Yemen: Health Systems Profile

Key health system indicators



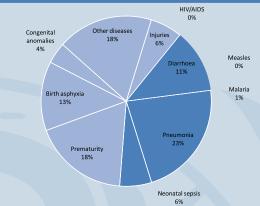
Regional Office for the Eastern Mediterranean WHO-EM/PHC/162/E

Health status		
Life expectancy at birth in years	total	62
Adult mortality rate (probability of dying	males	234
between 15 and 60 years)	females	185
per 1000 population	total	209
Communicable diseases		
Tuberculosis notification rate per 100 000		42

Behavioural risk factors	
Estimated number of people living with HIV	22000
Incidence rate of malaria per 1000 population	6.5
Tuberculosis notification rate per 100 000	42

Behavioural risk factors 2008 estimated prevalence (%) males females total Current daily tobacco smoking 35 11 23 Physical inactivity

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



 $Communicable\ diseases\ are\ estimated\ to\ account\ for\ 41\%\ of\ all\ deaths\ among\ children\ aged\ < 5\ years$

Metabolic risk factors			
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	32.2 [19.1-46.4]	29.3 [16.8-42.9]	30.8 [21.6-40.7]
Raised blood glucose	11.1 [5.0-19.8]	11.0 [5.0-19.6]	11.1 [6.5-17.0]
Overweight	40.2 [18.7-62.7]	51.0 [27.0-72.5]	45.7 [29.8-61.1]
Obesity	10.5 [3.0-22.6]	22.7 [7.8-41.1]	16.7 [7.9-27.1]
Raised cholesterol	30.7 [13.2-53.0]	33.6 [13.2-58.5]	32.3 [17.6-48.4]

Expenditure and mortality trends	
Health finance	Infant and under 5 mortality rates per 1000 live births
Out-of-Pocket Exp General Government expenditure on health that as % of Gross Domestic Product (GDP) The out-of-pocket expenditure as % of Total Health Expenditure (THE)	951 - 1990 1995 2000 2005 2010 2012 1990 1995 To Infant mortality Under-5 mortality

Health system: governance	Health system: information		
	(Functioning civil registration and vital statistics	
Existence of a national health strategy/strategic plan and time frame (2011-201)	Yes (2011-2015)	Percentage of births registered	22
	(2011 2015)	Percentage of causes of death recorded	
Annual publication/dissemination of ministry of performance report	Yes	Year most recent use of ICD in mortality classification reported	
High level multisectoral advisory council for health available	Yes	Year most recent annual health statistics report published	

Health system: health workforce		Health system: service provision	
Health workforce per 10 000 population (2011)		Infrastructure	
Physicians	3	Primary health care facilities per 10 000 population	1.6
Nurses/midwifes	7.2	Hospital beds per 10 000 population	7.2
Dentists	1	Service delivery	
Pharmacists	1.1	Access to local health services (%)	68
Health professions education institutions		Contraceptive prevalence (%)	•••
Medical	•••	Antenatal care visits (4+ visits) (%)	•••
Nursing		Measles immunization coverage among 1-year-olds (%)	71
Percentage of doctors working in rural settings	•••	Smear-positive tuberculosis treatment success (%)	87
		Number of tobacco (m)POWER measures implemented at the highest leve of achievement	el

Health system: finance		Health system: technology	
National health accounts conducted (number of rounds; last reference year(s))	(3;2007)	Existence and year of last update of published essential medicines list (EML)	Yes (2009)
General government expenditure on health as % of GDP (2011)	1.1	Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Out-of-pocket expenditure as % of total health expenditure (2011)	78.1	Existence of a functional national regulatory authority (NKA)	
General government expenditure on health as % of total government expenditure (2011)	4.3	Number of MRI/CT scanners (in public facilities) per million population	0.7 / 2.1
No data available ICD: International Classification of Diseases			

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities **Strengths** Weaknesses • High level of political commitment to health by the Ministry of · Insufficient allocation of funds to health and high share of out-Public Health and Population and by other government entities of-pocket spending (over 68%) with high risk of catastrophic • Current strategic health plan of the Ministry of Public Health and expenditure and impoverishment Population 2011–2025 includes health system strengthening as a • More than 40% of population does not have access to basic health priority services due to poor health infrastructure and low availability of Well established immunization programmes and disease prevention health medical products in public health facilities and control programmes for malaria, tuberculosis and other Poor quality and safety of health care services with high prevalence communicable diseases of adverse events in hospitals • Recent enactment of a health insurance law by the parliament Almost US\$ 130 million spent on consumption of health care abroad · Presence of widely distributed nongovernmental organizations due to limited capacity for secondary and tertiary care playing a considerable role in health and facilitating the Problem of workforce crisis due to inadequate density, involvement of the community misdistribution and lack of incentives of health workforce including physicians, nurses, midwifes and other cadres (<2.3 per 1000 population) • Insufficient capacity for regulation of the expanding private health Weak and fragmented health information system with poorly functioning civil registration and vital statistics and cause-of-death reporting **Opportunities Challenges** Continued national political support and commitment Continued political instability does not support long-term vision for Potential for establishing multi-sectoral mechanisms for health universal health coverage Need to expand health care infrastructure to improve access to among different government ministries and agencies essential health services Institutionalize health related surveys and establish an electronic system for disease surveillance · Lack of transparency and accountability and limited use of High level of development partner commitment to establish a social information in allocating resources health insurance programme Inadequate coordination among development partners and the Prospect for additional funds for health system strengthening from need for better alignment to the national strategic health plan

Priorities

High level of double burden of disease with incapacity of the health

· Insufficient preparedness and inadequate capacity of the health

system to respond to this challenge

system to respond to public health emergencies

- Advocate for increased allocation of resources to create more fiscal space for health andto implement the health insurance law as a basis for
 extending financial risk protection and reducing out-of-pocket spending
- · Rapidl yexpand primary health care services to cover the uncovered population with support of allied health workers
- Improve the quality and safety of care in order to increase the trust of the population in public sector services
- Strengthen the capacity of the Ministry of Public Health and Population to demonstrate the required leadership for greater multisectoral engagement and better harmonization and alignment of development partners
- Develop human resources for health strategy that has a short- and a medium-term perspective in order to support rapid expansion of health
- Devise a clear policy and programme for reducing health expenditure due to consumption abroad by improving secondary and tertiary care
- · Strengthen capacity of the Ministry of Public Health and Population to effectively regulate the expanding private health sector
- Finalize the plan for the post-crisis/recovery phase that is being prepared by most governorates and begin implementation



GAVI and other development partners

and Population

Continued commitment of UN agencies including WHO in providing

technical and financial assistance to the Ministry of Public Health