



### People affected

**18.8 million**

People in need of aid

**10.3 million**

People in acute need

**14.8 million**

People in need of health aid

**14.5 million**

People lacking access to clean water and sanitation services

**462,000**

Children suffering from severe acute malnutrition

**10.4 million**

People targeted for health aid in 2017



Salim, 7 years old, receives treatment for severe acute malnutrition at a WHO-supported therapeutic feeding centre (Credit: WHO Yemen)

### Funding needs

**US\$ 321.6 million**

Health cluster requirements under the 2017 Humanitarian Response Plan

**US\$ 126 million**

Required by WHO for its health response in Yemen

### Contact

#### WHO Yemen

Dr Nevio Zagaria  
WHO Representative  
Email: [zagarian@who.int](mailto:zagarian@who.int)  
Telephone: +967 734 348 384

#### WHO Headquarters

Mr Karim Yassmineh  
External Relations  
Email: [yassminehk@who.int](mailto:yassminehk@who.int)

#### WHO Regional Office

Mr Brian Tisdall  
External Relations  
E-mail: [tisdallb@who.int](mailto:tisdallb@who.int)

## Impending famine, ongoing fighting and a failing health system leave millions at risk in Yemen

More than two years into the crisis in Yemen, the humanitarian and health situation has reached a critical point, with millions of people at risk and on the brink of famine.

Ongoing conflict has left 18.8 million people in need of humanitarian assistance and placed overwhelming strain on the country's health system at a time when it is needed most. Seven million people don't know where their next meal is coming from, and levels of malnutrition are on the rise, leaving the country on the brink of famine.

Less than 45% of health facilities are fully functioning and at least 274 facilities have been damaged or destroyed during the current conflict. Healthcare workers have been forced to relocate and the ones still in post have not received their salaries regularly in around six months.

An outbreak of cholera announced in October 2016 has led to more than 24 500 cases and 108 deaths. Almost 462 000 children suffer from severe acute malnutrition with a risk of life-threatening complications.

Medical supplies are chronically in short supply despite extensive support from WHO and Health Cluster members, further complicating the delivery of life-saving healthcare in the country.

Almost 14.5 million people, including two million internally displaced, lack access to clean water, sanitation and hygiene services, increasing the risk of infectious diseases such as acute watery diarrhea, malaria and scabies.

**In 2017, the health cluster requires US\$322 million for its response activities in Yemen, of which WHO requires US\$126 million. As of April 19, the health cluster is only 4.5% funded, and WHO is only 3.4% funded.**

## Health Cluster Objectives

In 2017, the Health Cluster is reprioritizing its response, with a focus on support to the districts with the greatest health needs and conducting activities to sustain the remnants of the nation's health system.

The primary focus will be on the most vulnerable: children under the age of five, pregnant and lactating mothers, those injured in the conflict and people suffering from chronic conditions.

The new approach has three main pillars:

1. Strengthening and expanding public health interventions such as disease surveillance and vaccination.
2. The introduction of a standard minimum package of basic health services, starting with the most vulnerable districts.
3. Provision of life-saving and life-sustaining services to people with chronic illnesses such as diabetes and high blood pressure.

The Health Cluster is also bringing together humanitarian and development partners to sustain the basic capabilities of the national health system, ensuring it will continue to function long after the current crisis ends.



4.7 million children have been vaccinated against polio since the start of the crisis Credit: WHO Yemen)

## Health Cluster response plan

According to Health Cluster analysis, **the main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50% of mortality) and non-communicable diseases (39% of mortality)**. As the health system continues to collapse, people's inability to access healthcare for these conditions is having a catastrophic effect. Direct injuries due to the conflict add to this caseload, with almost 45,000 people injured since the start of the conflict. The 2017 Health Cluster plan prioritizes activities to address immediate and long-lasting repercussions of the crisis. This will include **supporting health facilities in order to keep them operational following** damage or due to other challenges, as well as **supporting provision of essential, life-saving primary health care** and **maintaining pipelines for medicines and supplies**.

To support delivery, **the Health Cluster plan has identified ten specific areas of intervention, including reproductive health services, immunization, communicable disease management, disease surveillance and trauma care**. Partners will also promote efforts to support the health system by repairing health facilities, fielding mobile health teams where needed, maintaining the pipeline for medicines and working with relevant stakeholders to build capacity.

### Capacity to implement

Despite localized access constraints, obstacles in running mobile teams and bureaucratic impediments to importing and transporting medicines and supplies, partners are able to successfully provide/support life-saving services. These efforts made a significant contribution to sustaining a fragmented health system. **In 2016, Health Cluster partners reached 5.5 million people with direct services. This represented 52% of the 2016 target population, in a context where the health cluster was 59% funded by the end of the year.**

### Gender and age

Cluster partners are engaged in **ensuring gender mainstreaming throughout the programme cycle**. From the assessment phase to final monitoring and evaluation, the different needs of men, women, boys and girls are considered and addressed. Specific measures include customized service-provision and collection of age- and sex-disaggregated data.

### Protection

**Vulnerable and affected groups, including female-headed households, pregnant or lactating women, and sufferers of chronic or critical illnesses, will be targeted, as will survivors of gender-based violence.** In 2016, the cluster organized a workshop for partners on mainstreaming protection and gender in the health response throughout the programme cycle.

### Accountability

All Health Cluster projects will participate in the 2017 Yemen Humanitarian Response Plan Accountability Framework. Beyond this framework, partners are currently implementing a range of individual measures, including bilateral feedback mechanisms; pre-project assessments conducted to identify actual needs before planning; focus-group discussions; complaint feedback mechanisms; and post-service monitoring mechanisms.

## WHO's response in 2017

WHO is committed to saving lives and reducing suffering in Yemen. As the Health Cluster lead agency, WHO works alongside local health authorities to coordinate the activities of 29 active partner organizations across the country.

In addition to coordinating the broader health response, WHO's specific role under the 2017 Humanitarian Response Plan includes:

- Ensuring timely access to a package of life-saving health services for vulnerable crisis-affected populations in Yemen including:
  - ◇ Restoring essential functions at primary healthcare centres damaged during the conflict.
  - ◇ Bolstering the health workforce in affected districts through training, technical guidance and incentives as needed.
  - ◇ Supporting outreach teams and mobile clinics.
  - ◇ Expanding community-level health work in areas of high need.
  - ◇ Providing life-saving medicines and medical supplies.
  - ◇ Supporting the delivery of reproductive, maternal, newborn, child and adolescent health care.
  - ◇ Guiding the treatment of injuries, chronic diseases, severe acute malnutrition and the provision of mental health care.
- Expanding the early warning system for the detection, investigation and control of outbreaks and epidemic-prone diseases.
- Strengthening the national immunization program to benefit all children in Yemen.



WHO has delivered more than 40 million litres of safe water health facilities and camps since the start of the crisis (Credit: WHO Yemen)

## WHO's presence in Yemen

- WHO operates from seven operational hubs: Sana'a, Sada'a, Hajja, Hodeida, Taiz/Ibb, Aden and Al Mukalla.
- The Organization has 83 staff in country, 12 of whom are international.
- A recent strategic planning exercise was conducted in-country and suggested scaling up WHO presence and operations at national and sub-national level.



WHO delivers trauma kits, to Kuwait Hospital in Sana'a (Credit: WHO Yemen)

## Contributors to WHO's response to the crisis in Yemen

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# KEY HEALTH ACHIEVEMENTS IN YEMEN

MARCH 2015 TO MARCH 2017



## 15 therapeutic feeding centres

supported in 7 governorates to treat children with severe acute malnutrition



## 26 Diarrhoea Treatment Centres

established and operationalized, with patients treated based on WHO standards



**1982 sentinel sites** reporting on disease outbreaks (compared to 408 sites in 2015)



**1,200 tonnes** of medicines and medical supplies provided



**12 surgical teams** deployed to 8 affected governorates to provide medical care to people injured in the conflict



**30 mobile and facility-based teams** deployed in 9 governorates to provide primary health care services



**4 million** children immunized against measles with support from WHO & partners



**40 million** litres of safe water delivered to health facilities and camps



**4.7 million** children immunized against polio with support from WHO & partners



**3.7 million** litres of fuel delivered to more than 100 public hospitals and health facilities

