

KEY MESSAGES ON CHOLERA

29 May 2017 (These messages will be updated on a weekly basis)

Current situation

Yemen is in the grip of a fast spreading cholera outbreak of an unprecedented scale. In just two weeks the number of cases reported has equaled the caseload reported over several months during the last outbreak in October 2016. Over 98,000 cases are projected from the high risk districts in the coming six months. *[From 27 April to 28 May 2017, almost 52,000 suspected cases, including 478 associated deaths, have been reported across the country. The number of deaths reported over the last four weeks is almost three times higher than deaths reported from October 2016 to March 2017. These figures are likely to underrepresent the magnitude of the epidemic since only less than 45% of health facilities in Yemen are functioning and data collection and verification continues to be a challenge throughout the country. These figures will also change on a daily basis hence are to be considered illustrative only. On 14 May, the MoPHP declared a state of emergency in Sana'a governorate stating that the health system is unable to contain this unprecedented health and environmental disaster.]*

Humanitarian partners have been responding to the cholera outbreak since October 2016. WASH/health interventions led to a containment and a steady decline in the cholera epidemic curve in late 2016. However, the current upsurge of cholera is just another dire manifestation of the fragility and humanitarian catastrophe that faces this country.

Over two years of escalating conflict, compounded by import restrictions on basic food, fuel and medicine commodities, have devastated livelihoods, collapsed institutions providing key social services like health, water and sanitation and lessened the capacity of people to cope with hardship. Millions have been pushed into destitution with 10.3 million people in acute need of humanitarian assistance or protection support; 7 million people face the prospects of famine. *[Less than 45 per cent of all health facilities are fully functional and more than 14.8 million people lack access to safe drinking water and sanitation. Only 30 per cent of required medical supplies are being imported into the country and fuel imports are at their lowest. Hospitals are short of drugs, medicines and fuel to operate equipment. Salaries of doctors and nurses have not been paid regularly for over six months. Water and sanitation infrastructure has been destroyed by the fighting or is non-functional due to lack of fuel and electricity. Waste is piling up in the streets posing a severe health hazard, particularly as the rainy season has started].*

The risk of the epidemic spreading further and affecting thousands more is real as the health/wash systems are unable to cope.. Congested urban centers where garbage remains uncollected and overcrowded IDP collective centers/ settlements with precarious sanitation are at high risk of contagion. *[There are 227 districts where cholera is suspected. Some 30 districts across the country (10 Governorates) show over 100 or more suspected cholera cases as of May 14.]*

Malnourished children, malnourished pregnant women and people living with other chronic health conditions are now at greater risk of death as they face the “triple threat”

of conflict, famine and cholera. Their vulnerability cannot be overstated. [17 million people in Yemen are food insecure, including 7 million severely food insecure, 3.3 million are acutely malnourished and 462,000 children are in the grip of Severe Acute Malnutrition (SAM). 1.1 million malnourished pregnant women and their children are now at a greater risk of death].

The humanitarian response

Humanitarian partners are sparing no efforts to deliver a coordinated response in affected areas across Yemen. The response is being implemented at the national, governorate and community level with coordination between UN, INGOs, local partners, relevant public institutions and local authorities. [At the national level, two emergency centers have been established in Aden and Sana'a, with Rapid Response Teams to investigate potential cases and treat contaminated water sources. As of 25 May, health partners established 136 Oral Rehydration Corners (ORCs)[out of a target of 1640] in the 12 most affected governorates and 99 Diarrhea Treatment Centers (DTCs)[out of a target of 328 ORCs] in 17 governorates operating by 13 health partners. Utilizing a fund of US\$ 10 million from the Yemeni Humanitarian Funds, health partners are expected to scale up the response in 13 selected governorates with highest attack rate. Humanitarian partners have enhanced efforts towards the prevention of new infections through hygiene promotion and distribution of hygiene kits and cholera kits. Additionally, awareness raising campaigns are being broadcast five times a day through 17 radio stations across Yemen. Some 8 million people are being reached through SMS with coordinates of treatment centers. Some 1,250 community volunteers have been trained. The UN and partners have also transported seven MT of medical supplies to health facilities in Sana'a and additional 80 MT of cholera medical supplies are being airlifted. More than 30, 000 bottles of intravenous (IV) fluids and more than 90 cholera beds were distributed to health facilities to Sana'a, Amanat Al-Aismah, Al-Hudaydah and Ibb governorates; in Amanat Al –Asimah, 260 wells were chlorinated along with private tanks; in Ibb and Amran, the public water network was chlorinated. An allocation from the YHPF in the amount of U\$10 million is on-going. Partners plan to open up to 500 ORTCs in health facilities to reduce the pressure on health facilities and DTCs].

Key messages/asks

Humanitarian partners are ready to do more and want to do more to save lives. Critical priorities to containing the spread of the outbreak and prevent new ones include:

- ✓ **financial support for humanitarian partners to scale up the response to treat confirmed cases, investigate suspected ones, increase positive hygiene practices and access to clean water; U\$55.4 million is required to implement activities outlined in the Health/Wash integrated response plan in the next 6 months to reduce occurrence of cholera and fatality.**
- ✓ **enabling unfettered humanitarian access for aid workers, to conduct critical activities such as water chlorination and enable assessment of potential new cases;**
- ✓ **ensuring unrestricted commercial and humanitarian imports of important commodities such as medical supplies, food and fuel;**

- ✓ **supporting Yemen institutions providing basic service delivery in the health and wash sector with provision of cholera treatment kits, essential medicines, incentives for staff and improved solid waste disposal.**

[A total of \$ 66.7 million is required to implement activities outlined in the Health/Wash integrated plan for 6 months from May to October 2017. That number however will continue to grow given the increasing numbers of people to be treated. Considering available resources, including \$10 million to be allocated through YHPF, the net requirement totals to \$55.4 million. As of 21 May, the YHRP is 24% funded..)

We ask donors to quickly turn their pledges into contributions and we ask all parties involved in this conflict to uphold their responsibilities and put the survival of Yemen's people first by allowing humanitarian workers to have unhindered access to all people in need as well as allowing the importation of critical commodities including urgently needed medical supplies into Yemen.