

**KEY MESSAGES ON CHOLERA APPROVED BY THE HUMANITARIAN
COUNTRY TEAM IN YEMEN**

12 June 2017

(These messages will be updated on a regular basis)

Current situation

Yemen is in the grip of a fast spreading cholera outbreak of an unprecedented scale. As of 12 June, WHO reports a cumulative total of 124,002 suspected cases and 923 associated deaths. More than half of the suspected cholera cases have been reported from four governorates: Amanat Al Asimah, Hajjah, Amran and Al Hudeidah. *[These figures likely underrepresent the magnitude of the epidemic since only 45% of health facilities in Yemen are effectively functioning and surveillance systems, data collection and verification continues to be a challenge throughout the country. Although rapid test are available, only 2 labs (Sanaa and Aden) are ‘authorised’ to confirm suspected cases. 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.]*

Cholera is affecting the most vulnerable: children under the age of 15 account for 28 percent of all deaths while those aged over 60 represent 30 per cent of fatalities. ¹

Humanitarian partners have been responding to the cholera outbreak since October 2016. Combined 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. *[Some 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].*

¹ WHO Sit Rep. No 2 dated 5 June 2017

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.

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. [17.1 million people in Yemen are food insecure, including 7.3 million severely food insecure, 3.3 million children and pregnant and lactating women are acutely malnourished including 462,000 children under five who are in the grip of Severe Acute Malnutrition (SAM)].

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. Rapid Response Teams at the governorate level 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. Nearly 3.5 million people across the country have been reached by disinfecting water tanker filling stations, chlorinating drinking water, restoration of water treatment plants, rehabilitation of water supply systems, providing household water treatments and distributing hygiene kits (soaps and washing powders). 4,000 rapid diagnostic tests have been distributed in most affected governorates to enhance early detection. WHO has deployed 20 field coordinators in the top 30 priority districts. WHO airlifted 67 tons of supplies (IV fluids and cholera kits in what is the the largest planeload of medical goods WHO has brought into the country since the escalation of the conflict in March 2015. This is part of a larger shipment which includes 13 tons of supplies for Aden. 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. Utilizing a fund of US\$ 10 million from the Yemeni Humanitarian Funds, health partners are expected to scale up the response in selected governorates with highest attack rate.

Key messages/asks

- ✓ **Humanitarian partners are ready to do more and want to do more to save lives. However, they cannot replace the health system. 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 is essential to contain the epidemic.**

- ✓ Cholera is a treatable disease, standing by and watching the epidemic spreading further and taking more lives at the same time that famine is looming is immoral. Financial support for humanitarian partners to increase the outreach in terms of activities and partners presence in affected areas must be availed immediately. We ask donors to quickly turn their pledges into contributions as a matter of priority.

- ✓ This outbreak is the direct consequence of systems failure caused by the conflict and the tactics of the parties to the conflict. The humanitarian community 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 humanitarian access to all people in need as well as allowing the importation of critical commodities including urgently needed medical supplies into Yemen.

[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 12 June, the YHRP is 28.5% funded critical clusters like Health and Wash continue to be poorly funded with 13 and 15 per cent of funding received).