

## KEY MESSAGES ON CHOLERA

19 October 2017

*(These messages will be updated on a regular basis)*

### Current situation

**Yemen, the world's largest food security crisis, is now facing the world's worst cholera outbreak which in the span of two months has spread to the entire country except for one governorate (Socotra island).** *[The cumulative total of suspected cholera cases reported since 27th April 2017, reached 822,675 as of 11 October 2017. With 2,160 associated deaths reported across the country, the overall case fatality rate is 0.26%. Epidemiological data indicates that the number of suspected cases of cholera is on the decline having reduced from almost 51,000 cases in a week at the peak of the outbreak to 35,000 cases per week in the last 2 weeks.]*

**Cholera is affecting the most vulnerable of Yemenis: Children under the age of 5 years represent 26 % of the cases and almost 17 % of deaths. People over the age of 60 continue to account for the highest percentage of deaths (31 %). Malnourished children, 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.** *[About 2.8 million of people need acute malnutrition treatment in 2017, including 1.8 million acutely malnourished children (0.4 million of whom are severely acutely malnourished) and about 1.1 million pregnant and lactating women].*

**The humanitarian crisis in Yemen is man-made. It is a direct consequence of more than two years of conflict where deliberate military tactics moved an already weak and impoverished country towards social, economic and institutional collapse.** *[Civilian infrastructures such hospitals, schools, markets, water systems and ports that have been damaged by hostilities. 15.7 million people are cut off from regular access to clean water and sanitation, increasing the likelihood of the disease to spread. Hospitals and clinics face crippling staff, medicines, fuel, and equipment shortages. An estimated 30,000 dedicated local health workers who play the largest role in ending this outbreak have not received their salaries for nearly 10 months and operational costs in more than 3,500 health facilities are not covered.]*

**The national health system is unable to cope with the rising outbreak whose magnitude is outstripping humanitarian organizations. The risk of the epidemic spreading further and affecting thousands more is real.** *[The convergence of famine and cholera calls for an integrated response by food security, nutrition, wash and health clusters. However, the recently released Periodic Monitoring Review (PMR) highlighted that only 28 percent of the 67 priority districts where food insecurity and cholera intersect have been reached by all four clusters].*

**Humanitarian organizations continue to face restrictions on movements of basic goods and people into and from Yemen and extensive damage to infrastructure due to conflict make the delivery of humanitarian assistance difficult.** *[Al Hudaydah, the main port is operating with limited capacity due to damage sustained from attacks. Restrictions on*

*movements are forcing commercial and humanitarian actors to use longer and more costly land routes for the delivery of essential supplies. The closure of the Sana'a airport to commercial traffic is preventing people seeking medical assistance for treatable diseases- not available in country - to travel abroad for treatment].*

### **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. Health Cluster partners are operating 3,619 Diarrhoea Treatment Centre (DTC) beds in 234 DTCs and 1,084 Oral Rehydration Corners (ORCs) in 20 governorates and 225 affected districts in Yemen. Partners have reached 72.3% of the target number of DTC beds and 54.1% of the target number of ORCs. The importance of the application of the correct case definition for suspected cholera was stressed in the most recent Health Cluster meeting. 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.]*

**We are doing the best we can with the resources we have to reach people on need. Aid organizations have reprogrammed resources intended to address malnutrition and food insecurity to cholera. However, if these resources are not replenished and increased famine - like conditions will worsen.** *[The Health and WASH Clusters have revised their six-month Cholera Response Plan. The revised plan will require US\$254 million for response activities from May to December 2017. At mid-year, the Yemen Humanitarian Response Plan is 55% funded.]*

**Humanitarian partners are ready to do more and want to do more to save lives. However, we are being relied upon to go beyond our capacity and mandate. We cannot replace Yemeni institutions required to effectively respond to the scale of needs.**

**The success or failure of many humanitarian interventions, including the cholera response, is reliant on health, water and sanitation workers. We need civil servants, in their posts and working at full speed.**

**We are redoubling efforts to ensure a system-wide response to cholera to ensure that we reach people in every affected district. However, the magnitude of the outbreak is beyond the capacity, presence and reach of humanitarian organisations.** *[Given continued concerns that the cholera response is beyond the capacity, presence and reach of the WASH and Health Clusters, the Yemen HCT agreed to a system wide approach. Such approach hinges on the involvement of partners with technical skills from all clusters to scale up cholera interventions].*

### **Key messages and asks**

- ✓ **We ask the international community to support modalities towards restoring and/or maintaining the functionality of public service institutions across Yemen.**
  
- ✓ **We ask donors to fully fund the Yemen Humanitarian Response Plan (YHRP) and make all pledges effective quickly to allow humanitarian organizations to scale up and provide an integrated wash/health/nutrition/food security response and reach people in all areas affected by cholera.**
  
- ✓ **The humanitarian community asks 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.**
  
- ✓ **We urge those influencing and arming the parties to use their position to end the conflict and to stop fueling the violence. The humanitarian crisis in Yemen and the latest cholera outbreak are entirely man-made and it is immoral to allow hardship and deprivation to continue.**
  
- ✓ **We ask the Government of Yemen and the Saudi-led coalition to reopen Sana'a airport to commercial flights with no further delay to allow for free movement of people and commercial supplies into Yemen.**