Challenge

Conflict has raged in Yemen since 2015 and hunger and disease have followed. Recurrent outbreaks of cholera are among the worst health-related challenges facing the war-torn country. More than one million people were affected by a cholera outbreak in October 2016, the largest in modern times. The deteriorating humanitarian situation, food insecurity, malnutrition, water shortages, and poor sanitation all contributed to the outbreak.

The capacity to respond has been complicated by a lack of equipment, medicines, and health personnel and because only about half of the health facilities in the country are functioning. Although the number of cholera cases has decreased over the past three years, the Ministry of Public Health and Population of Yemen reported 36,062 suspected cholera cases in January 2019.

Solution

In collaboration with the Ministry of Health, WHO and its health partners put in place an Integrated Cholera Prevention and Control Strategic Plan, which is the basis of all operational responsibilities, divided up by partner, area, location, response activity and targeted results.

Partners collaborate through an agreed programme that outlines all roles and responsibilities and integrates all activities. Programme activities aim to improve cholera surveillance, coordinate case management and ensure that patients are safely isolated and that infection control practices are maintained in hospitals and health clinics. Partners also coordinate the distribution of medicines, medical equipment, and supplies and work to strengthen logistics and supply chains to avoid interruptions. For prevention, communication about safe hygiene and sanitation and food safety measures takes place to empower households and communities to improve their health.
The project is funded through multi-year financing from King Salman Center for Humanitarian Aid and Relief (KSRelief) and the World Bank (WB).

KSRelief and the WB contributed US$42 million and US$ 70 million, respectively. The flexible and predictable nature of these funds provides a life-line in unpredictable emergency environments. This funding has allowed WHO to adjust its response according to where and to what extent cholera spreads, providing an effective and efficient financing mechanism. It has also enabled the Organization to adopt more cost-effective measures for preparedness and response capacity and support more than 100 humanitarian partners in 24 Emergency Operation Centers across the country.

WHO’s role is to oversee the application of cholera treatment standards throughout the outbreak response by ensuring that key principles are in place. These include principles for how cholera cases are managed in Diarrhoea Treatment Centres (DTCs) and Oral Rehydration Corners (ORCs).

At national and subnational levels, laboratory testing capacities have been made available. In districts where the risk of cholera outbreaks is high, communication campaigns and vaccination campaigns are being implemented. Another important component of the programme is the strengthening of the reporting system and improvement of data collection at district, governorate and national levels. Finally, supplies have been put in place in advance and logistical capacity strengthened to ensure faster access and distribution of equipment and supplies when outbreaks occur.

To better align efforts and further strengthen the partnership, WHO sought ways to increase engagement with KSRelief. One tactic that proved highly successful was to place an external relations officer at the KSRelief office in Riyadh. This experience was useful in better understanding KSRelief’s decision-making process and its areas of focus, internal processes, and legal requirements. This led to better communication and fostered increased trust and collaboration.

**Impact**

The partnership with KSRelief and its support helped WHO halt the spread of the largest outbreak of cholera in the world. The combination of surveillance, treatment, and prevention measures, including the activation of 100 DTCs and 150 ORCs in 120 priority districts and the establishment Rapid Response Teams (RRTs) in all 333 districts. These have decreased the number of confirmed cholera deaths from 2,238 (in 2017) to 504 (in 2018).

It is clear that the next spike of cases will be decreased by improving disease surveillance and access to clean water and sanitation, raising awareness through the engagement of local communities, and organising training for health workers on how to recognize and treat cases.

But cholera remains in the most vulnerable districts of Yemen. Therefore, the response must continue, building on the lessons learned. WHO and its partners have requested additional donor support to sustain its efforts in fighting cholera in Yemen. Saudi Arabia and the United Arab Emirates have pledged US$ 750 million each towards the Yemen Humanitarian Response Plan (2019), which will be provided through KSRelief.

**Conclusion**

Although the collaboration between KSRelief and WHO has focused on technical assistance to respond to Yemen’s cholera outbreak, it has also produced additional outcomes that have strengthened the partnership for the future. Recognising KSRelief as a partner, rather than solely as a donor, and dedicating WHO resources to engage with KSRelief have produced a more strategic dialogue.

This, in turn, has led to stronger collaboration and a move from single project support to a more holistic approach in which the partners share better coordinated and aligned efforts. Expanded future collaboration is possible: WHO and KSRelief are now discussing working together in nutrition and in the provision of additional resources to further increase and improve health in Yemen’s humanitarian crisis.