



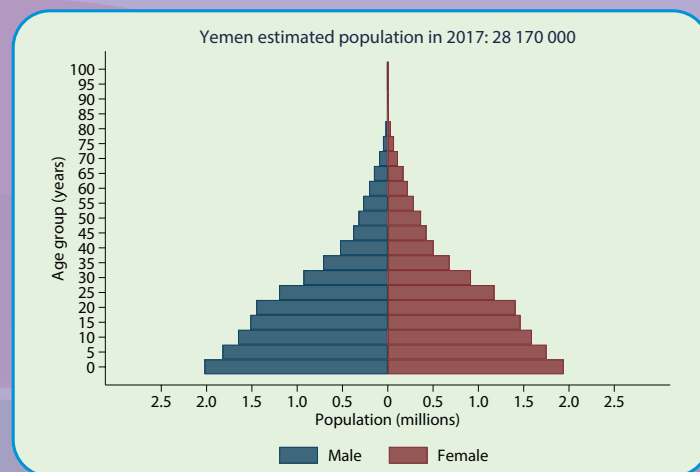
## Universal health coverage

UHC service coverage index (2017)	42
Primary health care facilities per 10 000 population (2018)	1.4
Hospital beds per 10 000 population (2018)	0.1
Demand for family planning satisfied with modern methods (%) (2017)	58.3
Antenatal care visits (4+ visits) (%) (2013)	25.1
Measles immunization coverage among 1-year olds (%) (2018)	99
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	89
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	80
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE)	...
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE)	...

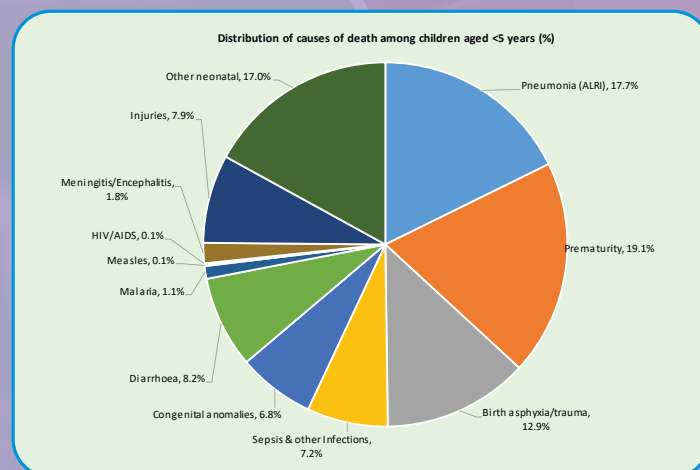
## Selected determinants of health

Population living in urban areas (%) (2018)	29
Annual GDP growth (%) (2018)	-2.7
Population growth rate (%) (2018)	3.4
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2013)	34.0

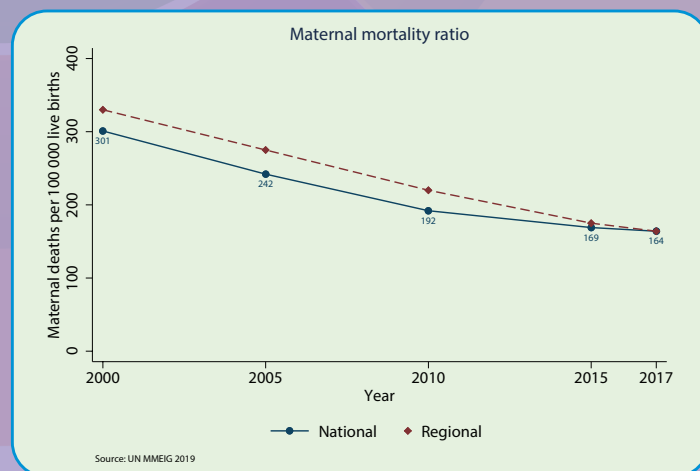
## Estimated population in 2017



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



## Trends in estimates of maternal mortality ratio



# Selected SDGs health-related indicators\*

## 1 NO POVERTY

Population below the international poverty line (2014) % 48.6

Proportion of employed population below the international poverty line (ILO estimate, 2019)

Male %	46.1
Female %	42.6

## 2 ZERO HUNGER

Children under 5 who are (2014)

stunted	%	47.0
wasted	%	16.3
overweight	%	2.0

## 4 QUALITY EDUCATION

Literacy rate (15-24 years)

Total %	...
Male %	...
Female %	...

Net primary school enrolment ratio per 100 school-age children

Total ratio	...
Male ratio	...
Female ratio	...

## 7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) % 62

## 6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2013) % 58

Access to improved sanitation facilities (World Health Statistics, 2013) % 23

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	12.9
Male %	12.0
Female %	22.8

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) ( $\mu\text{g}/\text{m}^3$ ) (WHO/CEHA, 2016)

Total	45.0
Urban	...

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) 21.6

\*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 (2018)	64	65.0	64.0
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	164
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	27
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	43
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	...	...	55
Tobacco use among persons 15+ years (%) (2018)	23.6	5.0	14.3
Overweight (18+ years) (%) (2016)	...	...	48.8
Obesity (18+ years) (%) (2016)	...	...	17.1
Raised blood pressure among persons 18+ years (%) (2014)	...	...	30.7
Raised blood glucose among persons 18+ years (%) (2015)	...	...	11.3
Raised cholesterol among persons 18+ years (%) (year)	...	...	...
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016	...	...	30.6
Cancer incidence per 100 000 (2018)	...	...	76.1

**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.

## 3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES  
AND PROMOTE WELL-BEING  
FOR ALL AT ALL AGES

## Voluntary National Review, include year(s) and link(s)

N/A

## National Focal Point for 2030 Agenda

The Ministry of Planning and International Cooperation (MOPIC) is currently the National Focal Point for 2030 Agenda.

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

Dr. Fatema Amman (Aden)

Name to be provided (from Sana'a)

## 1. What efforts have been made to agree on national targets for SDG3+?

The current humanitarian crisis, consecutive to ongoing wars, has not allowed the country's institutions to organize the necessary consultative processes to discuss and agree on national targets for SDG3+. Recently and with the support of partners, including WHO, there is a renewal of interest in SDGs in general and SDG3+ in particular. The Ministry of Health and Population, in particular, is keen to define national targets for SDG3+. All health authorities agree that international technical assistance will be needed to define baseline and realistic targets to serve as basis for SDGs monitoring. The results of the National Health and Demographic Survey 2013 are outdated and can no longer serve as the source of baseline indicators. Recent war impact studies conducted by international organizations and academic institutions, including the 2019 UNDP commissioned study "Assessing the impact of War on Development in Yemen" indicate that most of health indicators have deteriorated to what they were 20 to 25 years ago and may continue to do so unless there is a reversal of the situation. However, reliable national studies that can assist in defining baseline indicators are urgently needed.

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

There is no approved National Health Policy or Strategy. Some progress has, however, been made in raising awareness on the importance of ensuring that SDG3+ are incorporated in all health policies and strategies under discussion or being reviewed. The most recent National Health Strategy (2010-2015) titled "Towards better health for all through developing a fair health system" was developed before the Agenda 2030 was adopted. The strategy continues to refer to MDGs throughout the document. Its implementation has been interrupted by the crisis. Despite these challenges, it is important to note that all programmes are supported by the international community, as part of humanitarian response, and include SDG3 themes such as reducing maternal and child mortality and other deaths through primary health care, disease outbreak responses, improved access to health care for hard to reach areas and most vulnerable. To this effect, UN agencies and other humanitarian partners, have continued, through the Humanitarian Response Plan (HRP) 2018 and 2019, to mitigate the effects of the war on SDG3 and other health-related SDGs indicators such as malnutrition, access to safe water and sanitation services, access to energy, and advocating for reduced violence.

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

In addition to existing UN instruments within Humanitarian Country

Team and UN Country Team (i.e. HRP, UN Development Assistance Framework for Yemen, Integrated Strategic Framework) and the ongoing UN-World Bank partnership launched in 2017 which covers a wide range of sectors (including health and nutrition), there has been an increasing number of other partners who have joined the current dialogue on the importance of Humanitarian-Development and Peacebuilding Nexus (HDPN). This enlarged partnership includes UN, EU, key individual donor countries (such as US, UK, Canada, Italy, Spain, Germany, Netherlands, and Denmark) and selected international nongovernmental organizations.

There is a growing consensus that support to peacebuilding and transition in Yemen with a focus on governance and state-building, improving security and rule of law, protecting vulnerable and at-risk populations, economic recovery and reconstruction, and initiating long-term development reforms in line with SDGs, are key strategic areas of focus of the HDPN. In addition, preventing the worsening of the humanitarian situation and addressing underlying drivers of vulnerability as well as strengthening Yemen's development assets (i.e. social and economic capital and institutional capacities) as foundation to recovery and development is inevitable.

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

At present, the major partnership, whose focus includes the advancement of health-related SDGs is through the World Bank-WHO/UNICEF grant for the Emergency Health and Nutrition Programme launched in January 2017 which until now continues to support the humanitarian-development and peace nexus.

While contributions from most of other partners focus on humanitarian response, there is ongoing discussions on how substantive partnerships can be established to address specifically health-related SDGs. At present, it is too early to define and indicate the composition of such partnership. However, a limited number of key partners have started discussions with Yemeni authorities on their future engagement with a possible footprint in health. Discussions are also underway to explore ways for Yemen to implement the Global Action Plan for Healthy Lives and Well-being for strengthening collaboration among multilateral organizations to accelerate country progress on the health-related SDGs.

## 5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

In July 2019, Yemen has been declared free from Lymphatic Filariasis. Since 2000, this tropical neglected disease has affected over 120,000 people. This was made possible by combined efforts of local health authorities at district levels with WHO technical assistance and financial support provided by key donors.

Despite ongoing war/conflict in many parts of the country, immunization activities continued with over 7.1 million of children protected against vaccine preventable diseases in 2018 alone. This was achieved through using innovative approaches including applying the concept of health as a bridge for peace which allowed negotiations for access of vaccinators to access hard to reach areas. Both are examples of success stories that have contributed to reducing mortality and increased chances of child survival.