



**World Health Organization**

Regional Office for the Eastern Mediterranean

**SITUATION REPORT  
NOVEMBER 2020  
ISSUE NO.11  
Yemen Update**



Healthcare worker in the ER entrance of Al-Thawra hospital in Ibb governorate. C: Omar Nasr



**30.5M ESTIMATED POPULATION\***



**24.3M MILLION \*\* IN NEED**



**2,087 \*\*\* COVID-19 CONFIRMED CASES**



**17.9M \*\*\*\* IN NEED FOR HEALTH CARE**

**WHO**

**HIGHLIGHTS**



In partnership with KSR relief, in November WHO facilitated the provision of 18,000 kgs of insecticides and 686 PPEs in preparation of an upcoming anti-malaria campaign that will target 272,888 households in Tehama region.

- Situation update: Conflict continued across Yemen during November, with attacks on civilians and humanitarian partners, while the country faces an unprecedented risk of famine.
- Health Response: WHO partners with KSR relief to support the delivery of essential health services and Health Cluster coordination in Yemen.
- COVID-19: Health partners remain concerned that the virus is still spreading across the country, and that reported confirmed cases and deaths fall below actual numbers.
- Malnutrition: A total of 34,364 children under five were screened for all forms of malnutrition in October; 27 per cent of them were under six months.

NUMBER OF WHO STAFF & OTHER CONTRACTS MODALITY IN COUNTRY: 300

**HEALTH SECTOR**

71 HEALTH CLUSTER PARTNERS

19 M TARGETED POPULATION –YHRP 2020

\* Yemen HRP 2020  
\*\* Yemen HRP 2020  
\*\*\* COVID-19 Report as of Nov 2020  
\*\*\*\* Yemen- HRP 2020

## **Situation Update Conflict continues to rage amidst looming famine, funds shortages.**

Conflict continued across Yemen during November, including in the western coast, causing many civilian casualties, and disrupting livelihoods and humanitarian assistance while the country faces an unprecedented risk of famine.

On 17 November, unidentified armed men attacked a mobile medical clinic run by the Emirates Red Crescent in the Yakhtil area of Al Mukha District in Taizz Governorate, where staff were providing medical services to residents of Al-Mashqar Village. Bullets penetrated the vehicle while staff were inside.

On 29 November, an attack in Al Hudaydah Governorate reportedly caused 14 civilian casualties, all of them women and children. Five children and three women were killed, and another three children and three women were injured when artillery shells hit a house in Al Ghaza village in Ad Durayhimi District. Hostilities in Al Hudaydah Governorate have escalated in recent months. In October, sources confirmed a spike in civilian casualties, with 74 fatalities and injuries recorded across the Governorate.

Earlier in the month, several UN high-ranking officials warned against a looming famine in Yemen. "The most urgent task in Yemen today is to prevent widespread famine", said Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, during a briefing to the Security Council on the humanitarian situation in Yemen held on 11 November. "We are on a countdown right now to a catastrophe in Yemen", said UN World Food Programme (WFP) Executive Director David Beasley during the briefing.

At the country level, Humanitarian partners continued to call on parties to improve the operating environment. "Millions of Yemenis have endured unimaginable suffering for nearly six years as a result of this conflict. Now, the country faces COVID19 while food insecurity and malnutrition rates are soaring, famine looms, and the humanitarian response remains hugely underfunded. The parties to the conflict must find a way to work towards sustainable peace and prevent further misery and save lives," said the Humanitarian Coordinator for Yemen ad interim Altaf Musani, in a statement on 30 November.

**Health Response** A new WHO-KSRelief partnership to support the delivery of essential health services will benefit to nearly seven million people in Yemen



*Patients waiting for their turn at Al-Thawra Hospital in Ibb*

After more than five years of conflict, Yemen's health system is on the brink of collapse. More than 17.9 million people (out of the total population of 30 million) need health care services in 2020. At the same time, only half of the health facilities are fully functioning. Those that remain open lack qualified health staff, basic medicines, medical equipment like masks and gloves, and oxygen and other essential supplies.

The World Health Organization (WHO) and the King Salman Center for Relief and Humanitarian Aid (KSRelief) have started implementing a new project aiming to support the delivery of essential health services and Health Cluster coordination in Yemen.

**Sustained support to Health Cluster Coordination to improve lifesaving health response to people in need.**

The Yemen Health Cluster responds to the health consequences of the conflict and severe economic downturn in Yemen simultaneously alongside the COVID-19 pandemic.

As the Health Cluster lead agency, WHO plays a critical role in ensuring cooperation and coordination of humanitarian health interventions among Health Cluster partners. This includes ensuring that health partners work together, harmonize their efforts and use resources efficiently to cover any gaps and meet the Yemeni people's health needs. The cluster also supports the integration of information for the actors in the sector.

Since 2017, the Health Cluster expanded its footprint across Yemen through five hubs (Aden, Al Hudaydah, Ibb, Sa'ada and Sana'a) to facilitate health partners' work on the ground and ensure a coordinated, cohesive response to the health needs of the country.

Coordination has become paramount in responding to multiple crises with limited resources. Under this grant, the Health Cluster will also receive support for information management, the functionality of the emergency operation centres and the everyday running costs for the cluster coordination offices.

An estimated 5,1 million people will benefit from this support to the Health Cluster.

**Support to the Minimum Service Package (MSP) to enable essential health services to the population**



*The entrance of emergency at Althawra Hospital in Ibb. Credit: Omar Nasr*

Through the MSP, WHO works with health authorities and other partners to support primary healthcare services in priority districts. This support has enabled more people to access health care, including vulnerable people in remote areas where health facilities are closed or lack vital supplies. Without this, many people would have to travel several hours to reach their closest facility.

Thanks to this generous contribution from KSRelief, critical support to the MSP will be provided to improve the access the Yemeni population has to secondary care, including in 15 hospitals located in priority districts as defined by a health needs-based assessment

The support includes but is not limited to reproductive and maternal health, strengthened preparedness capacity, and improved health staff and pre-hospital and referral care capacity. Up to 1,8 million people are targeted.

KSrelief has been the main funding partner of WHO in 2019–2020. Since October 2019, the partnership between the two organizations has helped preserve Yemen's health system, including through support to the most vulnerable. Continuous support from KSRelief allowed WHO to facilitate the provision of lifesaving medicines, including treatment for patients with chronic, life-threatening conditions, such as kidney failure. The partnership has also supported child

immunization programmes and assistance to pregnant women for safe birth deliveries.

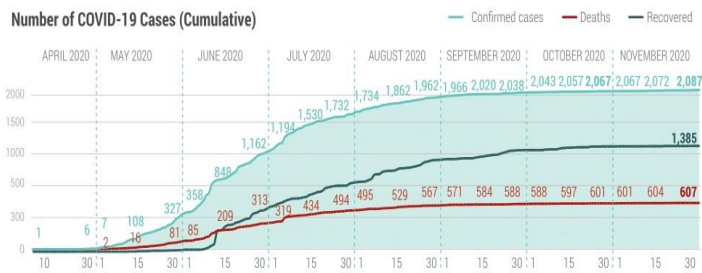
Funded at USD 20,5 million, this new partnership is part of a broader 46 million agreement between the two organizations, signed in September 2020, that also included three other projects on COVID-19 preparedness and response, nutrition, water and environmental sanitation services.

**Epidemiological Update Surveillance and Response**

**COVID-19**

Twenty new confirmed cases of COVID-19, six deaths and 18 recoveries were reported in November, bringing the total number of reported cases to 2,087 with 607 deaths and 1,385 recoveries.

Health partners remain concerned that the virus is still spreading, and that reported confirmed cases and deaths fall below actual



numbers. 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 are some of the reasons behind the decline in the reported cases.

Other factors that have had a negative impact on the COVID-19 response include a lack of adaptive behaviour by the population to reduce transmission, severe funding shortages for health workers and personal protective equipment (PPE) and long delays in importing COVID-19 response supplies. Partners continued working towards increasing surveillance; deploying dedicated COVID-19 staff within agencies; tracking the virus's impact on routine priority health programmes; refining messaging to encourage behavioural change; and boosting intensive care unit (ICU) capacity. Partners have begun to prepare for a second wave of COVID-19, including engaging with excluded and vulnerable groups to keep them safe and supporting essential health facilities to ensure they function throughout winter.

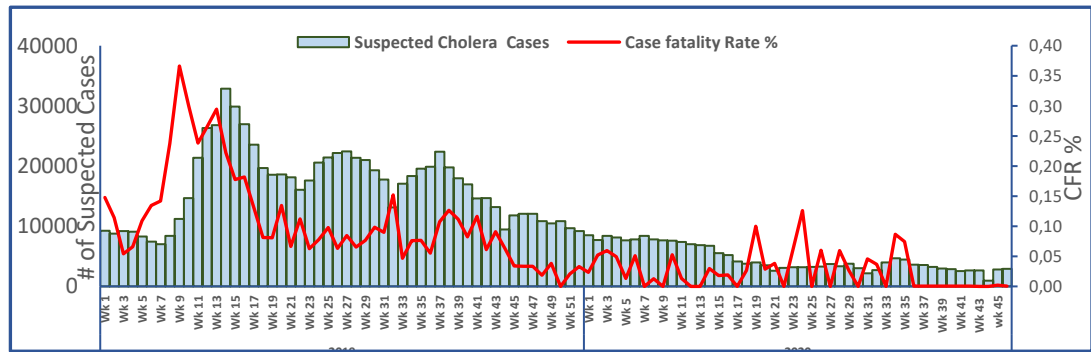
**Cholera**

From 1 January to 22 November 2020, a total of 218,189 suspected cholera cases and 78 associated deaths were reported. Within the four epidemiological weeks before 22 November, 18 districts reported suspected cases, with 72 per cent of suspected cases reported from six governorates: Taiz (20.5 per cent), Al Hudaydah

(13.8 per cent), Sana'a (12.4 per cent), Al Baydah (9.8 per cent), Ibb (7.9 per cent), and Amanat Al Asimah(7.9 per cent).

WHO with health partners continue to support health authorities in responding 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.

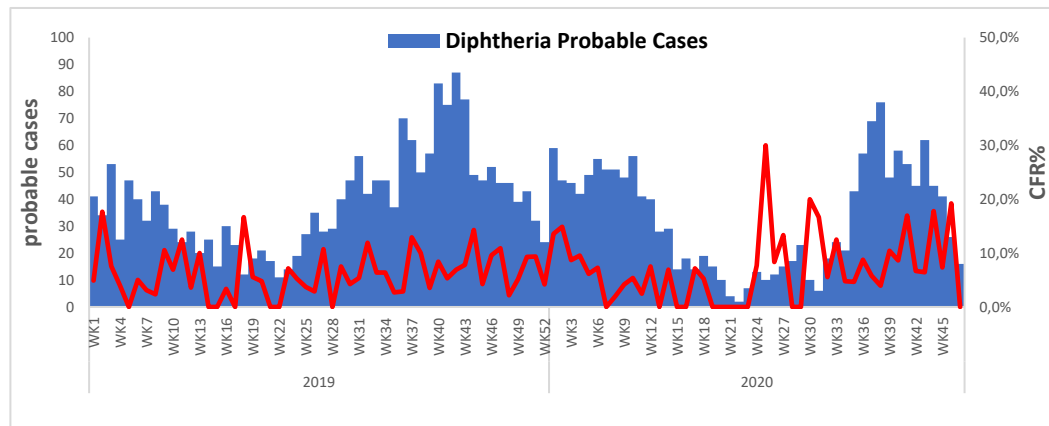
**The trend of Cholera suspected cases between Epidemiological week 1 2019 to 47, 2020**



**Diphtheria**

From 1 January 2020 to 28 November 2020, 1,296 probable cases of diphtheria and 98 associated deaths were reported from northern governorates of Yemen.

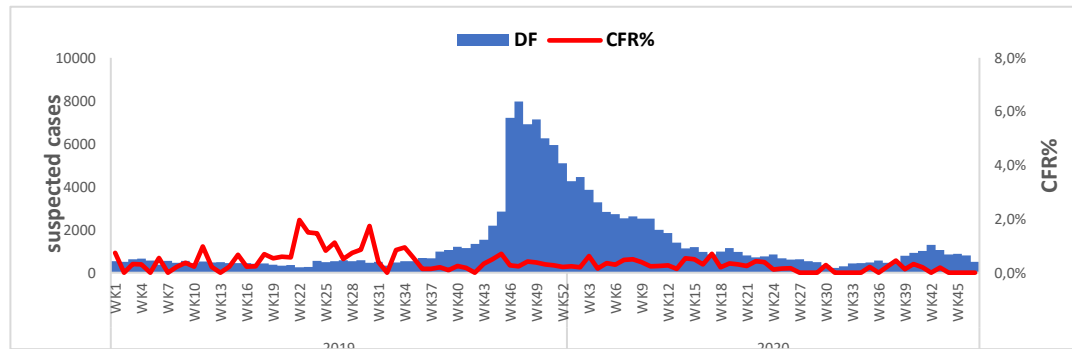
**The trend of probable cases between epidemiological weeks 1, 2019 to 47, 2020.**



## Dengue:

From 1 January to 28 November 2020, a total of 48,535 suspected Dengue Fever cases were reported from northern governorates, with 78 associated deaths. Within the previous four epidemiological weeks, 50 districts reported suspected cases with 99 per cent of suspected cases were reported from four governorates: Taizz (43 per cent), Hajjah (32 per cent), Mareb (13 per cent) and Al Hudaydah (11 per cent).

### The trend of suspected cases between epidemiological weeks 1, 2019 – 47, 2020



As part of the Malaria control and prevention project in Yemen, in November WHO and KSRelief facilitated a four-day training workshop in Aden for community health supervisors representing six districts from six different governorates. The two organizations also facilitated the provision of 18,000 kgs of insecticides and 686 PPEs in preparation of an upcoming anti-malaria campaign that will target 272,888 households in Tehama region.



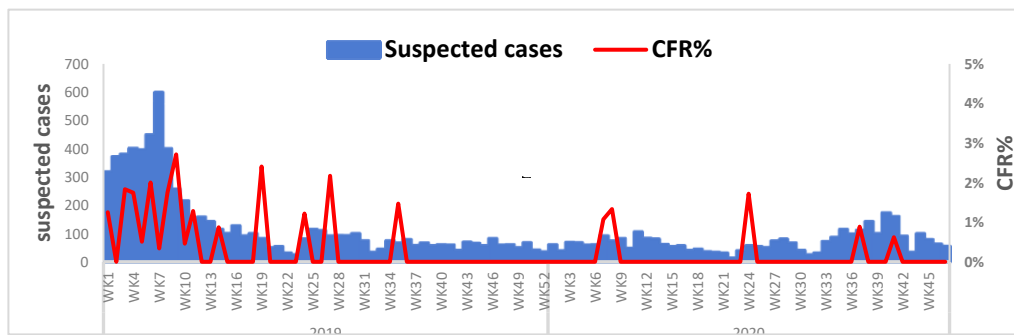


Training workshop for Community health supervisors in Aden – November 2020

## Measles

From 1 January to 28 November 2020, 3,483 suspected measles cases were reported from northern governorates, with five associated deaths. Within the previous four epidemiological weeks, 72 per cent of suspected cases were reported from three governorates: Sa'adah (59 per cent), Amanat Al Asimah (7 per cent) and Amran (6 per cent). Children under the age of five represent 68 per cent of the total suspected cases.

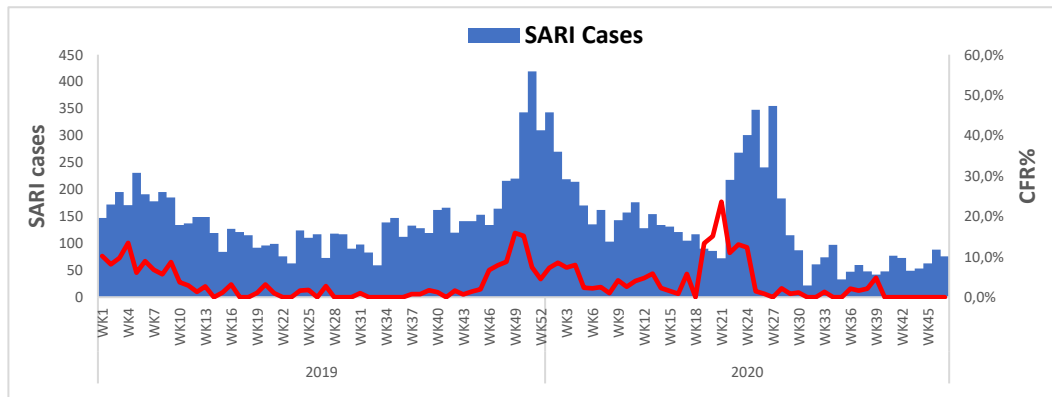
### The trend of suspected cases between epidemiological weeks 1, 2019 – 47, 2020



## SARI

From 1 January to 28 November 2020, a total of 5,409 suspected SARI cases were reported from northern governorates, with 292 associated deaths. Within the previous four epidemiological weeks, 92 per cent of suspected cases were reported from four governorates: Dhamar (57 per cent), Amanat Al Asimah (20 per cent), Sa'adah (10 per cent) and Amran (5 per cent).

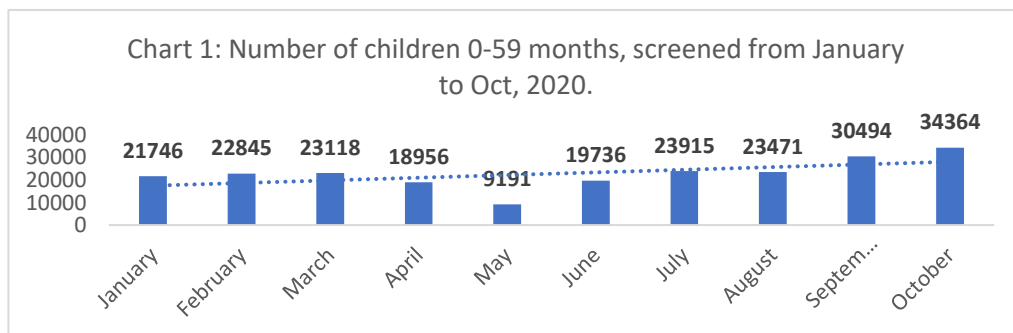
The trend of SARI cases between epidemiological weeks 1, 2019 to 47, 2020



## Nutrition

As a total of 34,364 children under five were screened for all forms of malnutrition in October; 27 per cent were under six months. This number of children screened is almost back to the annual average after the sharp decline witnessed in May 2020. The improvement can be attributable to the measures (Infection Prevention Control (IPC) and safe anthropometric assessment 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.

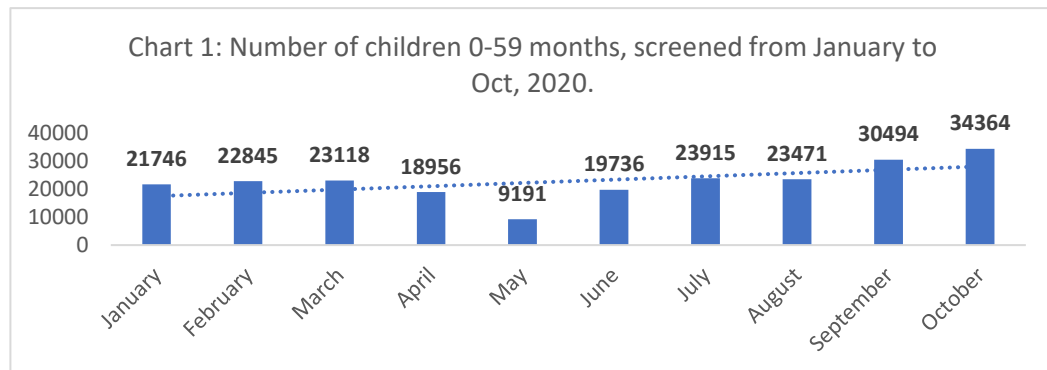
Number of children 0-59 months, screened in the 81 NSS operational sites from January to October 2020



WHO supported the Ministry of Public Health and Population in maintaining essential health services and ensuring safe nutritional assessment by strengthening the nutrition surveillance system (YNSS). A TOT training was conducted for the 15 nutrition surveillance focal points from six governorates (Aden, Lahaj, Al Dhale'e Abyan, Taizz and Al Hudaydah) and central level to increase their capacity. The training conducted under IPC measures in response to COVID-19 pandemic.

In October 1547 children were admitted to the 97 therapeutic feeding centres supported by WHO for the treatment of severe acute malnutrition (SAM) with medical complications. The cure rate was reported at 93 per cent (1431).

In the context of COVID-19 response, WHO continued to support a series of training courses to build the capacity of health and nutrition workers on procedures to safely operate in nutrition service environment, including in Amran, Sana'a, Hajjah, Ibb, Al Bayda, Sa'adah, Marib, Al Dhale'e and Dhamar governorates.



Acute Wasting by Mid-Upper Arm Circumference (MUAC) was detected in 19 per cent of the total children aged between six and 59 months screened in October 2020, with the highest rates recorded in Al Hudaydah and Sa'adah governorates. Children found with acute malnutrition were referred to appropriate nutrition services.

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