

# YEMEN

People in need  
20.7 million

People targeted  
16 million

Requirements  
US\$ 132.23 million

Grade 3 Emergency



## Context

The Yemen crisis is recognised as the world's largest humanitarian crisis, now entering its seventh year of unrelenting conflict. Approximately 20 million Yemenis (66% of the total population) depend on humanitarian assistance. This includes 4 million internally displaced persons and 141 308 refugees and asylum seekers as reported in the 2021 Yemen Humanitarian Needs Overview. Forty-seven thousand people are estimated to live in famine conditions (Integrated Food Security Phase Classification (IPC) Phase 5). The country currently has the fourth largest population of internally displaced persons in the world. There are more than 50 active frontlines across the country, which have forced more than 67 000 people to be displaced this year, especially in Marib governorate, where the conflict escalated significantly since the start of 2021. More than 1 million internally displaced persons are estimated to live in 1 800 sites across Yemen, with 50% supported by humanitarian actors.

The national health care system is collapsing due to the continuing conflict, disease outbreaks, and staff movement, resulting in the lack of specialized staff and services. Information from the Health Resources Availability Monitoring System Report updated in 2021 notes that only 51% of health facilities in the country remain fully functional, and 49% of health facilities are partially functional or non-functional, either due to severe shortages of health care providers, lack of medicines, equipment, medical supplies, and operational cost or limited access due to insecurity or long distances. Injury and trauma from the conflict are a major concern in Yemen as more than 81 269 deaths and injuries were recorded so far. Injuries are responsible for 60% of deaths in children between the ages of 5 and 14, and 36% in adults between the ages of 15 and 64. Active ongoing conflict, remnants of war, and increasing incidences of road traffic accidents and domestic violence are all causes of trauma. Trauma therefore places an enormous burden on an already overstretched and under-resourced public health system.

Children and women are especially affected. Malnutrition rates are high and at least one child dies every 10 minutes in Yemen due to preventable diseases. Health worker density is 10 per 10 000 population (the WHO benchmark is more than 22 per 10 000). Specialist density is 0.88 per 10 000 population. There are no doctors in 67 of Yemen's 333 districts, according to the [2021 UNFPA Humanitarian Response Plan in Yemen](#). Women of childbearing age, especially pregnant and lactating women, have limited or no access to reproductive health services including antenatal care, safe delivery, postnatal care, family planning, and emergency obstetric and newborn care. The country has the highest maternal mortality rate in the Arab region and was placed among the "high alert" countries for maternal mortality in the Fragile Countries Index.

## Response strategy

WHO will continue to expand health services, enabling access to essential and critical services to reduce the prevalence of infectious diseases and ensure a protective environment for the most vulnerable populations, including the poorest families, female-headed households, children under five, older persons, pregnant and lactating women, persons with disabilities, people with chronic or critical illnesses, and gender-based violence survivors. WHO will work to strengthen the health system and provide operational support to health facilities, including through the provision of fuel, water, oxygen, and other essential equipment and supplies.

WHO and partners work to enable access to critical services for people in vulnerable settings.  
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The response aims to sustain the public health system and improve its capacity – not create a parallel system. Focus will be placed on supporting and expanding essential, quality health services at the community, primary, secondary, and tertiary care levels, and ensuring the availability and accessibility of emergency, routine, and specialized health services required to meet the needs of the most vulnerable groups in the country.

WHO uses evidence-based planning and results-based monitoring to implement its emergency response. Accurate, up-to-date health information enables WHO to adapt its operations as necessary, with a view to meeting the targets and objectives set out in its overall emergency programme and in individual funding proposals. The Health Resources Availability Monitoring System Report enables WHO to assess the status of health care services, and to collect information on the size and geographical location of health sector partners and the types of services they provide. The disease early warning and response system allows for accurate and timely detection of epidemic-prone communicable diseases, allowing WHO to investigate and respond quickly, mitigate spread, and ultimately reduce morbidity and mortality. WHO monitors the provision of training courses, distribution of health kits, medical supplies, and equipment to health care facilities. WHO also assists with the distribution of fuel, oxygen refilling, water and other consumables to its implementing partners and to health care facilities.



WHO and partners provide life-saving health supplies to people in Yemen as part of the humanitarian response.  
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## Country priorities

More than 20 million people in Yemen are in need of health assistance, including 11.6 million people who are in acute need. WHO prioritizes the following interventions:

- Improve access to essential health care, including reproductive and maternal health, through the Minimum Service Package.
- Strengthen the health system, with a focus on building national capacity and improving the quality of primary health care.
- Strengthen the national health management information system to improve timely reporting, surveillance, and monitoring and evaluation of activities.
- Strengthen preparedness and surveillance, including early detection and response to communicable diseases, outbreaks, and epidemics, including COVID-19.
- Increase access of vulnerable populations, including internally displaced persons, to the health system.
- Prioritize reproductive health, mental health and psychosocial support, severe malnutrition response, and management of noncommunicable diseases.
- Strengthen operational support to health facilities.

## COVID-19 response

COVID-19 continues to have a major impact on the people of Yemen. WHO will work to increase surveillance through prevention and early detection, promote behaviour change through risk communication and community engagement and expand testing capacity. Focus will also be placed on sustaining and protecting essential health services and supporting COVID-19 case management, including advanced critical care in isolation units. WHO continues to promote and fund COVID-19 vaccination, drawing on the global COVAX facility to vaccinate priority groups such as frontline health care workers, older people, those with chronic underlying conditions, internally displaced persons, migrants, and refugees.

As of 2 January 2022, Yemen's health authorities reported 10 134 confirmed cases of COVID-19, with 1 985 associated deaths and 7 030 reported recoveries. Actual numbers of cases and deaths are probably far higher, given the lack of testing capacity across the country and countless unreported cases in governorates controlled by the de facto authorities in Sana'a.

COVID-19 vaccination coverage in Yemen is currently below 2%. Vaccine deployment is happening only in areas controlled by the Internationally Recognized Government in the south of the country, which covers 30% of the total population. The other 70% of Yemen's population is in the northern part controlled by the de-facto authorities, where vaccination rollout is limited.



WHO delivered 70 tonnes of life-saving medicines and supplies to Sana'a, and WHO offloads the shipment of trauma kits (sufficient to meet the needs of 2000 patients requiring surgical care), as well as rapid diagnostic tests and laboratory reagents to cover the urgent needs of central laboratories and blood banks.  
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Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.72	0.37	1.09
P2. Risk communication and community engagement	0.13	0.25	0.38
P3. Surveillance, case investigation, and contact tracing	0.32	1.10	1.42
P5. Diagnostics and testing	5.06	0.25	5.31
P6. Infection prevention and control	1.44	-	1.44
P7. Case management and therapeutics	16.83	1.96	18.79
P8. Operational support and logistics	1.40	1.80	3.20
P9. Essential health systems and services	81.73	-	81.73
P10. Vaccination	1.33	17.54	18.87
<b>Total</b>	<b>108.96</b>	<b>23.27</b>	<b>132.23</b>

#### For more information

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Yemen is currently a Grade 3 emergency in dire need of health interventions. The new Yemen Humanitarian Response Plan (expected to be released in April 2022) includes only bare minimum support. The funding requirements in this appeal only reflect the funding required to implement basic lifesaving interventions over the next 12 months, targeting only the most vulnerable people of Yemen.

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