



In light of prolonged power outages in Yemen, WHO teams are conducting regular visits to national vaccine stores to ensure that vaccines are safe and the cold chain is functioning.

Yemen conflict



WHO

65 STAFF IN COUNTRY

HEALTH SECTOR



18 HEALTH CLUSTER PARTNERS

7.5 M TARGETED POPULATION

MEDICINES PROVIDED BY WHO



24 TRAUMA KITS

48 INTERAGENCY EMERGENCY HEALTH KITS

EWARN



200 E-DEWS SENTINEL SITES

FUNDING US\$ FLASH APPEAL



37.9 M REQUESTED

3.55 M FUNDED

HIGHLIGHTS

- The humanitarian situation in Taiz is deteriorating as residential areas continue to witness heavy clashes.
- Most of the roads connecting Sana'a to the governorates of Aden, Taiz, Al-Dha'ale, and Lahj are becoming gradually inaccessible, making the delivery of life-saving medicines a serious challenge.
- Accumulation of garbage on the streets of Sana'a and other governorates is becoming more noticeable.
- There are severe shortages medicines for noncommunicable diseases. Shortages in health staff are also being reported in areas where violence is ongoing.
- Based on consultation figures from surveillance reports, there appears to be general deterioration in access to health facilities.
- The three leading causes of morbidity in week 16 were acute respiratory infections, acute diarrheal diseases, and malaria.
- Shortages in safe water are becoming more acute in most governorates.
- WHO provided 6 water tanker trucks to Abs Hospital, Al-Raboa and Al-Hiejja health units in Abs District, Hajjah Governorate and has begun the process of water chlorination in schools housing internally displaced persons in Jaa'ar, Abyan Governorate.
- WHO continues to provide medicines and medical supplies to hospitals, governorate health offices and mobile health units, as well as facilitate and finance the provision of fuel for health facilities and ambulances.

Situation update

From 19 March to 27 April there have been 1244 health facility reported deaths and 5044 health facility reported injuries.

The humanitarian situation in Taiz is deteriorating as residential areas continue to witness heavy clashes. On April 26, 19 people were killed and 91 people were injured, including one nurse who was injured when Al-Thawra Hospital was hit, causing severe damages to the Intensive Care Unit. The Ministry of Health and Population health office in Taiz was attacked during the clashes and two ambulances were stolen.



Damages to Al-Thawra Hospital, Taiz

Most of the roads connecting Sana'a to Aden, Taiz, Al-Dha'ale, and Lahj are becoming inaccessible, making the delivery of life-saving medicines a serious challenge.

Accumulation of garbage on the streets of Sana'a and other governorates is becoming more noticeable, and this issue was discussed at a high level meeting at the Ministry of Health and Population. Alternatives to remedy the situation are currently being explored.

In Aden, the districts of Khormakser, Ma'alla, Tawahi, and Kalo'oa are experiencing acute shortages in bread and many other food items, as well as fuel shortages and power cuts.

The electricity supply to the city of Sana'a and most governorates continues to be disrupted. Fuel shortages continue throughout the country, affecting the delivery of medical supplies and functionality of health facilities and ambulances. Shortages in safe water are becoming more acute due to scarcity of electricity and fuel supply.

According to WHO focal points in Yemen, health staff and ambulances carrying patients are constantly at risk of attack. In Sa'ada governorate, a number of health staff have left their duty stations due to fear of attacks on health facilities.

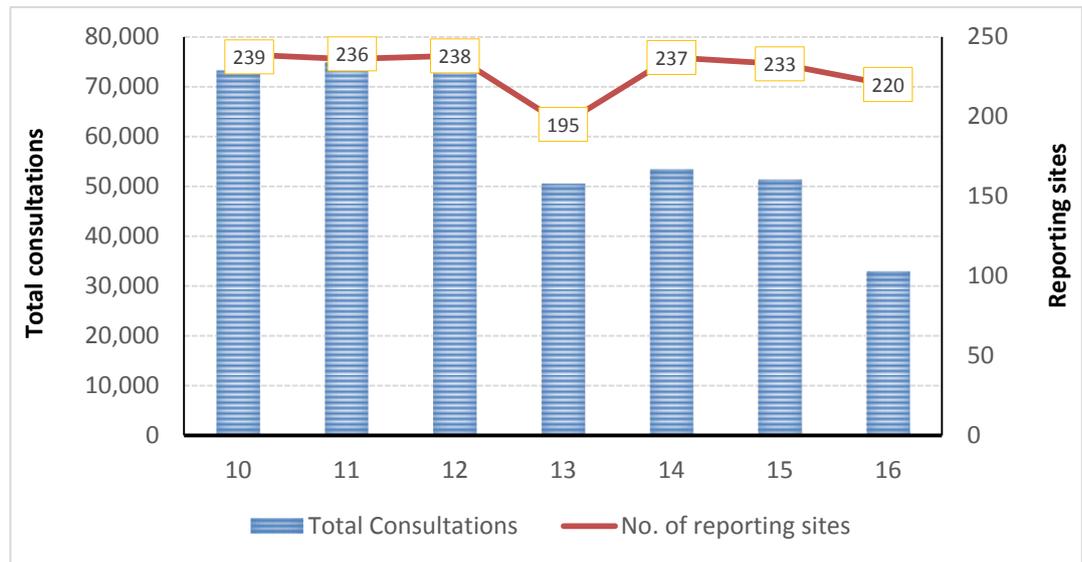
Following extensive clashes in Haradh District in Hajja Governorate on 24 April, the majority of staff and patients at Haradh Public Hospital fled on 25 April, fearing that the hospital would be targeted.

Al-Jumhooria Hospital in Aden was attacked by armed forces, and the WHO warehouse in Aden is being targeted by snipers who are preventing staff from entering the building and the WHO office was attacked several times.

The Ministry of Health and Population health office in Lahj was damaged as a result of clashes, and the Ministry of Health's emergency operations room in Aden remains closed as a result of an earlier attack.

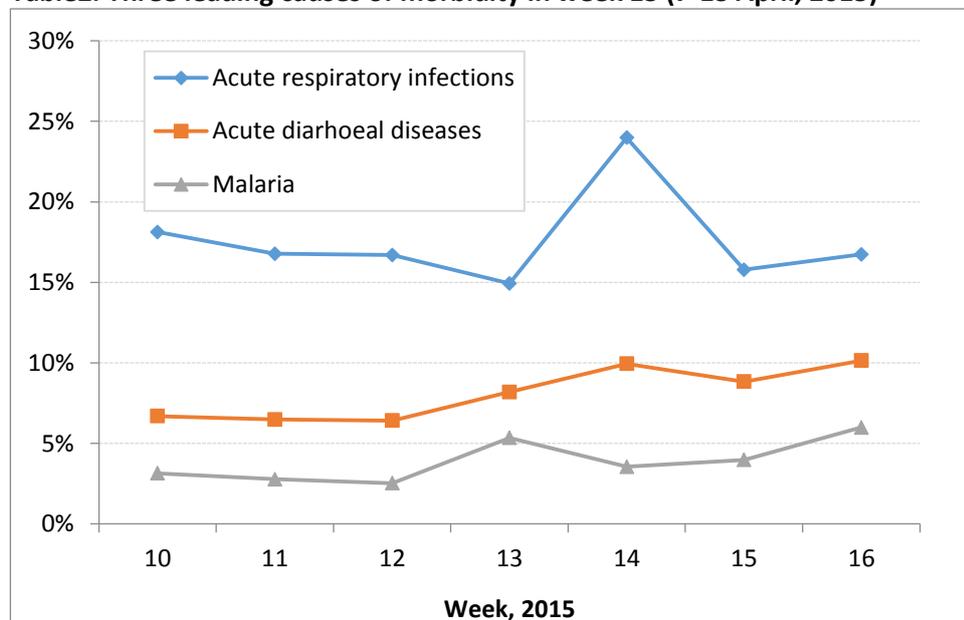
Epidemiological update

Table1. Trend of total consultations from week 10 to week 16, 2015



Based on available e-DEWS data up to week 16 of 2015, the number of total consultations has continued to decrease from a peak average of 70,000 consultations per week before the disaster. There was 36% decrease in total consultation from 51,342 in week 15 to 32,908 in week 16. Even though, there was 6% decrease in health facilities that reported in week 16 compared to the previous week, there appears to be general deterioration in access to health facilities.

Table2. Three leading causes of morbidity in week 15 (7-13 April, 2015)



The three leading causes of morbidity in week 16 were acute respiratory infections, acute diarrhoeal diseases, and malaria. The increasing trend of incidence of acute respiratory infections, acute diarrhoeal diseases, and malaria (within seasonal trend) appears to be sustained. Information regarding evolution of risk factors that may be contributing to the increase among the affected population is still limited because of the security situation. 44 alerts of suspected disease outbreaks were reported; these included 11 suspected

measles, 6 suspected dengue Fever, 9 suspected bloody diarrhea, 1 suspected Meningitis, 1 Acute Flaccid Paralysis and 1 suspected Neonatal Tetanus.

Additional information suggests that the coverage of the system in the most affected governorates of Aden, Abyan, Lahj, Taiz and Sa'da, is 20%.

Public health concerns

Critical shortages in medicines for noncommunicable diseases such as kidney diseases, heart conditions and cancer. These essential medicines are no longer available on the local market and warehouse supplies are at zero stock. The Ministry of Public Health and Population has officially announced that it cannot afford to purchase these medicines as was the case prior to the crisis.

Shortages in medical staff due to the evacuation of non-Yemeni staff to their home countries (these form at least 25% of all health workers) and security threats preventing health staff from reaching their duty stations. In areas where violence is ongoing, staff are fleeing health facilities that in danger of being hit.

Health needs, priorities and gaps

Health needs

WHO focal points in Sana'a and Aden report that pleas for assistance are being received from health authorities in all affected governorates, including urgent requests for fuel, oxygen, blood bags and money for operational costs of health programmes.

There is a need to strengthen the early warning surveillance system to improve coverage of the affected population.

Health priorities

Priority actions for health include:

1. Support mass-casualty management in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
2. Provide integrated primary health care services, including mental health care.
3. Provide life-saving maternal, new-born and child health, including antenatal, delivery and postnatal care for mothers; new-born care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
4. Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
5. Procure, stockpile and distribute medical supplies to health facilities around the country.
6. Update information systems and field reporting using available means of communication to ensure timely and effective response and avoid duplication of efforts.
7. Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
8. Provide health care to migrants and third-country nationals.

Health response and WHO action

During the reporting period:

A Health Cluster meeting was held at premises of the Ministry of Health and Population health (MoPH) in Sana'a, co-chaired by MoPH and WHO. The participants agreed on the importance of strengthening coordination especially between clusters and on the need for regular meetings to share update sfrom the different clusters and agencies. A weekly

meeting each Monday will be held at the Ministry of Public Health and Population in addition to the regular cluster meetings. This group will act as a supreme committee that will oversee all the humanitarian activities in the country and facilitate delivery of services by, for instance, minimizing customs paper work that is delaying arrival of shipments to the country. It was also agreed to strengthen the role of the emergency health operations room to manage all requests from different partners, direct them to avoid duplication and facilitate delivery on the ground.

In light of prolonged power outages, WHO teams are conducting regular visits to national vaccine stores to ensure that vaccines are safe and the cold chain is functioning.

WHO is in the process of deploying an integrated health and nutrition mobile team to provide lifesaving health and nutrition services to internally displaced persons.

The problem of water supply is growing and becoming more acute in most governorates. WHO has begun the process of water chlorination in some schools that are housing internally displaced persons in Jaa'ar, Abyan Governorate and provided 6 water tanker trucks to Abs Hospital, Al-Raboa and Al-Hiejja health units in Abs District, Hajjah Governorate.

WHO, in collaboration with OXFAM, provided 20 water tanks for internally displaced persons and the host community in Abs District, Hajjah Governorate.

WHO provided trauma kits for 200 medical interventions and primary health care medicines and supplies for 10,000 beneficiaries for 3 months to Al-Thawra Hospital in Hodeidah Governorate and Haradh Hospital in Hajjah Governorate, as well as to public health offices in Ibb, Dhamar and Hajjah Governorates.

WHO also provided trauma kits for 150 medical interventions and primary health care medicines and supplies for 10,000 people for 3 months to mobile teams targeting internally displaced persons in Hajjah Governorate.

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. Out of this amount, US\$ 37.9 million is required to provide a health response for a targeted 7.5 million people over the next three months.

WHO has received US\$3.55 million from the Government of Japan and the Central Emergency Response Fund. The Government of Russia has donated two interagency emergency health kits for primary health care interventions for 20,000 beneficiaries for three months and three trauma kits for 300 medical interventions.

Yemeni refugees in Djibouti

Identified Needs and Gaps

A rapid site and situation mission jointly by the UN and the health cluster concluded that the current strategy should be to work through the existing local health facilities in the communities where the populations from Yemen are being accommodated or temporarily sheltering (in Obock camps for refugees, Djibouti rented houses, hostels and hotels). Djibouti has seen larger demands for drugs at health facilities and health cluster has planned replenishments for the first 3 months.

The health facilities in Djibouti already support the minimal service provision at the periphery (district facilities are general primary health level centres). Hospitals in Djibouti

town are the tertiary hospitals for the total Djiboutian population (and incoming populations displaced by the Yemen crisis).

Medical drugs and equipment supply to a targeted number of facilities remains. Support to essential services provision at the health facilities will ensure patients have access to trained health-workers, adequate medical technology and drugs.

Disease surveillance and rapid response capacity is not yet efficient. Warehousing, cold chain and medical supplies storage needs to be improved.

The current transfer system for patients with complications or requiring specialized attention is rudimentary. Ambulance service is needed to be reinforced. The call-in service is not available at certain distances outside Djibouti city.

Contacts:

Dr Ahmed Shadoul, WHO Representative in Yemen, mobile: +201021064306, e-mail: shadoula@who.int
Ms. Alexandra Taha, Acting Emergency Coordinator, WHO Regional Office, Cairo, e-mail tahaa@who.int