO scaled up its support in targeted hospitals to ensure functionality and continuous provision of Trauma Care Services, including the provision/donation of eight trauma kits A, seven surgical supply kits, in addition to IV fluids and medicines to the main referral hospitals across the country.

Fuel Provision:

- Amid an ongoing fuel crisis since June 2020, WHO continued supporting 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 were planned to be provided to 297 HFs across the country in August. By the end of the month, 54,000 litres was delivered to 15 health facilities due to logistics 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 due to lack of resources, reduction in health-seeking behaviours and service utilization at cholera treatment centres due to fear of COVID-19, and restrictions resulting in the delay of OCV shipment.

Malnutrition response:

- **Nutrition Surveillance System (NSS):** a total of 23,915 children under five were screened for all forms of malnutrition in July; 27% of them under six months of age bringing the total of screened children since the beginning of the year to 139,507. To mitigate the impact of COVID-19, protocol adaptations are now in place to ensure safe screening and protect children, health workers and caregivers from the risk of cross infections while performing a correct nutritional assessment. WHO is supporting health authorities to establish, maintain and strengthen the Yemen nutrition surveillance system (YNSS). In response to COVID-19, the on-job training for 48 health care workers is being conducted to increase their capacity and safely enable the scale-up process.
- **Therapeutic Feeding Centres (TFCs):** In July 2020, a total of 1,365 children were admitted to the 93 WHO-supported TFCs for the treatment of Severe Acute Malnutrition (SAM) with medical complications. The cure rate was reported at 93 % (1308) with a case fatality rate of 1 % (20). WHO continued scaling up the plans to increase service availability and reach more rural communities by opening new TFCs in rural areas. In line with the scale-up plan, 20 new TFCs were established since the beginning of 2020. In July three new TFCs started reporting in Ibb and Al Hudaydah governorates, by direct implementation and in partnership with NGOs. Capacity building training plans were rescheduled and repurposed for COVID-19 related topics. In July, 1,365 caregivers were counselled on Infant and young child feeding (IYCF) best practices across all TFCs. They were also counselled on IPC measures, IPC and breastfeeding, mental health and psychosocial support in 15 TFCs.

Polio Response:

- Health authorities in Yemen, supported by the polio programme staff, and the regional teams of WHO and UNICEF, are working hard to mount an outbreak response rapidly. Contacts of affected children are being traced, and every effort is being made to ensure more children have access to essential immunization. Vaccination is the only way to protect children from polio, and the oral polio vaccine (OPV) is the best know tool for that. It is the tool used by the WHO's polio programme to eradicate polio and protect populations, in Yemen and worldwide.



Polio campaign completed in 13 southern governorates targeting 1.2M children under 5 year. C: WHO

Funding Requirements in 2020

WHO 2020 response requires USD 313.5M against the original HRP and COVID-19 appeal by which 73.3M has been received which is only 23% of the total ask.



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