

## Yemen



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The structure of the Yemeni government is authoritarian; however, recent events show a transition to democracy. All political authority is vested in the Government in Sana'a. Yemen has a per-capita income of US\$ 2,629, and it is ranked 160 out of 186 countries in HDI, having dropped from 133 in 2010. Its poverty level remains high, with 45.2% of the population living on less than US\$2 a day<sup>4</sup>; the overall unemployment rate is estimated at 39%.<sup>2</sup> The Gender Inequality Index is 0.747, ranking Yemen as 148 out of 186 countries; and 69% of females above 15 are illiterate. 44% of the population is under 15 years of age. Only 55% of the population has access to safe water sources, and 53% has access to sanitation.

### HEALTH & DEVELOPMENT

Total population, thousands <sup>1</sup>	24,053
% population Under 15 <sup>1</sup>	44
Population distribution % urban <sup>1</sup>	32
Life expectancy at birth <sup>1</sup>	65 (2009)
Fertility rate, total (births per woman) <sup>1</sup>	5.2
Under 5 mortality rate per 1000 live births <sup>1</sup>	70
Maternal mortality ratio per 100,000 live births <sup>1</sup>	200
Total expenditure on health as % of GDP <sup>1</sup>	5.2
General government expenditure on health as % of the total government budget <sup>1</sup>	4.3
Human Development Index Rank, out of 186 countries <sup>2</sup>	154
Per Capita Gross Domestic Product (PPP current international US\$) <sup>3</sup>	2,628.6
Adult (15+) literacy rate <sup>4</sup>	53 (2008)
Adult male (15+) literacy rate <sup>4</sup>	73 (2008)
Adult female (15+) literacy rate <sup>4</sup>	31 (2008)
% Population with sustainable access to water source <sup>1</sup>	55
% Population with sustainable access to improved sanitation <sup>1</sup>	53

<sup>1</sup>WHO: World Health Statistics 2012, [http://www.who.int/gho/publications/world\\_health\\_statistics/2012/en/index.html](http://www.who.int/gho/publications/world_health_statistics/2012/en/index.html), 24 March 2013.

<sup>2</sup>UNDP: Human Development Report 2013, <http://hdr.undp.org/en/reports/global/hdr2013/download/>

<sup>3</sup>World Development Indicators & Global Development Finance, <http://www.worldbank.org/>, 24 March 2013.

<sup>4</sup>WHO: Regional Health Observatory <http://rho.emro.who.int/rhodata/>, 24 March 2013.

**Health system:** The Ministry of Public Health and Population is responsible for the health sector and is one of the largest public employers in the country. The public health system is based on the primary health care approach adopted in the late 1970s. Health care services are provided on a traditional three-tier system. Health units provide the most basic curative and preventive care within a catchment area of 3,000 to 5,000 people. Coverage with health services, although improving, does not cover more than 30% of the rural population nor more than 45% of the total population. Data collected in most of the various health facilities at all levels are not accurate and sending of statistical reports from the periphery to the central level is not regular. Funding of the health sector is one of the most critical issues affecting the performance of the national health system. The issue is problematic, as often only 50% or less of the already low budget is actually released. In addition, Yemen has very high out-of-pocket expenditure on health (57.6%). Registration of fees and accounts are not made uniform, and the problems may be accentuated by different parts of the country being supported by different donors and developing at different paces.

**Life courses:** The high maternal mortality ratio is related to high fertility, limited antenatal care, poor nutrition, and illiteracy. Deliveries attended by qualified health personnel are as low as 25%. Low weight among children is one of the major contributing factors to the high infant and under-5 mortality rates. Other contributing factors are: high fertility; illiteracy; young age of mother at first birth; high parity; closely spaced pregnancies and limited breastfeeding compounded with poverty; low coverage with quality health services and low access to safe water and sanitation; low immunization levels among children aged 12–23 months; and limited availability of treatment for acute respiratory infection and diarrhea in health facilities.

**Communicable diseases:** 60% of the population is at risk of contracting malaria. Measles is the fourth leading cause of death among children under five years of age, constituting 12% of total deaths.

**Noncommunicable diseases:** There is an acute scarcity of water throughout the country. The per capita water supply is 2% of the world average (198 cubic meters per person) and the consumption of water for agriculture purposes is one of the highest. The consumption of *khat*, a natural stimulant resembling amphetamines, is increasing. It is estimated that 70-90% of adult males, 30-50% of adult females, and 15-20% of children under the age of 12 consume *khat* on a daily basis. Up to 50% of household income may be allocated to the daily *khat* needs of the head of the household. The prevalence of rheumatic heart disease is high and the number of cases with renal failure seems to be increasing.

**Emergency and humanitarian crises:** The humanitarian situation in Yemen has been deteriorating with the growing insecurity and intensification of civil conflict.

## PARTNERS

Key amongst the active partners in the health sector are the United National Country Team (UNCT), consisting of FAO, UNDP, UNFPA, UNICEF, World Bank, WFP, and WHO. The major bilateral partners are the European Commission, Germany, Italy, Japan, the Netherlands, Oman, Saudi Arabia, and the United States of America. Other significant support is received from key intergovernmental agencies, such as the Gulf Cooperation Council.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Expanded health facilities significantly;</li> <li>• Availability of the a number of health-related surveys;</li> <li>• Existence of a coordination mechanisms in place;</li> <li>• Steady increase of development assistance over the years;</li> <li>• Notable cooperation with many bilateral, multilateral intergovernmental and international nongovernmental development partners, as one the eight pilot countries for the UN Millennium Project.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to strengthen the health systems;</li> <li>• Need to reduce high infant, child and maternal mortality, as well as high fertility;</li> <li>• Control and reduction of high incidence of communicable diseases;</li> <li>• Control and prevention of noncommunicable diseases;</li> <li>• Need to mobilize and secure additional resources;</li> <li>• Lack of enthusiasm to maintain a sustainable donor coordination mechanism;</li> <li>• Non-alignment of donors programmes with the national health reform strategy, and lack of common approaches to health sector development;</li> <li>• Lack of an established mechanism for sharing information and ensuring that the comparative advantages of each donor are exploited to the utmost;</li> <li>• Considerable wasted time by high-level government officials, due to having to engage with numerous donor missions to the country.</li> </ul>

## WHO STRATEGIC AGENDA 2008-2013

Yemeni government and WHO collaboration has focused on the following strategic priorities:

- **Health system strengthening:** Improving the performance of the health system that assures: strengthening the health management information and integrated surveillance system and building capacity for health systems and operational research that provides valid, reliable and timely information for decisions at all levels of the health system; tackling the social, economic and environmental determinants through strong advocacy, promotion and inter-sectoral action for health at the policy, program and grassroots levels; improved donor coordination mechanisms for increased aid effectiveness in line with the national priorities in the health sector in the country.
- **Life courses:** Integrated reproductive and child health programs that are accessible to all women and children at the point of service, contributing to improve maternal and child health outcomes and reduced fertility pattern in the country; establishment of a comprehensive countrywide health promotion and protection programs that covers the broad range of risk factors responsible for non-communicable and communicable health problems.
- **Communicable diseases:** Efficient and well-integrated communicable disease prevention and control program that targets malaria, TB, HIV/AIDS, and other prevalent and emerging communicable diseases responsible for the major burden of disease.

## ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/yem/en/>

Country office web site <http://www.emro.who.int/countries/yem/>

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WHO/CCO/13.01/Yemen

Updated May 2013

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