Agenda

1) Introduction and welcome remarks
2) Review of previous action points
3) WHO Academy
4) Epidemiological updates
   - COVID 19 Update
   - Cholera Update
4) RCCE Update
5) HRP Prioritization
6) AOB
   - ORS/Aquatab
# Action Points

<table>
<thead>
<tr>
<th>#</th>
<th>Action Point</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MOH to update health cluster regarding the focal point of west coast</td>
<td>Pending</td>
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<tr>
<td>2</td>
<td>Health partners to share their current response to the floods</td>
<td>done</td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
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</table>
WHO Academy
ACADEMY

Revolutionizing lifelong learning for health impact

8 September 2020

academy@who.int | #WHOAcademy | academy.who.int
Health Lifelong Learning Gap

Current lifelong learning market and capacities do not adequately address competency gaps.

234M jobs in the health economy today, 120M additional created by 2030

1,400+ courses provided by WHO reaching 700,000+ people in 2018.
4 million+ enrollments in 2020.

It takes over 10 years to implement evidence-based guidance

Less than 5% of countries are on track to achieve 11 health targets by 2030
Academy Approach

The WHO Academy is about more than just building health competencies globally, it’s about *transforming the way we learn and change* behaviors, policies and systems for impact.

**State of the Art Inputs**
- Global health expertise & evidence-based guidance
- Adult learning science
- Hybrid and digital learning technologies
- Human performance science & systems thinking

**Process**
- Immersive individual & social learning experience
- Quality management & stackable micro-credentials
- Research and Innovation

**Outcomes**
- Impact
- Behavior
- Learning
- Engagement
Learning Modalities

Digital learning
Accessible via laptop, mobile phone or tablet and once downloaded, can be used offline.

Onsite learning
Onsite immersive learning experiences such as cutting-edge health emergency simulations will be facilitated at the WHO Academy campus network including a new Hub in Lyon, France and regional spokes (to be established with partner institutions).

Portable learning lab
Designed for contexts where participants cannot travel or access the digital learning platform, such as in health emergencies and hard-to-reach areas with limited connectivity.

May 2020: Academy app launched
Multilingual one-stop-shop for health workers on COVID-19: technical resources, training, virtual classroom environment, peer learning.
How We Differ

1. **A single platform** for learning, globally accessible, and offline capable—perfect for remote areas.

2. **Targeted and immersive lifelong learning** for WHO workforce and external audiences. For individuals and teams.

3. **Measurable impact** based on outcomes and learning analytics, adapting courses to improve over time.

4. Competency-based courses ensure quality with **verifiable credentials**.

5. Co-created courses **built in tandem** with users based on specific needs.

6. **Multilingual learning built to scale**—WHO reach can ensure global access for millions of people.
1. **Set-up (2019-2021)**


### Prototype
- July 2019 – June 2020
- Ideate and test prototypes, standards and systems

### Beta-test
- July – December 2020
- Develop and test courses, standards and systems

### Evolve
- January – April 2021
- Review and refine courses, standards and systems

### Launch
- May 2021
- Live launch of the first 10 digital courses

### Improve
- June – December 2021
- Real-time analytics, tests and quality improvement

### Scale
- January – December 2022
- Build coverage across target audiences in all regions

### Establish
- January – December 2023
- Establish hub and spokes campuses and systems.

### Expand
- January – December 2024
- Scale operations, systems and coverage

### Sustain
- January – December 2025
- Achieve financial self-sustainability

2. **Start-up (2021-2022)**

Consolidating the operational model. Operationalising course development, delivery and quality improvement systems. Lyon hub infrastructure development.

### Prototype
- July 2019 – June 2020
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### Beta-test
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### Sustain
- January – December 2025
- Achieve financial self-sustainability

3. **Scale-up (2023-2025)**

Operationalising Lyon Hub and regional spoke infrastructure and systems. Expanding operational systems for targeted scale and sustainability.
Epidemiological updates
07.9.2020 GLOBAL Cumulative
Confirmed: 27,032,617
Total deaths: 881,464 (3.3%)

USA: 6 189 488
India: 4 204 613
Brazil: 4 123 000
Russia: 1 030 690

07.9.2020 Eastern Mediterranean Region
Confirmed: 2,020,815
Total deaths: 53,332 (2.6%)

Iran: 388 810
KSA: 321 595
Pakistan: 298 903
Iraq: 264 604
Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 07 September

Situation by WHO Region

- Americas: 14,117,712 confirmed
- South-East Asia: 4,787,009 confirmed
- Europe: 4,508,390 confirmed
- Eastern Mediterranean: 2,010,549 confirmed
- Africa: 1,088,204 confirmed
- Western Pacific: 520,012 confirmed

Source: World Health Organization

Data may be incomplete for the current day or week.
Daily distribution of COVID-19 cases and cumulative CFR% in EMR countries
29 January – 07 September 2020 (n= 2 020 815)

Source: WHO EMRO Dashboard
Yemen – COVID-19
Main Figures
as of 07 Sep 2020 Time: 22.00hrs

- Confirmed Cases: 1,993
- Deaths: 574
- Recovered: 1,203
- CFR%: 29%
- Governorates affected: (11/22) (50%)
- Last reported cases: 2
- Last reported deaths: 1
Yemen – COVID-19
Daily Trend of Confirmed Cases
as of 07 Sep 2020 Time: 22.00hrs

1,993 Confirmed Cases
11 Governorates Affected
Yemen – COVID-19
Daily Trend of Deaths
as of 07 Sep 2020 Time: 22.00hrs

574 Deaths
Yemen – COVID-19
Weekly Trend of Covid Week 15 to Week 37 - 2020
as of 07 Sep 2020

Title
Cases
Death
CFR

# of cases and # of deaths

CFR (%)
# Yemen – COVID-19
## Summary By Governorate

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<tr>
<th>Governorate</th>
<th>New Cases</th>
<th>New Deaths</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Recovered</th>
<th>New Lab Tests Per 100,000 People</th>
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<tr>
<td><strong>Total</strong></td>
<td>2</td>
<td>1</td>
<td>1,993</td>
<td>574</td>
<td>1,203</td>
<td>-</td>
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RCCE Update
RCCE Update
In light of significantly reduced funding, the 2020 HRP is being prioritized; the process will be transparent and inclusive.

**Step One: Reset Strategic Objectives**
Starting 9 August: The HCT will: 1) review progress in achieving the five core HRP strategic objectives; 2) analyze the operating environment and humanitarian capacities; 3) possibly reduce and adjust the direction of the objectives to achieve highest impact. The results of HCT consultations will be validated by the Advisory Board.

*Example of a Strategic Objective:*
Reduce outbreaks of infectious diseases by helping to suppress the factors that lead to epidemics, upgrading treatment capacities, safeguarding as many components of the existing health system as possible and expanding epidemiological surveillance.

*Example of a Strategic Objective:*
Help millions of destitute Yemenis overcome hunger by providing food and nutrition assistance, increasing household incomes and advocating for measures that bring economic stability.

*Example of a Strategic Objective:*
Reduce the risk of violence against civilians and facilitate recovery of people traumatized by the conflict by advocating for adherence to international humanitarian law and providing specialized services and support.

**Step Two: Reset Cluster Objectives**
Starting 16 August: Clusters will: 1) analyze the current factors impacting vulnerabilities; 2) use new assessments to validate vulnerabilities and needs; 3) review the cluster objectives in the HRP against each of the revised strategic objectives; 4) adjust the direction of cluster objectives to achieve each strategic objective.

**Step Three: Order Cluster Programmes**
Starting 23 August: Clusters will: 1) review, in a consultative process, the status of each programme based on clear ICCM criteria; 2) group each programme into one of the three categories—URGENT, NECESSARY or DESIRED. Clusters will defend their portfolios with the Advisory Board.
Prioritization

**Step 1: Reset Strategic Objectives**

Reduce outbreaks of infectious diseases by helping to suppress the factors that lead to epidemics, upgrading treatment capacities, safeguarding the national systems that deliver public goods and services and expanding epidemiological surveillance.

Help millions of destitute Yemenis overcome hunger by providing food and nutrition assistance, increasing household incomes and advocating for measures that bring economic stability.

Reduce the risk of violence against civilians and facilitate recovery of people traumatized by the conflict, including displaced people, by advocating for adherence to international humanitarian law, promoting inclusive community-based initiatives and providing specialized services and support.

**Step 2a: Reconfirn Cluster Vulnerabilities**

Using recent assessments, each cluster will confirm: a) the people worst impacted in their cluster; b) areas worst impacted in their cluster.

**Step 2b: Reconfirn Cluster Access and Capacity**

Each cluster will confirm: a) which areas they cannot access (this could vary by cluster); b) how much actual capacity exists within the cluster for each vulnerable group and (a above) and each hard-hit area (a above).

**Step 2c: Map highest priority areas and populations groups across all clusters**

Using cluster information provided under step 2a, the ICCM will produce a composite map showing highest priority areas and population groups for each of the three strategic objectives.

**Step 2d: Overlay highest priority areas and population groups with information on access constraints and actual capacity**

Using cluster information provided under step 2b, the ICCM will produce composite maps showing priority areas and groups and the access and capacity constraints in reaching these.

**Step 3: Reset Cluster Objectives**

Each cluster will review and if required adjust their objectives. Objectives will need to be directly aligned with one of the three strategic objectives. Clusters will describe the impact if the objective is not reached.

**Step 4: Group Cluster Programmes**

On the basis of cluster-specific criteria, and using the analysis produced under step 2, each cluster will group their programmes into one of three categories:

- Group 1 URGENT PROGRAMMES
- Group 2 NECESSARY PROGRAMMES
- Group 3 IMPORTANT PROGRAMMES
STEP ONE: RESET STRATEGIC OBJECTIVES

Strategic Objective One: Infectious Disease
Reduce outbreaks of infectious diseases by helping to suppress the factors that lead to epidemics, upgrading treatment capacities, *safeguarding the national systems that deliver public goods and services*, and expanding epidemiological surveillance.

Strategic Objective Two: Famine
Help millions of destitute Yemenis overcome hunger by providing food and nutrition assistance, increasing household incomes and advocating for measures that bring economic stability.

Strategic Objective Three: Protection
Reduce the risk of violence against civilians and facilitate recovery of people traumatized by the conflict, *including displaced people*, by advocating for adherence to international humanitarian law, *promoting inclusive community-based initiatives* and providing specialized services and support.
**STEP TWO: CLUSTER ANALYSIS**

**STEP 2A: Reconfirm Cluster Vulnerabilities**

Using recent assessments, each cluster will confirm: a) the people worst impacted in their cluster; b) areas worst impacted in their cluster.

<table>
<thead>
<tr>
<th>Output</th>
<th>Inputs Required</th>
<th>Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster PiN map</td>
<td>Updated cluster PiN at district level with SADD breakdown</td>
<td>Clusters to update PiN</td>
</tr>
<tr>
<td>Cluster severity map</td>
<td>Updated cluster severity scale; updated cluster severity ranking at district level</td>
<td>Clusters to confirm severity scales and severity analysis</td>
</tr>
</tbody>
</table>
STEP TWO: CLUSTER ANALYSIS

STEP 2B: Reconfirm Cluster Access and Capacity

Each cluster will confirm:

a) which areas they cannot access (this could vary by cluster);
b) how much actual capacity exists within the cluster for each vulnerable group and (a above) and each hard-hit area (a above)

<table>
<thead>
<tr>
<th>Output</th>
<th>Inputs Required</th>
<th>Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reverse reach map</td>
<td>Cluster 4W</td>
<td>IMU to start mapping</td>
</tr>
<tr>
<td>Capacity analysis</td>
<td>Cluster capacity to reach areas with high PiN density and vulnerable groups (IDP, refugee, migrants, etc)</td>
<td>Develop guidance on capacity mapping to create consistency</td>
</tr>
<tr>
<td></td>
<td>Cluster capacity to reach areas of high severity</td>
<td></td>
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</table>
STEP TWO: CLUSTER ANALYSIS

STEP 2C: Map highest priority areas and populations groups across all clusters

Using cluster information provided under step 2a, the ICCM will produce a composite map showing highest priority areas and population groups for each of the three strategic objectives.

<table>
<thead>
<tr>
<th>Output</th>
<th>Inputs Required</th>
<th>Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO1 Map - disease</td>
<td>COVID, cholera, health infrastructure, WASH infrastructure</td>
<td>Discussion with health / WASH clusters</td>
</tr>
<tr>
<td>SO2 Map - famine</td>
<td>IPC and nutrition inputs</td>
<td>Discussion with FSAC and nutrition clusters</td>
</tr>
<tr>
<td>SO3 Map - protection</td>
<td>Conflict, displacement, refugees, migrants</td>
<td>Discussion with protection cluster</td>
</tr>
</tbody>
</table>
STEP TWO: CLUSTER ANALYSIS

STEP 2D: Overlay highest priority areas and population groups with information on access constraints and actual capacity

Using cluster information provided under step 2b, the ICCM will produce composite maps showing priority areas and groups and the access and capacity constraints in reaching these.

<table>
<thead>
<tr>
<th>Output</th>
<th>Inputs Required</th>
<th>Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-cluster PiN map</td>
<td>Cluster PiN</td>
<td>OCHA to re-confirm inter-cluster PiN calculation methodology</td>
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<tr>
<td></td>
<td>Inter-cluster PiN calculation methodology</td>
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<tr>
<td>Inter-cluster severity map</td>
<td>Cluster severity</td>
<td>OCHA to re-confirm inter-cluster severity methodology</td>
</tr>
<tr>
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<td>Inter-cluster severity calculation methodology</td>
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</table>
STEP THREE: RESET CLUSTER OBJECTIVES

STEP 3: Reset cluster objectives

Each cluster will review and if required adjust their objectives.

Objectives will need to be directly aligned with one of the three strategic objectives.

Clusters will describe the impact if the objective is not reached
STEP FOUR – SEQUENCING CLUSTER PROGRAMMES

Operating Environment

+ Operation al Capacity

+ Impact

→ Cluster Programme Sequencing – (URGENT, NECESSARY, IMPORTANT)
Clusters will:

1) consultative review the status of each programme based on clear criteria;
2) Sequence programmes into three categories - urgent, necessary or important;
3) Clusters will defend their portfolios with the YHF Advisory Board.

- Sequencing will be done with support from CLAs and through a consultative process and transparent process
- Joint review the appropriateness, relevance and feasibility of response interventions and define who should be targeted with what and where, for each specific objective, based on: (1) Operational Capacity; (2) Operating Environment; and (3) Impact.
- Prioritization in this regard is then understood as:
  (i) sequencing responses so that time-critical interventions with most impact take place first, and
  (ii) articulating responses so that interventions are planned in a complementary manner.
YHF STANDARD ALLOCATION

YHF Standard Allocation

$60-65M

Aim is to provide funding for cluster portfolios based on prioritization exercise.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 August</td>
<td>Revised Strategic Objectives circulated</td>
</tr>
<tr>
<td>30 August</td>
<td>Cluster capacity analysis guidance developed</td>
</tr>
<tr>
<td>6 September</td>
<td>Clusters submit revised PiN and severity</td>
</tr>
<tr>
<td>7 September</td>
<td>Launch of step four - cluster programme sequencing</td>
</tr>
<tr>
<td>13 September</td>
<td>Submission of cluster programme sequencing inputs</td>
</tr>
<tr>
<td>17 September</td>
<td>First draft of HRP prioritization document shared</td>
</tr>
</tbody>
</table>
Shukran

Next meeting on Tuesday 22nd September 2020