HEALTH CLUSTER BULLETIN
September 2017

HIGHLIGHTS

As of 30 September 2017, the total cumulative suspected cases of cholera and death were 782,373 and 2,129 respectively with a CFR of 0.27%. In September 2017, the burden of the cases was seen more in Governorate of Hodeida, Hajja, Dhamar, Amran, Amanat Al Asimah and Sana’a.

Health Cluster partners continue to provide health services to the people of Yemen, supporting 1,174 health facilities, including mobile medical teams, health units and centres and district hospitals, paying incentives to health workers and supporting the local health authorities.

Health Cluster partners are operational in 21 Governorates in Yemen.

Health Cluster partners are providing trauma management, including pre-hospital care in 62 health facilities, maternal and new-born care in 149 facilities, comprehensive emergency obstetric care (CEmOC) in 94 health centres, mental health/psychosocial support in 33 health facilities and physiotherapy in 16 health facilities.

The Yemen Humanitarian Pooled Fund (YHPF) second phase allocation exercise for US$ 70 million was launched in September to cover integrated services provided by different clusters.
Situation Update

Since March 2015, the conflict in Yemen has exacerbated the already precarious humanitarian situation. An estimated 14.8 million are in need of humanitarian health assistance, including 8.8 million living in severely underserved areas and 3.11 million internally displaced. In light of access and security constraints, the 2017 Health Cluster response plan targets 10.4 million people with health interventions. The continued and prolonged violence has also led to the near-collapse of the health system.

Only 45% of health facilities are functioning. In September, cases of suspected cholera have been reported in 88% (293/333) of all the districts in Yemen. This unprecedented cholera epidemic has killed more than 2,000 people and infected 782,374 others since 27 April. The outbreak is far from over. During September, a significant increase in suspected cholera cases was reported in selected districts of seven governorates. The most concerning increase is in three governorates: Hodeida, Ibb and Aden. The WHO has investigated the cause of this increase in suspected cases and provided the recommendation to the health partners through the health cluster, but the spike in cases demonstrated that the outbreak could still rebound, especially in light of weak sanitation systems and a collapsing health sector. Security risks and because of bureaucratic impediments and importation and delivery of medicines, medical supplies and chlorine remains difficult. In some treatment facilities, the quality of health services is poor, especially in relation to infection prevention and control. Despite these challenges, it is important that the cholera response needs to be sustained to minimize the risk of another spike.

Lack of medicines for the treatment of non-communicable diseases, shortages in trauma supplies, widespread malnutrition, disrupted water and sanitation systems, displacement and inadequate maternal and child health care services are severely affecting the health status of the Yemeni population. The health analysis shows the main causes of avoidable deaths in Yemen to be communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50% of mortality) and non-communicable diseases (39% of mortality).

Public Health Risks, Priorities, Needs and Gaps & Challenges

The health partners in September established 3,619/5,006 targeted beds, 214/334 targeted CTC and 1,044/3,250 targeted ORC. For the 97 priority districts, 1,574/2,017 beds have been provided with 104/134 CTC and 546/1,414 ORC been established by health partners.

Gaps in Response

- Insufficient level of unpredictable humanitarian health funding, which impacts upon the ability of the humanitarian system to deliver lifesaving health intervention. Health is only funded by 15.4%.
- Conflicts and insecurity in the whole country; security risks and or bureaucratic impediments.
• The health system has been weakened by the ongoing conflict. More than 55% of all facilities are closed or are only partially functional, resulting in gaps in availability of essential health services for the population.
• There are impediments to the importation and delivery of medicines, medical supplies and chlorine. The country is experiencing a shortage of medicines and medical supplies necessary for the treatment and management of cholera cases. Intravenous fluids needed for treating severe cases are not available in the market.
• The quality of health services in cholera treatment facilities remain a challenge, especially in relation to infection prevention and control with partners have exhausted their capacity while a lack of funding hinders smaller NGOs from scaling up to cover all the gaps in the country.

**Surveillance and Communicable Diseases Control**

Early warning Alert and Response System (EWARNS): A total of 3,051 alerts were generated by eDEWS system in week 39, 2017; of these 2,923 alerts were verified as true for further investigations with appropriate response.

Altogether 578 alerts for Susp.Cholera, 504 Upper Respiratory Infections, 448 Other Acute Diarrhea, 430 Lower Respiratory Infections, 237 Malaria, 200 Typhoid and Paratyphoid Fever, 178 Bloody Diarrhea, 88 Influenza related Illnesses, 63 Mumps, 51 Measles, 45 Pertussis, 31 Schistosomiasis, 16 Dengue Fever, 15 Severe Acute Respiratory Infection, 10 Acute Viral Hepatitis, 9 Acute Flaccid Paralysis, 7 each for Meningitis and Cutaneous Leishmaniasis, 3 Viral hemorrhagic Fever, 2 each for Neonatal Tetanus and Diphtheria were received and responded in system generated.

![Proportional morbidity of leading priority diseases, Epi weeks 39, 2017](image)

- The cumulative number of suspected cholera cases reported in Yemen since start of epidemic in 2016 to 30 September 2017 is 782,151 including 2,129 related deaths and an overall case fatality rate being 0.27%. 22 out of 23 (96%) governorates and 293 out of 333 districts (88%) were affected by the second wave of the cholera outbreak.
- In the month of September, a total of 160,472 suspected cases of Cholera were seen with 92 associated deaths, with attack rate/10,000 of 58.7% and overall case-fatality rate of 0.06%. This was a slight decrease as compared to the month of August that had 90% of the affected districts.

**Trauma**
The number of new conflict related trauma cases that received life support in September slightly increased from 2,891 to 2,919. These patients were all managed in the 62 health facilities treating trauma cases.

**Health Resources Availability Mapping (HeRAMS)**

Lack of functional health care facilities: is the main reason for the low availability of services for the affected population. Out of 3,507 fixed health facilities in Yemen, 55% have either closed or are only partially functional. An estimated 30,000 local health workers have not been paid their salaries for a year now. Operational costs for more than 3,500 health facilities have not been paid.

In September health partners operated in 75 district hospitals, 28 governorate level health facilities, 16 governorate hospitals, 623 health centers, 302 health units and 129 mobile teams.

To ensure the continued availability of health services over the long term, health facilities must be re-opened. Direct support is required for service provision, including compensation to staff.

**Health Cluster Coordination**

- Health Cluster partners are present in 22 governorates of Yemen, providing support to 75 district hospitals, 28 governorate level health facilities, 16 governorate hospitals, 623 health centres, 302 health units and 129 mobile teams.

- In the month of September, the Health Cluster conducted three coordination meetings. Much of the discussion focused on the cholera response, including harmonization of incentive payments for health workers involved in the response, improving quality of health services, the cholera dashboard, WASH activities in health facilities, referral system modalities by MDM and the support to the orphanage institute.

- The Health Cluster in September organised a workshop for health partners on Modalities of Improving the Quality of Health Services and Engagement to provide Minimum Health Services Package (MSP). The WHO elaborated to the health partners on the content of this MSP package.

- Several cluster working groups met in September. The Health Cluster assessment working group and SAG had different meetings in the weeks of September to discuss the issue of standardizing and consolidating different assessment tools and improving quality of health services.

- Newly established four Sub National Health Cluster Coordinators started working in September. Their training and orientation were done by Health Cluster Coordinator and OCHA and they will work in the Hubs of Aden, Hodeida, Sa’ada and Ibb.

- Health Cluster organised a meeting for the health partners to streamline activities for the second allocation of HPF and explained the modalities of funding and reinstate on the provision of MSP.
A total of US$ 70M has been allocated under the 2\textsuperscript{nd} HPF funding. The Health Sector funding should target the priority districts in order to achieve 2 main objectives:

- Provide integrated primary, secondary and referral health services, surveillance and response and medical supplies in priority districts.
- Strengthen reproductive, maternal, new-born, child and adolescent health (RMNCAH) interventions, including violence against women.

Significant improvement found in the reporting by the health partners in the month September than August. The data received from health partners almost doubled and it was achieved through health cluster coordination meetings stressing importance of reports.

Efforts have been made by partners to improve the quality of services provision, including improving supervision and monitoring, strengthening provision of cholera services, providing correct case definition, provision of two registers in registering diarrhoea: one for diarrhoea and other for cases meeting the criteria for suspected cholera.

**Health Sector Action**

**Support to Health Service Delivery**

In September, Health Cluster partners conducted 171,258 consultations of which 81,198 were for children under 18 years of age. The number of children who received treatment for severe acute malnutrition was 5,159. Our partners received and managed 2,919 trauma cases.

**Sexual & Reproductive Health (SRH)**

Health partners conducted 3,382 normal deliveries and 470 caesarean sections along with 16,975 antenatal care visits and 9,318 postnatal care visits. Partners provided clinical care for 1,158 victims of sexual and gender-based violence.

**Physiotherapy and Mental Health**

In September, physiotherapy services were provided to 483 patients and mental health/psychosocial support services to 14,635 patients.

**Health Education & Training**

Outside of the cholera awareness campaign, which reached more than 14 million people with key cholera prevention messages, in September 179,361 beneficiaries received health education and trainings mainly in hygiene promotion and cholera prevention.

Health partners also provided trainings to 49 doctors, 192 nurses, 95 midwives and 224 community health workers. The trainings were mainly on cholera outbreak investigation and response and on-job training to improve the quality of health services.

**Medicines and Other Supplies**

In September, WHO supported the health partners in providing medicines, diarrhoea kits, supplies and water purification tablets to be used in the management cholera cases. The WHO further distributes these items to 41 ORC and 7 CTC in in Sana’a governorate, Al-jomhori hospital (Sana’a), 8 health centres (Sana’a).
Health partners provided fuel & water to support the cholera activities: 71,739 litres of fuel provided and 1,148,997 litres of water

**Plans for Future Response**

**Capacity Building for the Health Partners**

In October, the Health Cluster will send a questionnaire with a number of trainings for the health partners to choose the most appropriate that can be delivered to them in order to enhance their capacity to improve quality of services.

Follow up of the quality improvement and outcomes after the trainings in September on improving quality of health services.

**Health Assessment Tools**

In October, the updated health facilities and cholera tools revised by the Information Management Working Group under the Health Cluster will be sent to the partners for their comments before endorsing them.

**Funding Status**

**Humanitarian Response Funding**

In the first allocation of the Yemen Humanitarian Pooled Fund, the Health Cluster received about US$ 15.7 million, comprising only 4.7% of the total funding request under the Yemen Humanitarian Response Plan 2017 (US$ 332 million).

A second allocation was launched in September 2017 for US$ 70 million mainly for the provision of integrated primary, secondary and referral health services, surveillance and response and medical supplies in priority districts and strengthening reproductive, maternal, new-born, child and adolescent health (RMNCAH) interventions, including violence against women.

**Agencies that reported for August**

There is an increase in reporting in the month of September as compared to the previous month. In September, 35 health partners submitted their monthly report:

ACF, ADO, ADRA, All Girls Foundation, BFD, CSSW, Direct Aid, FCDF, FMF, GHO, HCR, HI, IOM, IMC, INTERSOS, IRC, MdM (Medecins du Monde), Mercy Corps, MoPHP, NFDHR, PU-AMI, RDP, Relief International, RRD, SAWT, SCI, SOUL, TFD, TYF, UNICEF, WHO, WRG, YDN, YFCA and YWU.