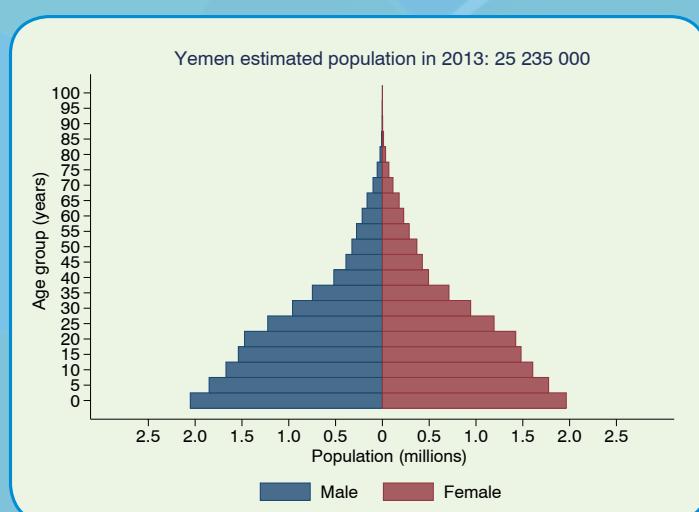




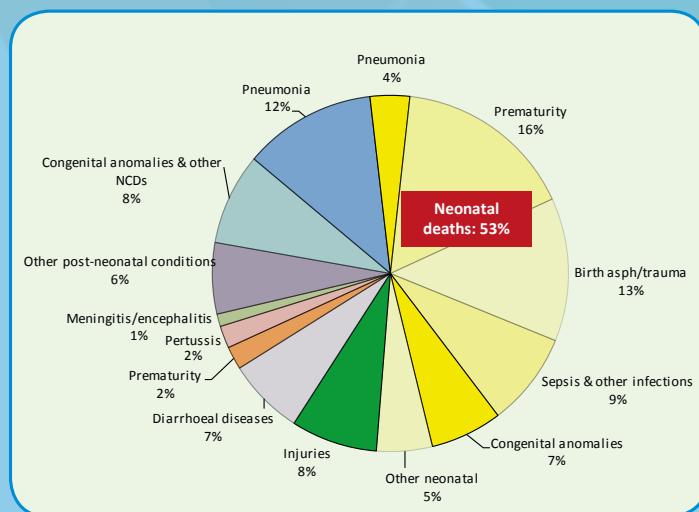
## Universal health coverage

Primary health care facilities per 10 000 population (2013)	1.5
Hospital beds per 10 000 population (2013)	7.1
Modern contraceptive prevalence rate (2015)	28
Antenatal care visits (4+ visits) (2015)	25.1
Measles immunization coverage among 1-year olds (%) (2016)	87
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	87
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	86
General government expenditure on health as % of GDP (2014)	1.3
General government expenditure on health as % of total government expenditure (2014)	3.9

## Estimated population in 2013



## Distribution of causes of death among children aged <5 years (%)



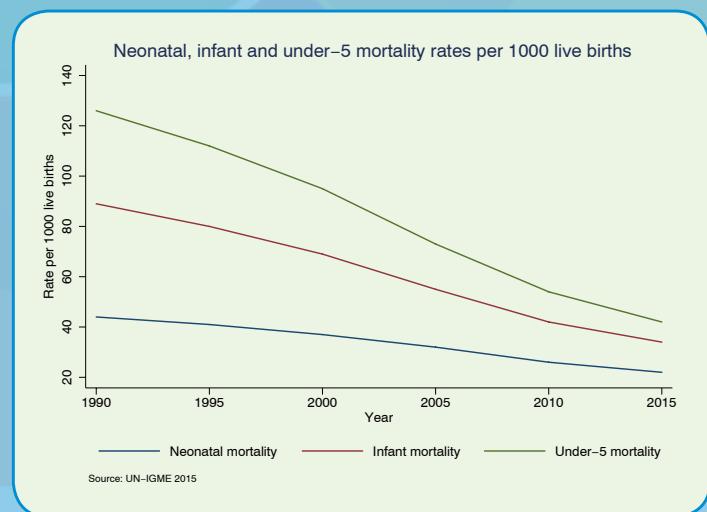
## Selected determinants of health

Population living in urban areas (%) (2013)	29
Annual GDP growth (%) (2016)	-9.8
Number of refugees <sup>a</sup> (2016)	269 763
Number of internally displaced persons <sup>b</sup> (2016)	2 025 060

<sup>a</sup> Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

<sup>b</sup> Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

## Neonatal, infant and under-5 mortality rates per 1000 live births



# Selected SDGs health-related indicators\*

## 1 NO POVERTY

Population below the international poverty line	%	...
Proportion of employed population below the international poverty line (ILO estimate, 2016)	Male %	9.9
	Female %	16.0

## 2 ZERO HUNGER

Children under 5 who are (2014)	%	47.0
stunted	%	16.3
wasted	%	2.0
overweight	%	

## 4 QUALITY EDUCATION

Literacy rate (15-24 years)	Total %	...
	Male %	...
	Female %	...
Net primary school enrolment ratio per 100 school-age children (2013)	Total ratio	88
	Male ratio	95
	Female ratio	81

## 5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015)	%	58.0
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## 6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2013)	%	55
Access to improved sanitation facilities (World Health Statistics, 2013)	%	53

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2014)	Total %	...
	Male %	...
	Female %	...

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)	Total	42.7
	Urban	42.0

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011–2015)	14.3
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\*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

# Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	64.3	67.2	65.7
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	385
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	22
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	34
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	42
Tobacco use among persons 15+ years (%) (2015)	23.6	5.0	14.3
Overweight (18+ years) (%) (2014)	...	...	46.8
Obesity (18+ years) (%) (2014)	...	...	17.2
Raised blood pressure among persons 18+ years (%) (2014)	...	...	23.3
Raised blood glucose among persons 18+ years (%) (2014)	...	...	15.5
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	31
Cancer incidence per 100 000 (2012)	...	...	80.4

**Universal health coverage (UHC)** means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.



# Health and SDGs at a glance in Yemen



## **Voluntary National Review:**

N/A

## **National Focal Point for 2030 Agenda:**

MOPIC

## **National Focal Point in Ministry of Health for health-related SDGs:**

N/A

## **1. How is Yemen incorporating the 2030 Agenda into its development policy and planning?**

Yemen is in the midst of an armed conflict, and hence the humanitarian agenda is prevailing. However, UN agencies and donors are enabling platforms to discuss, conditional to the results of on-going peace negotiations, the humanitarian-development continuum and longer-term country perspectives. The most recent product of these discussions is the Joint UN Bridging Framework, which aims to serve as a programmatic bridge between the current humanitarian assistance and future early recovery and post crisis programming. However, with the future of the country remaining uncertain, UN agencies along with humanitarian and development actors face an extremely difficult strategic and operational environment.

Currently the Ministry of Planning and International Cooperation is in charge for the overall SDG agenda, while no specific focal point in the Ministry of Health and Population is appointed. After reaching a political settlement, Yemen will have to integrate the SDGs into the upcoming National Reconstruction and Recovery Plan, and the sectoral strategies and programmes (including health), taking into account social and economic needs and interventions to achieve sustainable development.

## **2. How is Yemen incorporating SDG 3 targets in health policy, strategy, and planning?**

There is no national health policy or strategy in present day Yemen, as the prevailing agenda is humanitarian. The Annual Humanitarian Response Plan for Yemen is the main guiding document for UN agencies and its humanitarian partners, aiming at mitigating the effects of the conflict on some indicators of the SDGs such as malnutrition, food insecurity and other health indicators.

The Humanitarian Response Plan for 2017 is available here: <https://www.humanitarianresponse.info/en/operations/yemen/document/yemen2017-hrpfinal>

## **3. Are there any major partnerships in Yemen for advancing the 2030 Agenda?**

Starting in 2017, the World Bank launched sizable partnerships with UN agencies across several sectors (including health and nutrition) to support Yemen's humanitarian-development transition. The EU is maintaining a continuous dialogue; with its financial support subject to the peace process. Yemen remains one of the countries supported by the WHO-EU-Luxemburg partnership for UHC and health policy dialogue.

The UN Country Team is guided by the Yemen Humanitarian Response Plan, and the UN Development Assistance Framework for Yemen was extended (decision taken March 2017) till the end of 2019, with no revisions. Given the scarce local resources, there is an urgent need to mobilize enough donor support to improve the opportunities of achieving peace and sustainable development and to break the cycle of generational poverty. Without sufficient support to humanitarian and development situations during war and peace, it will be impossible for Yemen not only to achieve the SDGs, but also to restore the pre-war status.

## **4. Are there any major partnerships in Yemen for advancing the health-related SDGs?**

The World Bank provided the largest grant on joint Health and Nutrition Project to UNICEF and WHO starting in January 2017 and negotiations are on the way for expanded support towards the humanitarian-development continuum. The WHO-EU-Luxemburg partnership is not prominent financially but plays a critical role in paving the way for current and future health policy dialogue.

## **5. Has Yemen reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?**

Currently, health is one of the major areas of focus of the humanitarian assistance, targeting the population most in need. In a context with no national funding to health service delivery and scarce donor resources, equal and fair distribution of basic services is ever important. Thus, to maximize the equitable provision of health services, a "Minimum Service Package" was developed with WHO support in consultation with partners and the Ministry of Public Health and Population (MoPHP) as an approach of all humanitarian actors and the MoPHP to deliver health services.