Response – Yemen: A Crisis within a Crisis

Presentation to UNICEF Board, 14 September 2018
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16 Recommendations - 50 Actions

1. Secure vaccination supply for further vaccination campaigns
   - Implement risk assessment to identify areas that would benefit from an OCV campaign.
   - Submit application to the Global Task Force for Cholera Control (GTFCC) for allocation of OCV from the global stockpile to Yemen.
   - Supply OCV in support of campaigns.
   - Conduct OCV campaign in five districts of southern Yemen (phase 1).
   - Conduct OCV campaign in northern Yemen (phase 2) and continue in southern Yemen.

2. Establish regional specialist capacity for epidemiology/cholera
   - Recruit 3R-level epidemiologist.

3. Build regional response capacity for cholera
   - EMT meetings and EMT mailing lists are used to exchange lessons from other responses.
   - Establish a UNICEF regional pool of WASH emergency cholera response specialists and implement refresh training on emergency response in the area of WASH.
   - Develop a regional rapid response mechanism external roster (RRRM).
   - Support countries in MENA to prepare guidelines, response plans, standard operating procedures and training packages in order to be ready to respond to cholera outbreaks.
   - Train 40 staff from all country offices during the regional C4D network meeting.
   - Recruit dedicated C4D in emergency capacity in MENARO.
   - Establish a cholera task force at the regional office level.
   - Establish MENARO Cholera and Outbreak Task Force.

4. 5. Harmonize UNICEF / WHO approaches and clarity roles
   - Establish a regular technical coordination mechanism between WHO and UNICEF.
   - Implement joint health and WASH cluster meetings.
   - Develop a joint health and WASH cluster (including C4D) strategic plan and make it operational.
   - Hold regular discussions between WHO and UNICEF management and technical teams on situation and response.

6. Clarity coordination processes
   - Ensure local-level data sharing between health and WASH rapid response teams.
   - Joint health and WASH cluster meetings re-start/continue.
   - Develop a clear understanding of the coordination mechanism for the cholera response, including the role of the Emergency Operations Centre at the national and governorate levels.

7. Scale up and secure preventive WASH work operations
   - Develop and implement a procurement plan to ensure sufficient stocks of water purification tablets in-country.
   - Operationalize public water supply systems and sanitation facilities through the provision of fuel.
   - Implement operation and maintenance plan for the water supply system (disinfection/chlorination).
   - Scale up the preventive WASH interventions in high-risk areas.
   - Strengthen community engagement and behavioral change interventions around WASH.

8. Strengthen Yemen national cholera surveillance and reporting
   - Continue advocacy at the national level with WHO and health authorities.
   - When indicated, conduct a third-party monitoring validation exercise.

9. Strengthen community-based surveillance and response capacities
   - Train community health workers, community health volunteers and community volunteers.
   - Use traditional community structures and bodies that can be effective in incident reporting.

10. Enhance rapid response capacities
    - Form and maintain rapid response teams for WASH in priority districts.
    - Develop a rapid response team coordination centre for health and WASH.
    - Update cholera training modules, with the inclusion of a module on rapid response teams.

11. Establish additional response preparedness measures
    - Ensure that the 2018 WASH supply plan is developed and implemented.
    - Prepare contingency Programmes Cooperation Agreements covering all high-risk districts.
    - Increase and enhance the capacity of national and subnational WASH teams.

12. Strengthen monitoring and quality control
    - Build the capacity of implementing partners on key standards and guidelines for monitoring and reporting.
    - Strengthen communication between the third-party monitoring team and the programme staff.

13. Invest in better understanding of behaviors and transmission contexts
    - Undertake knowledge, attitude and practice surveys.
    - Collect regular data on risk behaviors and hygiene practices.
    - Conduct regular qualitative research in hotspots.

14. Consolidate UNICEF global learning on cholera

15. Consolidate UNICEF global epidemiological capacity
    - As part of HEPI, establish a technical working group.
    - The Programme Division and EMOPS will consider establishing an emergency response team.
    - The Principal Adviser, Public Health Emergencies will represent UNICEF on the GTFCC.
    - Strengthen engagement with academic institutions.
    - Strengthen the global epidemiological capacity of UNICEF.

16. Strengthen UNICEF global cholera preparedness
    - To align with the Ending Cholera—A Global Roadmap to 2020 strategy.
    - Roll out emergency preparedness procedures.
    - Under HEPI, develop tools and guidelines to prevent, mitigate and prepare for all health risks.
    - Strengthen collaboration with WHO on cholera in Yemen.
Immediate investment in preparedness and prevention

Key actions implemented prior to final report

- Funds mobilized
- Capacities strengthened
  a. Partners trained
  b. CO’s key positions filled in and supported by nine deployments
  c. MENARO task force established and Principal Adviser Health in Emergencies recruited
  d. RO and HQs able to provide more robust guidance based on lessons learnt across countries

Multi-sectoral Preparedness Plan developed in June, prioritizing 100 districts; 25 PCA signed with partners

OCV campaign implemented between May (South) and August (North)
Enhanced Coordination- sectors, clusters, institutions

Among Ministries:
- WASH Emergency Response Teams deployed in all districts provide feedback to health and C4D teams
- Emergency Operation Room established within Ministry of Water and Environment

Among clusters:
- Inter-cluster operational coordination - from data review and analysis, to preparedness and response, and monitoring - prioritized in complement to EOC
- C4D integrated in the WASH-Health response

Among international humanitarian actors:
- WHO and UNICEF work much closer together with weekly review of epidemiologic data; joint cluster meetings between Health (WHO) and UNICEF (WASH)
- At global and regional level, enhanced dialogue with WHO
Remaining actions and challenges

- Remaining actions from the Management response in global learning, knowledge management and further capacities are planned for Q4

- Overall concern for availability and reliability of data, even though recently established baseline on hygiene practices will hopefully improve C4D interventions

- Remaining challenges to be addressed will require cooperation of Yemeni authorities with support of the international community represented by Board Members:
  - Payment of salaries and incentives for health and WASH staff
  - Yemen political and security contexts: insecurity, displacements, administrative obstacles to access
  - Limited available capacity for C4D prevention in the country calls for more actors needed
  - Globally, insufficient availability of OCV vaccines to cover all needs in all cholera/AWD prone countries
Thank You