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HIGHLIGHTS

- The closure of the Sana'a airport is denying an estimated 20,000 people access to life-saving healthcare abroad.
- Over 5.3 million reached across Yemen's 22 governorates despite obstacles.
- People in Yemen are dying of preventable health issues.



"We have been trying very hard to convince the parties that the airport should be open. But unfortunately, politics has overridden humanity" Jamie McGoldrick, Humanitarian Coordinator in Yemen. Photo credit: Farouk Al Kamali

Trapped in Yemen

Taha Ahmed, a ten-year-old boy, suffers from a bone disease. He urgently needs medical treatment that Yemen's health system can no longer provide; instead it is available in nearby Jordan. Yet, like thousands of Yemenis, he is not able to leave the country because of the closure of the Yemen air space and the ban on commercial flights to-and-from Sana'a International Airport. "The most difficult thing in life is to see your own son suffer", says Ahmed al-Qomri, Taha's father. "I was working up to 18 hours a day to earn enough money for Taha's travel and medical treatment, but the ban on commercial flights is something I simply cannot do anything about". Yet, Taha is more fortunate than the many others who have had to watch their loved ones die from preventable diseases that could have been cured if they were able to access medical treatment abroad. "An estimated 20,000 citizens are trapped inside Yemen, waiting to leave in search of medical treatment. Many of them suffer from medical and health conditions resulting from the war", says Mazen Ghanem, the spokesperson of Yemenia, Yemen's national airline carrier.

Compounding the situation is the fact that the 21-month conflict has had a disastrous effect on the weakest health system in the entire Middle East region. Today, only 45 per cent of health facilities are functional and most are doing so at a reduced capacity due to a lack of resources, of staff, and of medical supplies. Many Yemenis cannot get the treatment they need, even for basic preventable and curable diseases. Sana'a International Airport was closed on 9 August 2016 by the Government of Yemen and the Saudi Arabia led Coalition (SLC) after the collapse of the peace talks that were being held in Kuwait at that time. Subsequent pressure from the humanitarian community allowed humanitarian flights to quickly resume, but, commercial flights have been suspended ever since.



Hussein, 5 years old, has woken up after spending four days in a coma. Credit: OCHA/Charlotte Cans

Prior to the ban on commercial flights, Yemenia Airlines operated two flights a week to Amman and Cairo, with an average of 200 passengers per flight and the demand, at the time, far exceeded its capacity. According to Yemenia, a third of those travelling were sick and injured seeking medical treatment abroad. Following the intensification of the conflict in March 2015, "the majority of the Yemenia flights were like flying ambulances, almost humanitarian in nature, with a third of all passengers seeking urgent and serious medical treatment", says Ghanem.

The only alternative for many is to take the risk of flying from alternative airports in Yemen, mainly Aden and Hadramaut. Both airports are located far from the national

Total population	26 m
# of people targeted by assistance	12.6 m
# of people targeted by health care assistance	10.7 m
# of people targeted by food assistance	8.0 m
# of people displaced (IDPs & returnees)	3.3 m
# of deaths (WHO)	7,354
# of injuries (WHO)	38,999

Source: 2016 HRP, 2016 HNO and WHO

FUNDING

\$1.6 billion
requested

\$977 million
funding against HRP

60 per cent
funded
(31 December 2016)

Source: FTS, December 2016

capital Sana'a, with a journey to Hadramaut likely to take more than 20 hours and Aden no less than 10. Furthermore, these journeys only increase the vulnerability of the sick, injured, and elderly given the multiple checkpoints, conflict zones, and highly insecure areas requiring crossing.

Since the closure of the airport, the United Nations has been calling on the Coalition and the Government of Yemen to allow commercial flights to resume their travel to-and-from Sana'a, especially so the thousands of sick and injured can receive the medical treatment and assistance they require. Until that happens, preventable suffering and deaths will continue.

Health sector's downward spiral

People in Yemen are dying of preventable health conditions. Recent UNICEF estimates suggest that every 10 minutes a child dies of preventable causes. Primary health care is now almost entirely dependent on foreign aid except for the irregular payment of meagre salaries by the government authorities to the still standing medical personnel.

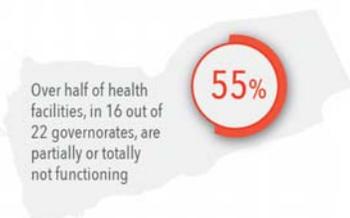
Those that remain are valiantly confronting the growing challenges with little support. The lack of revenue to pay the minimal public health salaries has forced many public health workers out of the sector and most of the 1,200 foreign health practitioners present in Yemen before March 2015 have left the country due to insecurity. The exodus of medical staff, in both the private and public sectors, has stripped the professional competency and institutional memory of the health sector. Less than 30 per cent of the needed medicines and medical supplies are entering Yemen, down from almost 100 per cent prior to the escalation of conflict. This is seriously affecting those seeking trauma care and those with chronic conditions like diabetes, hypertension, and cancer. Lack of fuel to run facilities and services has severely curtailed the functioning of emergency units, dialysis centres, operation theatres, and incubators.

HEALTH WORKERS



13 killed
31 injured

HEALTH FACILITIES



Source: WHO, Ministry of Health, Final Report (Oct 2016).

Some 12,733 suspected cases and 163 confirmed cholera cases in 15 governorates have been reported



Nurse standing in the medicine storage room in Al Hafy health center in Sana'a. The center is running out of medicine and fuel and its director says he might have to close it down.
Credit: OCHA/ Charlotte Cans

The conflict has also devastated the health infrastructure. Since March 2015, at least 274 health facilities have been damaged or destroyed in the conflict; over 55 per cent of health facilities in Yemen are either not functioning or only partially functioning. In addition, 13 health workers have been killed and 31 injured while serving the injured and sick.

Prior to the escalation of conflict, most health facilities were located in urban centres and only 20 per cent of the population in rural areas, estimated to comprise between 65

70 per cent of the total population in Yemen, had access to medical services. The access of rural populations to health services has gone from bad to worse.

While morbidity and mortality increases are being reported in children and women and among cancer, kidney, heart, and diabetes patients, weak reporting capacity in health facilities does not allow for an accurate reflection of the dire consequences. As of 17 December, health facility based numbers report 7,354 deaths and 38,999 injuries since March 2015; clearly these figures underreport the situation.

Likewise, lack of capacity, coupled with predisposing conditions, like population displacement, overcrowding and inadequate sanitation have contributed to disease outbreaks. Some 12,733 suspected cases and 163 confirmed cholera cases in 15

The conflict has moved an already weak and impoverished country towards social, economic, and institutional collapse.

governorates have been reported as of 27 December. Cumulatively, 96 cholera-associated deaths have been reported. Children account for 34 per cent of the victims. Additionally, four outbreaks of measles have been declared since the beginning of 2016 in Hadramaut, Sa'ada, Amran and Al Maharah. As of 26 December, 3,513 suspected and 144 confirmed measles cases have been reported. These outbreaks are reported on top of other endemic diseases such as dengue fever and malaria.

Humanitarian partners are being asked to fill gaps created by the collapsing health institutions, including helping with the payment of the salaries of health professionals - something that is beyond both the capacity and remit of humanitarians. It is therefore essential for all stakeholders to help stem this collapse, including through selective re-engagement. As of 30 November and with only 19 per cent of the 2016 required funding received, 35 health partners were working in the health sector across Yemen. This includes 13 national and 17 international non-governmental organizations, and 5 UN agencies, in addition to 2 observer agencies.

Given the continued conflict-induced deterioration, the situation is expected to worsen in 2017. To help ensure continued minimum health services, health partners are exploring provision of an essential health service package to major hospitals in 2017, including sustaining laboratory facilities and the blood bank services, while continuing provision of life-saving primary healthcare services to those who cannot access them.

Humanitarians respond in the face of adversity

An estimated 14 million people are currently food insecure, including 7 million people who do not know where their next meal will come from. This represents a 33 per cent increase since the escalation of violence in March 2015. About 3.3 million children and pregnant or lactating women are acutely malnourished, including 462,000 children under 5 suffering from severe acute malnutrition. This represents a 63 per cent increase since late 2015. Medical materials are in chronically short supply, and only 45 per cent of health facilities are functioning. Millions of people have lost jobs due to dwindling purchasing power, lack of materials and supplies, or simply because insecurity has forced businesses to close. It is estimated that real Gross Domestic Product per capita- already the lowest in the Arab world- fell by just under 50 per cent over the course of the escalated conflict.

The conflict has moved an already weak and impoverished country towards social, economic, and institutional collapse. The continued import restrictions (particularly of medicines, food, and fuel) despite the establishment and functioning of the UN Verification and Inspection Mechanism for Yemen (UNVIM); the depletion of the Central Bank of Yemen's (CBY) foreign exchange reserves and associated liquidity shortages (worsened by the move of the CBY from Sana'a to Aden a few months ago); and the sporadic payment of civil servant salaries over the past several months (affecting close to 1.5 million persons and their families) have actively collapsed the available social services and State institutions.

Despite the adversity, out of five operational humanitarian hubs across the country- Aden, Al Hudaydah, Ibb, Sa'ada, and Sana'a- 114 humanitarian organizations reached over 5.3 million men, women, and children with some form of direct humanitarian assistance across Yemen's 22 governorates in 2016. The highest numbers of humanitarian organizations working under the 2016 Yemen Humanitarian Response Plan were present in the governorate of Aden (49), followed by Taizz (44), Hajjah (43), Amanat Al Asimah (38), and Al Hudaydah (35). The needs far surpass the reach however. Only 60 per cent of the \$1.6 billion requirement, amounting to \$977 million was received in 2016.



Movement impediments and restrictions on humanitarian work, imposed on humanitarians by warring parties, continue to limit access of humanitarian goods and services into and throughout the country and of people in need to aid. At a time when humanitarians are being asked to cover gaps resulting from the collapse of life-sustaining services, access constraints and the amount of time humanitarians are spending negotiating, bureaucratic and administrative hurdles, often unsuccessfully, are only increasing people's sufferings.

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OCHA humanitarian bulletins are available at www.unocha.org/yemen | www.unocha.org | www.reliefweb.int