
Achieving health for all in Yemen
A book of human stories



The right to health

WHO works to bridge health divide in Yemen

All people have the right to health. And no matter where they live, they should be able to access and afford quality care when they need it. The prolonged conflict in Yemen has left half of the population in need of health aid.

Vulnerable groups continue to bear the brunt of the crisis. Such groups include internally displaced people, children, women, elderly people, people with disabilities and mental health conditions, marginalized communities, and people affected by conflict-related injuries.

“The challenges that people in Yemen have to face cannot be described. Children who are referred to nutrition wards are only there because of prolonged starvation. The health system is fragile and faces difficulty in meeting the increasing demands,” said Dr Arturo Pesigan, WHO Representative in Yemen. “I feel for all the parents and caregivers who have to see their children getting ill in front of their eyes.”



Yemen faces a double burden of disease and armed conflict, and 17.8 million people in the country require health assistance. Of this number, 24% are women, who need access to diverse medical and reproductive health services. Children account for 50% of those in need, including 540 000 children aged under 5 years who require life-saving treatment for severe wasting – 10%

of whom have severe acute malnutrition with medical complications and need highly specialized inpatient care. Inequalities are revealed in the high levels of malnutrition among mothers and children. Undernutrition remains a major public health crisis.

The multihazard risk profile for Yemen, the development of which WHO has supported, identifies 6 priority hazards with a high likelihood and potentially high public health impact: armed conflict, cholera, dengue, floods and cyclones, malaria and measles.

WHO continues to support the health authorities to address the gaps, all the while working to strengthen the health system amid the conflict.

Through strong partnerships in 2023, WHO supported 245 health facilities to remain functional, providing 6.4 million outpatient consultations and reaching about 2.5 million people. Some 1.2 million children aged under 5 years were vaccinated against polio and another 1.1 million children (aged 6 months–4 years) were vaccinated against measles.

In addition, 4000 tonnes of medicines, equipment, medical furniture, information technology devices and other health technologies worth US\$ 42.63 million in total were distributed to 470 health facilities across Yemen.

“Every number reflects a positive impact on people’s lives. These are men, women and children who were provided with life-saving services and were not turned away,” said Dr Pesigan. “A multisectoral approach is needed today to promote health and well-being while addressing determinants of health and risk factors. But if this is not combined with peace, true development may be difficult to achieve. Through peace, Yemen can start to heal.”



Medicines or meals?

Desperate choices for most vulnerable Yemenis

Yemen's economy and health systems rank among the least developed in the world. Overstretched health facilities struggle to provide even the most basic services to the country's 35 million people. For most-vulnerable Yemeni households, daily survival can be reduced to a desperate choice between needed medicines or a next meal.

Free medicines and healthcare services are prerequisites for many Yemenis to embark on arduous journeys to hard-to-reach health facilities. This constitutes a dire predicament driven by the context of Yemen's ongoing conflict and complex human crisis – considered today to be among the world's worst.

Malika Ali, an internally-displaced person (IDP) from Hodeida, is a mother and grandmother of a growing and impoverished family. The family's sole source of income is daily-wage labor.

“We can only afford one meal a day – it's either lunch or dinner. We have no regular salaries. I am a widow, and I must work for my children,” Malika says. “For carrying rocks on their backs, my sons may earn around 2,000 rials a day (approximately US\$3.50), or sometimes nothing!”

Mercifully, Malika’s family can access a partially functioning public health facility for free care and medicines that aid their daily survival.

“I have been coming to Ras Al-Ara hospital when I am sick, for almost seven years now,” Malika explains. “My daughter has also come here for pregnancy check-ups and needed medication – now her child comes for vaccinations.”

Difficult journeys to health facilities

For many Yemenis, reaching a functioning healthcare facility may require traveling on long, rough, dangerous and potentially violent roads, especially for women and girls. Best case scenario, they pool their meagre monies together with those of other patients to share a rented vehicle. Hitchhiking (getting free rides in passing vehicles) is a more risky undertaking of often-last resort. According to the UN Humanitarian Needs Assessment for 2023, over 42% of Yemenis face a minimum one-hour road trip to reach the nearest public hospital, be it partially or fully functional.

Asma’a Ali, a four-month pregnant Yemeni woman and mother of two, understands too well that free medicines and services are the only possibility for herself and her family to receive any healthcare.

“Transportation is difficult to reach this hospital. Sometimes we hitchhike and sometimes there is simply no way to get here,” she says. “But the services are free – exams, sonograms, and medications – all of them! This is the only place where we can be helped – we can never afford to travel to Aden [the nearest city], or to anywhere else.”

One doctor’s childhood dream fulfilled

Dr. Baria Awadh is an obstetrician-gynecologist at the Ras Al-Ara hospital in south Yemen who is more than fully achieving a purpose-driven dream, dating back to her childhood.



“Since I was a little kid, I always wanted to be a doctor,” she explains. “My father is a fisherman and he always used to bring us here on summer breaks, to pass our time while he was out at sea. This [rural] area had no health facilities back then. Now I am proud to be the only doctor here, because it means that women in this area no longer must deliver their babies at home, or travel to other hospitals in Aden – a 180-kilometer journey from here.”

According to a 2013 national survey by the Yemeni Ministry of Public Health and Population (MoPHP) on lifesaving reproductive maternal and new-born health services, only 45% of births in Yemen were assisted by

a trained provider, with less than one-third of these deliveries taking place at a health facility.

“This is the only hospital in this village,” says Dr. Awadh. “Not only that, it is the only hospital on this entire coastline that provides basic health services.”

“My goal was to train in this facility and then move to another hospital in Aden – then I came to realize that I should stay here instead of going there. It is here where I can serve more people than at any other hospital...so I have stayed.”

Dr. Awadh continues: “General health has improved, and mortality among mothers and children is now below 1% at the facility! WHO’s support enabled 75% of all services that we provide. Previously, we could only meet about one-fifth of overall health care needs.”

“Now we provide services to everybody, including internally displaced persons (IDPs) and immigrants. A simple thank you and the gratitude that I can see in their faces are enough to make anybody happy. Just knowing that you can help others makes all the difference!”





Stopping polio in Yemen, one step at a time

Along rugged roads, women and men making their way to get children lifesaving vaccines

As long as a single child is infected with polio, all unvaccinated children are at risk of contracting the disease. In conflict-affected contexts, such as Yemen, children can be especially vulnerable. From 2021 to 2023, Yemen reported 237 variant poliovirus type 2 cases – from both circulating vaccine-derived poliovirus type 2 (cVDPV2) and vaccine-derived poliovirus type 2 (VDPV2).

“We didn’t know we were supposed to take [our children] to the hospital to get vaccinated, and I wasn’t aware of the seriousness of these diseases or thinking that any of

my children would get sick,” said a mother whose child contracted polio in 2021 and is now paralysed.

One in 4 children in Yemen cannot receive all the recommended vaccinations on the national routine immunization schedule. Indeed, 17% of Yemen’s children are considered zero-dose children – they have received no doses of vaccine. Low vaccination coverage, and increased vaccine hesitancy among parents are among the many factors that contribute to this situation.



Early on 25 February 2024, about 6700 fixed and mobile vaccination teams set out to reach nearly 1.3 million children aged under 5 years with the novel oral polio vaccine type 2 (nOPV2). Working from health facilities and on the streets of the 12 target governorates, the teams were determined to give children the 2 drops of vaccine needed to protect them from the debilitating disease.

Carrying vaccine coolers, the vaccination teams travelled the roads of the targeted cities, their crumbling alleys a sign of the decade of conflict that has affected Yemen. Some areas were easy to access, but others involved arduous journeys to reach vulnerable children.

On the outskirts of cities, congested camps of internally displaced people reflect the impact of the protracted conflict. Dwellings are made of boards and old rugs, and access to safe water, sanitation and hygiene is lacking. Many of the families in the camps once had settled homes; their future is now uncertain.

Mobile vaccination teams find many deprived children as they go door to door, but sometimes the biggest challenge is to convince parents to vaccinate their children. Parents and caregivers are usually positive when teams approach them. But there is increased vaccine hesitancy and refusal among families affected by misinformation coupled with limited health literacy, leaving many children unprotected.

There is no cure for polio; it can only be prevented. The impacts of the conflict and adverse socioeconomic conditions have left many children in Yemen susceptible to the disease.

It is only thanks to parents who wait in long lines at health facilities and vaccination teams who travel long distances to vaccinate children that Yemen's polio outbreak is not more widespread.

Yemen's Ministry of Public Health and Population carried out the polio immunization activities as part of a national immunization campaign funded by the Global Polio Eradication Initiative and supported by WHO and health partners.

In total, the campaign reached 1.29 million children across the 12 governorates. Teams delivered the polio vaccine to the doorstep of every home, shelter and camp in fragile communities to protect children's health and future. The independent post-campaign monitoring data show that 91% of targeted children were reached during the supplementary immunization activity, with coverage by governorate ranging from 86% to 99%. Refusal was the main reason for children missed during the campaign.

Multiple doses of polio vaccine offer the best protection to children, especially those living in fragile settings. The Ministry, WHO and partners will take the lessons learned from this campaign and work with health workers to deliver another vital round of polio vaccine to these same communities in the coming months.



Community health volunteers in Yemen

Empowering pregnant and nursing mothers to make best health choices

Health literacy is a critical tool for sustaining and saving mothers and children's lives, especially when they are conflict-displaced and unable to access basic necessities like food, clean water, and primary healthcare.

The World Health Organization (WHO) supported a refresher training for a network of 1277 community health and nutrition volunteers to equip pregnant and breastfeeding women in 24 priority districts across 8 governorates with the right information to make

the best health and nutrition choices they can for themselves and their infants, during and after their pregnancies.

Dhiya Saif, 28, was expecting her first child. She and her family were displaced by conflict, and now live in Aden, Yemen. The unaffordability of food, more than its availability, presents a major challenge for Dhiya and her family.

“There is a community health volunteer who has given me the information I have needed to improve my health awareness, and ensure my baby is well-nourished and in good health,” Dhiya says. “I am so much looking forward to giving birth – I cannot wait to hold my baby for the first time!”



Yemen has ranked among the world’s most acutely food-insecure countries. As the country’s nutrition situation continues to deteriorate, in 2023 alone, over 44 835 households were newly displaced, according to the 2024 Yemen Humanitarian Needs Overview (HNO). The same report states that some 670 000 pregnant and lactating women are in urgent need of life-saving integrated nutrition services.

For these and other reasons, personal health literacy is one of the most important influencers of healthy

behaviors, perhaps especially in marginalised, impoverished, and food-insecure communities of Yemen. The degree to which Yemenis can find, understand, and use health information and services is a leading determinant of healthy diets, breastfeeding, modification of health-harming behaviors, and reduction of non-communicable diseases.

Small acts, big changes

Displaced from a rural village in Taiz Governorate, Bilquis Suleiman, 37, has been in Aden for over five years. While pregnant with her third child, both she and her husband lack steady employment. They share one small room, together with their two daughters, in the house of her husband’s parents.

“Although we have a very modest income, we can still afford food and education for our girls,” Bilquis says. “I want all of my children to be healthy, live a good life, learn, and grow strong.”

Bilquis received potentially life-saving health information from a community volunteer during the first and continuing months of her current pregnancy. She quickly learned that a tetanus vaccination would protect her baby from neonatal tetanus, and that taking vitamins would support her baby’s brain growth. She also came to understand how her first several days of breastfeeding provide nutrient-dense colostrum for building her newborn’s immune system, and why she should practice exclusive breastfeeding thereafter.

“All my questions were answered, and I found her [the community volunteer] so sweet and patient,” says Bilquis. “Both as a woman and a pregnant mother, I understood the importance of the knowledge she gave me. Now I am trying my best to spread the word and provide other mothers with the same information.”





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