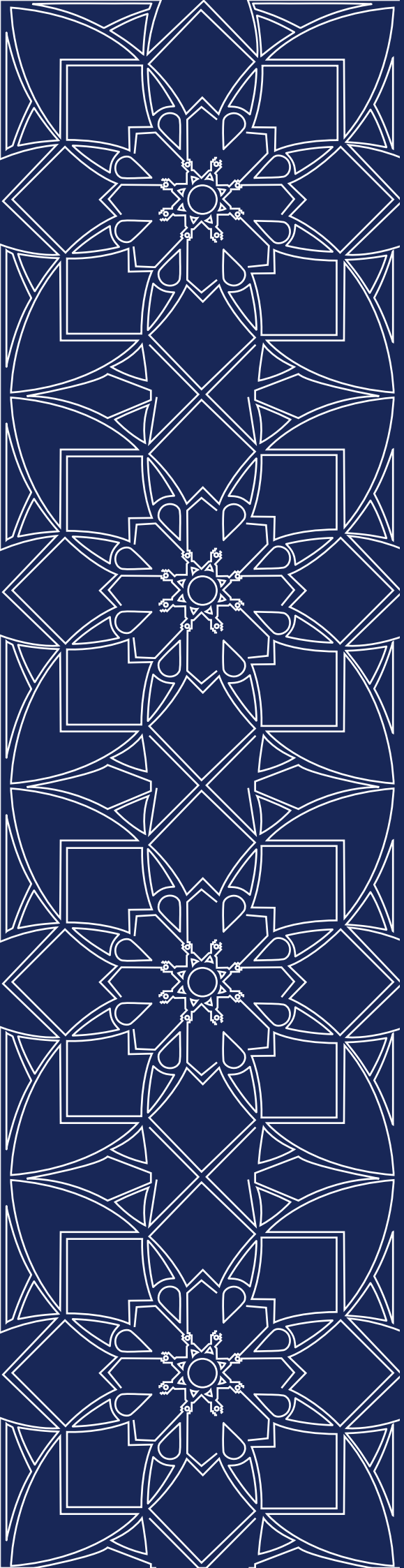

Country Cooperation Strategy for WHO and Yemen 2024 – 2025

World Health Organization

Yemen

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Contents

Acronyms and abbreviations

BHA	Bureau for Humanitarian Assistance
CCS	Country Cooperation Strategy
CDC	Centers for Disease Control and Prevention
CERF	Central Emergency Response Fund
CSP	Country support plan
cVDPV2	Circulating vaccine-derived poliovirus type 2
DFA	De-facto authority
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross domestic product
GPW13	WHO's Thirteenth General Programme of Work
HDPN	Humanitarian–development–peace nexus
IDP	Internally displaced person
IHR	International Health Regulations
IOM	International Organization for Migration
IRG	Internationally recognized government
JEE	Joint external evaluation
MSP	Minimum Service Package
NAPHS	National Action Plan for Health Security
NCD	Noncommunicable disease
PHC	Primary health care
PHEOC	Public health emergency operations centre
PRSEAH	Preventing and responding to sexual exploitation, abuse and harassment
RMNCH	Reproductive maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
STAR	Strategic Toolkit for Assessing Risks
UHC	Universal health coverage
UNCT	United Nations Country Team
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WOAH	World Organisation for Animal Health
YPG	Yemen Partner Group
YPTT	Yemen Partners Technical Team
UNOPS	United Nations Office for Project Services
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organisation
WOAH	World Organization for Animal Health
YPG	Yemen Partner Group
YPTT	Yemen Partners Technical Team

Foreword

The Government of Yemen and the World Health Organization (WHO) are pleased to present the *Yemen–WHO Country Cooperation Strategy 2024–2025.* This critical strategy comes at an important time, as Yemen is in a period of transition across the humanitarian–development-peace–nexus. To accompany this transition, prioritized investments are needed, guided towards sustainability, while still retaining flexibility to respond to acute shocks.

This strategy is a joint framework between WHO and Yemen to improve population health and well-being, and it is aligned with national strategies, policies and plans, as well as with WHO's *Thirteenth General Programme of Work 2019–2023* (extended to 2025) and the *United Nations Yemen Sustainable Development Cooperation Framework (UNSDCF) 2022–2024*, also extended to 2025. The UNSDCF is WHO's guiding framework as part of "One United Nations".

During the humanitarian crisis over the past nine years, investments in Yemen's health sector have grown significantly to sustain service delivery and save lives in an incredibly challenging environment. By building on gains made and lessons learned and seeking to address the root causes of persistent challenges, this strategy will strive to advance four priorities agreed between WHO and the national health authorities, in consultation with relevant ministries and other partners active in supporting the heath sector in Yemen.

The strategic priorities are: 1) to provide health care to promote universal health coverage (UHC) with a focus on the most vulnerable; 2) to protect the population by preparing for, detecting and responding to health emergencies; 3) to promote healthier lives and well-being using a multisectoral approach to promote community health and address the determinants of health and risk factors; and 4) to promote a peace and health dividend to support resilient communities and health systems and foster community engagement, equity, social cohesion, partnership and collaboration.

By advancing in these four areas, together, WHO, the health authorities and partners will work to improve the health and well-being of over 30 million Yemenis and contribute to enhancing peace and prosperity in the WHO Eastern Mediterranean Region.

Dr Arturo Pesigan
WHO Representative in Yemen


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Executive summary

This Country Cooperation Strategy (CCS) sets out the shared agenda and priorities for work between WHO and the health authorities in Yemen for 2024–2025. After nine years of conflict and humanitarian crisis in Yemen, this strategy comes at a critical time. Peace negotiations are ongoing, and opportunities are increasing to shift towards building health system resilience and human capital. At the same time, having capacities to prepare for, detect and respond to emergencies remains vital.

This strategy also comes after a lapse of time since the last CCS, which ended in 2013. In the interim, WHO's work in Yemen has been guided primarily by the United Nations Yemen Sustainable Development Cooperation Framework 2022–2024 (UNSDCF) and annual humanitarian response plans. Previous attempts to develop a new CCS were derailed by a series of crises, including escalating conflict, the world's largest cholera outbreak and the COVID-19 pandemic *(1)*.

Considering the rapidly changing dynamics in Yemen, WHO has fast-tracked the development of this CCS, while retaining a strong emphasis on maintaining a participatory and inclusive approach, engaging with the Ministry of Public Health and Population, the health authorities, humanitarian and development partners, the United Nations Country Team (UNCT) and 58 operational partners convened by the WHO-led Health Cluster.

These consultations, along with a review of the situation in Yemen and reference to key regional and global strategies and frameworks, have led to agreement on four strategic priorities to guide WHO and the health authorities in Yemen *(2)*:

1. Provide health care to promote universal health coverage with a focus on the most vulnerable;
2. Protect the population by preparing for, detecting and responding to health emergencies;
3. Promote healthier lives and well-being using a multisectoral approach to promote community health and address the determinants of health and risk factors; and
4. Promote a health and peace dividend to support resilient communities and health systems and foster community engagement, equity, social cohesion, partnerships and collaboration.

Specific deliverables are highlighted below under each strategic priority. The achievement of these deliverables will be the joint responsibility of WHO and the health authorities, with the support of health partners.

To assure progress in implementing the CCS, monitoring will take place on a regular basis, including via the WHO Country Office in Yemen and the Ministry of Public Health and Population's monitoring and evaluation teams and project-specific third-party monitoring agencies. A CCS mid-term review will be conducted in October 2024, followed by a final evaluation in October 2025. These processes will also provide opportunities to determine whether the CCS timeframe should be extended or whether a new CCS should be developed based on the country situation at that time.

1. Introduction

1.1 Country context

After around nine years of conflict and humanitarian response in Yemen, peace negotiations are ongoing. Yet due to the protracted crisis, 21.6 million Yemenis remain in need of humanitarian assistance, including 17.3 million of the most vulnerable people in need and 4 million people who are internally displaced *(3)*. Since 2015, health services have been mainly oriented towards life-saving care in alignment with the annual Humanitarian Response Plan, based on the Humanitarian Needs Overview.

Yemen's gross domestic product (GDP) has declined by 40% since 2015 due to the conflict *(4)*. Even before this, governance and management challenges had resulted in chronic poverty *(5)*, underdevelopment and minimal access to basic services such as electricity, water and health care in much of the country. All these factors led to Yemen ranking 183 out of 191 countries in the Human Development Index with a score of 0.455 in 2021–2022. *(6)*.

The hardest hit by the challenges facing Yemen are the marginalized and vulnerable populations, including around 80% of the population estimated to be living in poverty, the *muhamasheen* community, internally displaced persons (IDPs), children, adolescents, women *(7)*, persons with disabilities, older people, refugees and other migrants, and people in places of detention *(4)*. Durable solutions are needed for the whole population, and more specifically for displaced populations and returning Yemenis who may have limited access to services.

Yemen is also increasingly vulnerable to the effects of climate change, including droughts and flooding. The country is severely water-stressed, and climate change further contributes to high levels of food insecurity. These challenges are exacerbated by an expanding agriculture sector and the trade of qat, a plant containing an amphetamine derivative, which is used by around 64% of Yemeni male adults *(8, 9)*.

Since early 2015, Yemen has been divided into different zones of political and military control. The conflict extends beyond a Houthi-led government in Sana'a, referred to as the de-facto authority (DFA), and Yemen's internationally recognized government (IRG) based in Aden. Disagreements among subgroups exacerbate the conflict, splintering the public sector and solidifying subnational identities *(10)*.

At the same time, a truce agreed in April 2022 has delivered well beyond its expiration date in October 2022. From an optimistic perspective, if the conflict subsides, the donor community is supportive and the economy responds positively to increased investment in infrastructure and human capital, Yemen could achieve considerable gains in renewed growth and poverty reduction by 2030. These dynamics and the fast-changing sociopolitical environment are likely to impact implementation of the CCS, and hence annual reviews will be undertaken to facilitate any adjustments that may be needed.

1.2 Health and health equity situation

The armed conflict in Yemen, which has lasted for over nine years, has reduced the ability of the Ministry of Public Health and Population to focus on strengthening the health system, despite this being key to providing affordable and quality health services to those who need them. The importance of adopting a health system approach has been overlooked for a number of reasons, including: 1) limited expertise in health leadership and governance; 2) lack of experience in the field of public health and health administration; and 3) limited capacities, including human resources available to the Ministry and other organizations operating in Yemen. This has reduced the Ministry's ability to carry out its key tasks efficiently, resulting in inadequate performance and operational capacity. Strengthening the leadership of the Ministry and investing in effective governance and strong leadership will ensure efficient and equitable delivery of health services.

Between 2019 and 2021, average life expectancy in Yemen decreased from 66 years to 64 years, as a direct effect of the ongoing conflict *(11)*. Around 55% of deaths are attributable to noncommunicable diseases *(12)*. The top three causes of death are cardiovascular diseases (33%), communicable, maternal and nutrition conditions (29%) and injuries (15%) *(13)*. The maternal mortality ratio is high, at an estimated 183 deaths per 100 000 live births *(14)*. In the last Demographic Health Survey (DHS) conducted in 2013 more than 70% of pregnant and lactating women were found to be anaemic *(15)*, and the situation has not improved since then. The increasing frequency of climate change-induced emergency events, such as floods, sandstorms, excessively hot weather and storms, is negatively impacting the health of the population, and the most vulnerable, such as older people in highest need of assistive technology, are the worst hit. About 62 000 children die annually in Yemen before reaching their fifth birthday. Unfortunately, the under-5 mortality rate has been on the rise in the country over the past few years, reaching 62 deaths per 1000 live births in 2021 *(16)*. Some limited improvement was recorded between 2021 and October 2023 with an under-5 mortality rate of 41 per 1000 live births, though with a higher mortality among boys (45 per 1000) than girls (35 per 1000), as indicated by the Yemen Multiple Indicator Cluster Survey (MICS 2022–2023) published in October 2023 *(17)*. The MICS results, however, show that there has been no significant change in the trend for all childhood mortality rates over the past 15 years.The neonatal mortality rate has decreased marginally from 22 to 21 per 1000; the infant mortality rate has decreased from 39 to 35 per 1000; and the under-5 mortality rate has dropped from 44 to 41 per 1000 *(17)*.

Undernutrition is a significant public health concern, with nearly half of all children under 5 experiencing stunted growth and more than 2 million children affected by acute undernutrition, with higher mortality risk. The conflict has also contributed to a mental health crisis in Yemen, with an estimated 8 million people in need of medical intervention for mental health disorders *(18)*.

Yemen is also very greatly exposed to epidemic risks and vulnerabilities. The country faces concurrent outbreaks of epidemic-prone diseases, including circulating vaccine-derived poliovirus type 2 (cVDPV2), cholera, measles, diphtheria, pertussis, malaria and dengue. Vaccination coverage is low, especially in the northern governorates, where there is increasing politicized anti-vaccination sentiment. More than 1 million malaria cases are estimated to occur every year, with 65% of reported cases being in the Tehama region, particularly Al Hudaydah and Hajjah governorates *(19)*. The COVID-19 pandemic also had a significant impact on the country, with no cases

officially reported from the northern governorates but more than 11 000 cases reported by the southern governorates under the control of the IRG *(20)*.

It will require monumental efforts to rebuild the health system. Some key indicators make this clear. For example, there are no doctors in 18% of the 333 districts across the country; 183 out of every 100 000 expectant mothers die in childbirth; and civil service salaries, including for over 55 000 health workers, have not been paid for a long period or have been paid sporadically at best. Only just over half of the country's 5500 health facilities (54%) are fully functioning, and many facilities are operating with limited service availability and inadequate workforce, equipment and supplies *(21)*.

The Minimum Service Package (MSP), developed by the health authorities with support from WHO and partners in 2017 and reviewed in 2022 (22), is the key guiding document indicating the services to be provided at each level of care in Yemen by the authorities and partners. However, more attention is needed to fully operationalize the MSP. Many health delivery programmes continue to be assured by national and international partners. In addition to facilities run by the health authorities and partners, curative services are also provided by the military, police and the private sector *(23)*.

Health governance is weakened by political divisions between Aden and Sana'a and also within the other 21 governorates, and this limits opportunities to provide comprehensive health services at national level. Some progress, although limited, is being made through health and peace initiatives aimed at bringing the different stakeholders together around the theme of improving the health of the most vulnerable populations. The health workforce is also constrained by a brain drain and a high turnover of health workers. It is estimated that around 30% of the most experienced health professionals have emigrated *(24)*. To narrow the human resources for health gap, the country is being encouraged to explore some of the South–South exchange initiatives with other countries in the Eastern Mediterranean Region. Health financing data are scarce, but the most recent estimates of health expenditure, in 2017, indicate an average Yemeni's annual income to be US$ 771, with average health expenditure of US$ 122 (the second largest household cost after food) *(25)*.
There is limited information on the fast-growing but unregulated private sector for health service providers, but it is estimated that over 60% of health care services are provided in the private sector *(26)*. Anecdotal evidence shows that safety and quality of care are major concerns, and that an effective regulatory system for the private sector is lacking. Another major problem is geographic competition or overlap with the public sector, with private practices tending to be set up on the doorstep of public facilities, rather than in areas where government services are lacking.

Health equity is a central challenge. Some examples of this include the fact that access to reproductive, maternal and neonatal health services is limited for women across the country. People living in IDP camps are particularly vulnerable to outbreaks of disease due to unreliable availability of services, including water and sanitation. Around 70% of Yemenis living in rural areas face additional geographical and financial barriers to accessing health care. In addition, landmines and unexploded ordnance in agricultural lands have left an increasing number of people with trauma, disabilities and rehabilitation needs. These communities also face higher rates of stunting and lower rates of delivery in health facilities, compared with urban areas *(27)*.

1.3 National health and development agenda

Yemen's national health and development agenda is taking shape as the country moves forward hopefully towards peace talks, although humanitarian needs still prevail.

Strategic action is guided partly by the National Health Strategy, 2010–2025: Towards better health for all through developing a fair health system *(28)*. However, after nine years of project-driven humanitarian funding, the strategy has proved to be less of a guiding force than was originally envisioned. With support from UNICEF and WHO, the Ministry of Public Health and Population is in the process of

updating the National Health Strategy (2010–2025) and its associated health policies, including a bridging health strategy for 2024–2025, while working on a National Health Strategy for 2025–2030.

WHO has also been supporting the country in developing strategies in the areas of quality of care, maternal and child health, midwifery, health security and other strategic public health areas to guide actions that can contribute to improving the health and well-being of the population. These strategies are in addition to national mental health and nutrition strategies that were developed and launched in 2022 and 2023, respectively.

1.4 Partnership environment

The international community's support of the national health and development agenda is framed by the Humanitarian Response Plan for humanitarian needs and the UNSDCF. WHO contributes to two of the four outcomes of the UNSDCF, focused on enhancing access to quality nutrition, resilient livelihoods and other areas and on improving quality and access to social services[1]. Specifically on health, coordinated action is guided by the Global Action Plan for Healthy Lives and Well-being for All *(29)*. Through the Health Cluster, led by WHO, 46 partners are providing critical health services, strengthening the health system and working closely with affected

1. WHO contributes to the following two UNSDCF outcomes:
   - Enhanced availability, sustainability and inclusive access to quality nutrition, food security, environment and resil-ient livelihoods, including for vulnerable and marginalized population groups of Yemen;
   - Improved quality, access to and use of needs-based, equitable and inclusive social protection and social services, including support for responsive, equitable, inclusive, accountable and transparent service delivery systems at national and local levels.

communities to identify their health needs. The work of the Cluster system, guided by the Humanitarian Response Plan, is carried out in coordination with implementation of the UNSDCF *(30)*, recognizing that an integrated approach is needed to improve human development, economic growth and peacebuilding in complex crises. In 2022, new, development-oriented platforms were established, namely the Yemen Partner Group (YPG) and the Yemen Partners Technical Team (YPTT), towards addressing root causes of the crisis and supporting the sustainable development agenda. Together, the Humanitarian Response Plan, the Clusters, the UNSDCF, the YPG and the YPTT contribute to advancing the humanitarian–development–peace nexus (HDPN) by promoting a coordinated and integrated approach to addressing the complex challenges facing the country.

WHO's major financial partners in supporting the health sector in Yemen include the World Bank, the United Nations Office for the Coordination of Humanitarian Affairs/Central Emergency Response Fund (UNOCHA/CERF), the Kingdom of Saudi Arabia, King Salman Humanitarian Aid and Relief Centre (KSrelief), Kuwait, Germany, the United States Agency for International Development/Bureau for Humanitarian Assistance (USAID/BHA), the European Union/Directorate-General for International Partnerships (DG INTPA), Gavi, the Vaccine Alliance, and the Islamic Development Bank.

At the operational level, WHO works closely with the United Nations agencies, specifically the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Food and Agriculture Organization of the United Nations (FAO), the International Organization for Migration (IOM),the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office for Project Services (UNOPS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP) and other members of the UNCT, along with the World Bank, to advance better health and well-being for communities. WHO is also increasingly collaborating with civil society groups, academia and other local institutions towards strengthening localization of health interventions and promoting grassroots initiatives and community engagement, extending the reach to women, girls, youth and other marginalized and vulnerable groups, and building sustainable institutional capacities.

2. WHO collaboration with Yemen

2.1 WHO's vision in Yemen

In line with WHO's global Thirteenth General Programme of Work 2019–2023 (extended to 2025) *(31)*, WHO's vision in Yemen is to save lives by preventing, detecting and responding to health emergencies, to promote healthier and resilient communities and to build a resilient health system.

In implementing this vision, WHO will strive to take forward evidence-based and innovative solutions that will lead to improved access to quality health services, including referral and counter-referral, with a focus on primary health care (PHC) and community-based care, building on community assets and leading to better health outcomes for all people in Yemen, in addition to the social cohesion that the health and peace dividend will bring.

2.2 Strategic priorities

The strategic priorities outlined in this section have been formulated through extensive consultations between the WHO Country Office and various programmes overseen by Yemen's health authorities, and in collaboration with operational and humanitarian and development partners. These priorities are:

1. Provide health care to promote universal health coverage (UHC), with a focus on the most vulnerable;
2. Protect the population by preparing for, detecting and responding to health emergencies;
3. Promote healthier lives and well-being, using a multisectoral approach to promote community health and address the determinants of health and risk factors; and
4. Promote a peace and health dividend to support resilient communities and health systems and foster community engagement, equity, social cohesion, partnership and collaboration.

The achievement of these four priorities will be facilitated by carrying out WHO's six globally recognized core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing operational and technical support, catalysing change and building sustainable institutional capacity; and
- monitoring the health situation and assessing health trends.

1. Provide health care to promote universal health coverage, with a focus on the most vulnerable

Promoting universal health coverage will include strengthening the health system across the six health system building blocks of governance, service delivery, workforce, health information systems, access to essential medical products, and health financing. Adequate attention and focus will be given to health system strengthening, which will be key to enhancing and improving health care delivery. Efforts will be directed towards enhancing leadership and governance within Yemen's health sector by capacitating leaders, promoting transparency, accountability, community participation, cooperation and partnerships, leveraging health technologies and fostering innovation in health care.

Deliverables under this strategic priority will include:

- Strengthen development of a service delivery model characterized by a continuum of care from community to primary, secondary and tertiary levels, starting by supporting priority health facilities to deliver the Minimum Service Package and integrated referral services.
- Support adherence to quality assurance standards from community health centres up to tertiary level with accreditation and performance-based awards systems.
- Ensure that health services are appropriately and sufficiently disability-inclusive and accessible for persons with disabilities.

- Build workforce capacities in partnership with academia, including health technical institutes.
- Integrate care for older people at PHC level using the WHO Guidelines on Integrated Care for Older People (ICOPE).
- Improve reproductive, maternal, child and adolescent health by increasing access to prenatal and intrapartum care, midwifery and emergency basic and comprehensive obstetric and newborn/paediatric services.
- Strengthen health services to ensure the provision of live-saving interventions for women and children subjected to violence, and ensure that sexual violence minimum standards of care for women and children are met.
- Support prevention and treatment of Aedes-borne diseases including dengue, malaria, neglected tropical diseases, vaccine-preventable and other endemic diseases.
- Invest in the health information system architecture to enhance institutional capacity on health data analysis, using disaggregated data for decision-making, having a unified digital repository and strengthening national capacity to monitor indicators and trends related to the Sustainable Development Goals (SDGs) *(32)*.
- Promote the use of the District Health Information System 2 (DHIS2) at all levels by improving infrastructure and human and material resources support, while observing, promoting and implementing a single reporting system for all vertical programmes.
- Strengthen national essential medicines policies by building capacities in key areas and increasing awareness/action on antimicrobial resistance.
- Support the institutionalization of a sustainable national health financing system that can contribute to UHC.

2. Protect the population by preparing for, detecting and responding to health emergencies

WHO is committed to supporting Yemen to enhance public health emergency preparedness, readiness, response and early recovery, using the life course approach [2] regarding maternal, newborn, child, adolescent, adult and ageing needs, according to the humanitarian programme cycle. WHO will also aim to strengthen the country's core capacities to implement the International Health Regulations (IHR 2005), a legally binding agreement which requires the country to be able to detect, assess, report and respond to public health events. WHO interventions will promote a multi-hazard approach based on WHO guiding documents and best practices such as regular joint external evaluations (JEEs) of IHR capacities, the IHR amendments, governance decisions for the global health emergency architecture, the One Health [3] quadripartite agreement and WHO's Health Emergency Preparedness, Response and Resilience programme.

In 2023, with the support of WHO, the Ministry conducted an all-hazard public health risk assessment using WHO's Strategic Toolkit for Assessing Risks (STAR) to identify and prioritize potential hazards that may trigger activation of a coordinated national response. The role of the multi-hazard risk assessment is to establish the country's risk profile to support the development of a National Action Plan for Health Security (NAPHS) 2024–2026. This plan will accelerate the implementation of IHR core capacities based on a One Health for all hazards, whole-of-government approach. The NAPHS will be developed based on the results of the 2023 JEE.

In addition, as the lead agency of the Health Cluster, WHO plays a critical role in providing technical support and guidance to the Cluster and its partners. WHO supports the coordination of health activities, including the development of health response plans, mobilization of resources, surveillance activities, provision of technical expertise and capacity-building support.

2. The life course approach considers health as an evolving capacity that develops dynamically over time and across generations.
3. One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. One Health involves the public health, veterinary and environmental sectors.

Deliverables under this strategic priority will include:

- Enhance the implementation of IHR core capacities, focusing on early detection, control of and rapid response to infectious diseases and other hazards and endorse Yemen's first National Action Plan for Health Security.
- Enforce the understanding and implementation of a One Health approach with the engagement of all relevant sectors in collaboration with the Quadripartite Secretariat (WHO, FAO, UNEP and the World Organisation for Animal Health (WOAH)).
- Strengthen public health emergency management as an integral part of overall emergency management capacities.
- Enhance emergency/acute care services, including community-based, pre-hospital and facility-based services, with linkages to critical and operative care, taking into consideration the special needs of persons with disabilities, women and children and adolescents, and victims of different kinds of violence.
- Strengthen and ensure continuity of rehabilitation services and assistive technology provision from the outset of an emergency to respond to pre-existing and emerging needs.

3. Promote healthier lives and well-being using a multisectoral approach to promote community health and address the determinants of health and risk factors

WHO is committed to supporting Yemen to promote healthier lives and well-being by preventing disease and injuries and addressing their root causes, especially for the most vulnerable population groups. The focus will be on health promotion, disease prevention and addressing determinants of health – which are the conditions in which we are born, grow, live, work and age. This will contribute to reducing the burden of disease and health inequities and help to reduce the pressure on workers and service delivery and reduce health care costs. The climate crisis in Yemen presents an existential threat and hence a proactive approach is needed to address its potential health impacts.

Deliverables under this strategic priority will include:

- Integrate noncommunicable diseases and mental health within primary health care by providing capacity-building and contributing to the availability of essential supplies.
- Implement the national nutrition strategy to address all forms of malnutrition.
- Promote community-based services using community health workers and volunteers.
- Expand prevention and early intervention services for NCDs.
- Promote multisectoral approaches to improve early childhood development and adolescent well-being and development.
- Build capacities of the Ministry of Public Health and Population and communities in addressing the root causes of maternal, neonatal and child mortalities and morbidities, including investigation and reporting.
- Build national capacities for prevention and control of road traffic injuries.
- Promote and enhance climate resilience and environmentally sustainable health systems and facilities capable of responding to climate change-induced emergency needs.
- Improve sustainable environmental health practices, including efficient use of water in health facilities, building capacities on healthcare waste management and raising awareness on reducing carbon emissions.
- Promote social behavioural change to improve food safety and implement food safety standards.
- Reduce NCD risk factors (including physical inactivity, tobacco use and qat consumption, and sugar and salt intake), using a comprehensive approach spanning the entire life cycle, with a focus on pregnancy, infancy, childhood and adolescence.

4. Promote a health and peace dividend to support resilient communities and health systems and foster community engagement, equity, social cohesion, partnerships and collaboration

Health and peace are interrelated. Lessons learned in recent years from different countries which have ended armed conflicts, such as Colombia, Sierra Leone and others, have shown that there cannot be health without peace, and there cannot be peace without health. Armed conflict also exacerbates inequality and marginalization. Addressing issues of inequality and marginalization is critical to achieve positive health outcomes not only in fragile, conflict-affected and vulnerable settings, but in all societies globally.

The COVID-19 pandemic demonstrated that health emergencies, or the responses to them, can be a trigger or aggravating factor for social tension or even conflict. However, it also demonstrated that health programmes can be powerful enablers in the peacebuilding process, and carefully chosen health activities can strengthen social cohesion and empower communities to achieve stability and improve livelihoods

Based on these lessons learned, WHO will work together with the national authorities to leverage the ongoing peace negotiations and promote health activities and innovative approaches that can contribute to a peace dividend and foster social cohesion.

Deliverables and innovations under this strategic priority will include:

- Apply innovations and operational research to help Yemen transition from humanitarian to development progress.
- Strengthen capacities to produce and share qualitative and quantitative data among stakeholders to foster collaboration and support the humanitarian–development–peace nexus.
- Promote use of the health and peace dividend to contribute to community resilience and social cohesion.
- Build the capacity of national stakeholders on health diplomacy and conflict analysis to develop strategies and programmes.
- Apply health diplomacy principles to facilitate collaboration and coordination of national authorities in addressing major public health challenges faced by the country, based on evidence-based practices.
- Leverage nutrition, mental health and other cross-cutting strategies to bring communities closer.
- Practise community engagement in defining and providing services in rural and conflict-affected areas.

2.3 WHO's strengths

WHO brings to the table extensive expertise and knowledge across geographical regions that the Secretariat has accumulated while supporting Member States worldwide. The Organization has numerous dedicated and committed field teams, complemented by strong regional and global teams. The added value specific to programme implementation in Yemen includes:

- established collaboration with line ministries, especially the Ministry of Public Health and Population, as well as national statistics offices, planning offices and other parts of the central government in Yemen;
- a robust and flexible monitoring and evaluation system;
- acceptance, access and direct implementation;
- funding flexibility of WHO partners;
- WHO's convening mandate and lead role in the Health Cluster, which has data, evidence and understanding of the health needs of Yemenis;
- WHO's lead in the joint UN implementation of health-related SDGs in support of national authorities and its health lead in the UNCT under the framework of the UNSDCF;
- strong relationships with local and international health and development partners; and
- a proven track record of capacity to deliver in a humanitarian setting.

2.4 Development model

To improve the lives of vulnerable communities and make a real difference in Yemen, WHO's development model will be guided by the following principles:

Needs-, gender-, equity- and rights-driven:

WHO will ensure that the needs of the people affected are met in a gender-, equity- and rights-driven manner. The rights of individuals and communities, including vulnerable groups, must be respected, protected and fulfilled with equity- and gender specific needs being considered. WHO will give vulnerable populations priority in terms of access to health services, resources and protection from harm. WHO will take a comprehensive approach that considers the physical, mental, social and economic needs of the targeted communities. It is important to ensure that all stakeholders are aware of their respective roles and responsibilities to ensure effective implementation of rights-driven health and emergency response interventions.

Nexus and multisectoral approach:

WHO Yemen will adopt a multisectoral, integrated approach that considers social, economic and environmental aspects. Desired outcomes, outputs and activities will be designed in ways that stimulate early recovery and development. Needs assessment and context analysis will therefore take longer term perspectives into account.

Exit strategies from humanitarian action will be properly developed and implemented for a smooth transition to early recovery. The level of pre-existing state capacity, social indicators, economic growth potential and the political and security environment should determine the nature of the planned transition from relief to early recovery/development in each situation.

Localization:

WHO will engage local civil society organizations as partners and will invest in strengthening their capacity. This will help to overcome challenges related to security and access, as well as extend the organization's reach to the most marginalized and vulnerable groups.

Mainstreaming cross-cutting themes:

Gender, environmental and social safeguards, climate change and conflict sensitivity will be considered and integrated into WHO activities. Focal points will be designated to lead in each of these areas, to advocate for increased acceptance and action with local partners and share examples of good practice in Yemen and with other countries. WHO will also ensure that mechanisms are in place for preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) cases, both internally and externally. This will include having complaint and feedback mechanisms in place and functional, with plans and strategic actions to identify, prevent and mitigate risks in WHO activities.

Cross-learning and sharing approaches:

WHO will ensure that good practices and lessons are shared across programmes within the country and with other countries, with the support of the WHO Regional Office for the Eastern Mediterranean and WHO headquarters.

3. Implementing the strategic agenda

3.1 WHO's contributions to achieving the strategic priorities

The implementation of this CCS is planned to take place in 2024 and 2025. To achieve the CCS strategic priorities, WHO will work closely with local communities, the Ministry of Public Health and Population and other relevant line ministries and authorities, partners and donors.

To deliver on the CCS strategic priorities, the WHO Country Office will put together a team of competent and motivated staff. This will include reassessing current staffing considering the CCS strategic priorities and making provisions for adequate staffing in all prioritized technical areas. The enhancing of staff capacity will be emphasized through staff development and learning focused on the development of leadership and enhancement of technical capacity.

Similarly, WHO will work with the Ministry to support its efforts to assess the capacity of ministry staff to support implementation of the CCS. WHO is committed to ensure that the Country Support Plan 2024–2025 (biennium operational plan) will include a plan to capacitate key health professionals who will be technically supporting the implementation of the CCS.

Considering WHO's leadership role and the partnership environment in the health sector, more joint programming will be pursued, involving development and operational partners, professional associations, nongovernmental organizations and civil society. A comprehensive plan will be developed in line with WHO's Framework of Engagement with Non-State Actors [4] to involve these groups.

Research and dissemination of knowledge will be one of the priority focuses during the CCS implementation period. To build research capacity and increase knowledge-sharing, stronger networks will be developed with academic institutions and WHO collaborating centres.

4. WHO's engagement with non-State actors (https://www.who.int/about/collaboration/non-state-actors, accessed 11 February 2024).

Coordination with donors will be strengthened and new funding opportunities will be explored. The Country Office will continue to play a proactive role to increase programme impact visibility and extend its outreach, using innovative approaches and social media networks.

3.2 Support from the WHO Regional Office for the Eastern Mediterranean and WHO headquarters

WHO's unique strength lies in the combined expertise of its three organizational levels: country, regional and global. The WHO Regional Office for the Eastern Mediterranean and WHO headquarters will boost the Country Office's capacity to provide the necessary advocacy, policy, technical and operational support.

WHO's regional and global levels will lead the development of normative guidance and technical guidelines and will support the adaptation of relevant guidance to the context of Yemen, in collaboration with the Country Office and partners. The regional and global levels will also provide platforms and opportunities to share experiences and lessons learned from other countries, and for exchanges among country, regional and global experts and representatives of Member States, towards applying innovations and best practices in Yemen.

WHO's Country Support Plan will facilitate bottom-up country planning to support implementation of the Organization's Programme Budget. The Country Support Plan will help in achieving the CCS priorities by addressing resource requirements, especially in human resources capacity and technical expertise needed to deliver support from WHO's three levels. The regional office will support the adaptation of global guidance and tools to the regional context as well as implementing flagship programmes, multi country collaboration (including South–South and triangular cooperation for sharing experience) and the exchange of technology and expertise within the Region, and will also assist in mobilizing resources.

3.3 Implementation partners

WHO's implementing partners in taking forward this CCS will include primarily the Ministry of Public Health and Population at the central, governorate and district levels. WHO will work through and with the Ministry to engage other ministries and government departments, including education, environment, agriculture, planning and finance, to address social and economic determinants and promote multisectoral action for health. A dedicated Ministry technical team will be assigned to meet regularly with WHO CCS focal points to discuss and address any issues related to the operationalization of the CCS. As a member of the UNCT, WHO will engage with other UN agencies in consultations

and policy dialogue based on their comparative advantages on health-related themes, including UNICEF, UNFPA, FAO, IOM, UNHCR, UNDP, UNOPS and UN Women. Other technical and financial partners involved in strengthening the health system will include the World Bank, USAID/BHA, European Civil Protection and Humanitarian Aid Operations (ECHO), the US Department of State, France, the Netherlands, KSrelief, Kuwait, OCHA, Germany, Japan, Korea, the Islamic Development Bank, the European Union, Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Additional potential partners/donors interested in supporting priority areas agreed with health authorities will also be engaged.

To advance health equity, WHO will partner with civil society organizations and representatives of vulnerable and marginalized populations. In line with promoting sustainable approaches, WHO will partner with academia in research, evidence-building and capacity-building activities towards leveraging national expertise and enhancing and empowering local institutions. WHO will also work with associations of health professionals towards enhancing health workforce development.

3.4 Funding requirements

For implementation in 2024 and 2025, the funding required to deliver on the CCS strategic priorities will be approximately US$ 212 million, based on historical trends and forecasting. Around US$ 5 million of this total is expected to come from WHO core funding, and the remainder will require a coordinated effort by WHO resource mobilization teams at country, regional and global levels, in collaboration with international partners. As of September 2023, around US$ 70 million was in the pipeline with the generous support of WHO's partners. Considering the current substantial funding gap, efforts will be exerted to mobilize additional resources required to bridge the current CCS funding gap.
It is in this context that, guided by this CCS, WHO will regularly review its resource mobilization strategy and develop project proposals in line with upcoming funding opportunities. Proposals will be geared towards delivering high-impact interventions under each strategic priority.
Value for money and ensuring a strong return on investment for WHO's partners will be paramount.

Table 1 provides a breakdown of the estimated budget required by strategic priority. As Yemen remains in a transition phase from humanitarian to development action, strategic priorities 1 and 2 account for most of the budget. Priority 1 includes the delivery of medicines, supplies and equipment to provide essential services for hospitals, central public health laboratories, national blood transfusion centres, therapeutic feeding centres and other secondary and primary health care facilities, as well as outreach activities and campaigns. The funding under priority 2 considers Yemen's high vulnerability to epidemic threats, coupled with low immunization rates and increasing hesitancy, and the country's ongoing context of fragility, conflict and violence.

Table 1. Breakdown of the estimated budget required by strategic priority

Strategic priority	Budget requirement US$
1. Provide health care to promote universal health coverage	102 million
2. Protect the population by preparing for, detecting and re-sponding to health emergencies	90 million
3. Promote healthier lives and well-being using a multisectoral approach to address the determinants of health and risk factors	15 million
4. Promote a health and peace dividend to support resilient health systems and foster community engagement, social cohesion, partnerships and collaboration	5 million
Total	**212 million**

4. Monitoring and evaluation

The CCS will be launched in the first quarter of 2024 and will be monitored during implementation starting in 2024. A CCS mid-term review will take place in October 2024, along with a final evaluation in October 2025. WHO, the health authorities and the UNCT will be jointly involved in monitoring and evaluating the CCS using the CCS results framework (see Annex 1). The CCS review process will be led by the WHO Representative, supported by a CCS working group comprising staff from the three levels of the organization, as well as government officials and partners.

Periodic monitoring of the CCS will be undertaken, including through review of biennial workplans and activities undertaken and mid- and end-term reviews of WHO's biennial Programme Budget within the implementation of the CSP. Regular field monitoring visits by WHO Yemen's monitoring and evaluation team and project-specific third-party monitoring agencies will also contribute to assessing progress. In addition, quarterly progress monitoring/review of key milestones will be conducted as needed to ensure that implementation of the CCS remains on track and that any deviation/gap is addressed in a timely manner and needed adjustments are made. Where needed, a core Ministry monitoring team will be capacitated in carrying out monitoring functions and will work closely with WHO monitoring and evaluation teams during the two-year CCS implementation period and beyond.

Periodic reviews of progress through case studies and documentation of progress and success stories will provide inputs for the mid-term and end-term evaluations of the CCS. The mid-term review in 2024 will be used to adjust deliverables based on changing needs in the country, as well as to effectively achieve the desired health outcomes. The mid-term review and final evaluation will provide opportunities to consider whether the CCS timeframe should be extended or renewed or whether a new CCS should be developed, based on the country context at that time.

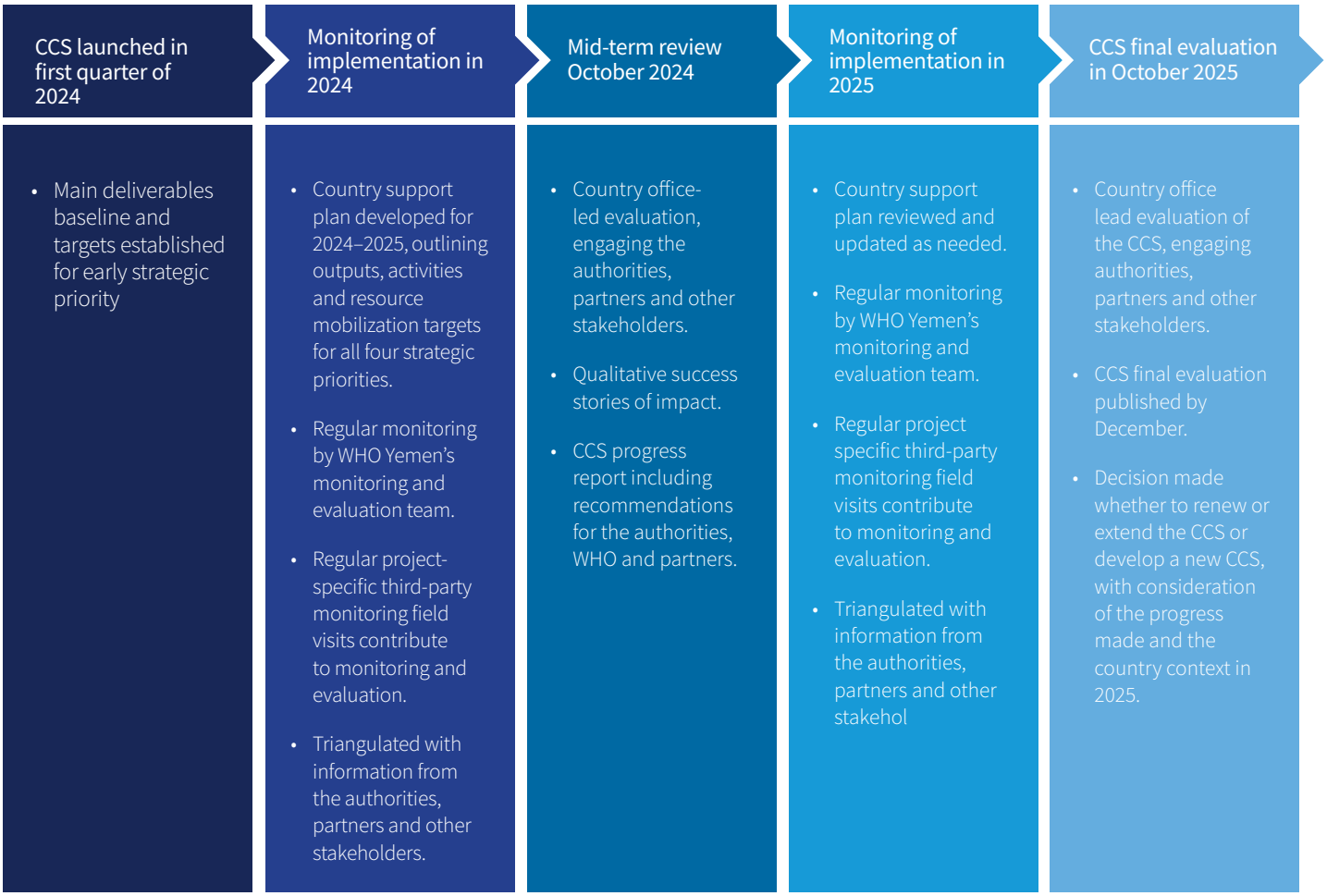

Fig. 1. Yemen–WHO CCS monitoring and evaluation timeline and key milestones

The following checklist provides some key considerations for the mid-term review and the final CCS evaluation:

- Measure progress towards the impact targets identified for each strategic priority and therefore the contribution to the Triple Billion goals.
- Identify achievements and gaps in implementing the CCS strategic agenda.
- Determine the extent to which the CCS strategic priorities have influenced progress towards achieving the health-related SDGs.
- Identify the critical success factors and impediments.
- Identify the lessons to be applied to the rest of the CCS cycle and future cycles.

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Annex 1. Results Framework

In the absence of recent household-based surveys, apart from the Multiple Indicator Cluster Survey 2022–2023 *(17)* and recent nutrition surveys, some of the baseline values included in the results framework are founded on the best estimates based on data collected over time.

Whenever possible, the year of publication of the baseline values has been indicated. All the values for target indicators have also been defined by default to be achieved by the end of 2025.

Indicators	Baseline	Target 2025	Data source
Strategic priority 1. Provide health care to promote universal health coverage			
UHC service coverage index (%)	42 (2021)	45	WHO GHO
Maternal mortality ratio (per 100 000 live births)	183 (2020)	181	WHO
Proportion of births attended by a skilled birth attendant (%)	45 (2022)	48	WHO
Under-5 mortality rate (per 1000 live births)	41 (2023)	40	Yemen MICS 2022–2023 WHO
Neonatal mortality rate (per 1000 live births)	21 (2023)	20	Yemen MICS 2022–2023 WHO
Measles containing vaccine second dose (mcV2) immunization cover-age by the nationally recommended age (%)	52 (2021)	56	WHO
Strategic priority 2. Protect the population by preparing for, detecting and responding to health emergencies			
Average core IHR capacities (%)	40 (2022)	50	State Party Annual Reporting (SPAR) WHO Health Emergency Dashboard
Percentage of alerts verified within 24 hours of detection	90	95	Rapid response teams annual reports WHO-Ministry of Public Health and Population eIDEWS
One Health multisectoral coordination mechanism established	0	1	Pandemic Preparedness Fund annual report
After-action review conducted following any major emergency within three months after the end of the emergency	0	3	After-action review report
Development of a roadmap for the emergency care system	0	1	Approved roadmap

Strategic priority 3. Promote healthier lives and well-being using a multisectoral approach to address the determinants of health and risk factors

Prevalence of stunting among children under-5 (%) (SDG 2.2.1.)	35.1 (2022)	34	WHO
Age-standardized prevalence of hypertension among adults aged 32–79 (%)	29.3	28	WHO
Probability of dying from any of cardiovascular diseases, cancer, disability, or chronic respiratory diseases between ages 30–70 (%)	27.6 (2019)	27	WHO
NCD STEPS WISE survey conducted and report released	0	1	Survey report Dashboard
Number of health facilities (PHCs, secondary and tertiary hospitals) with access to clean water (%) Denominator = 4937	47.36 (2023)	50	HeRAMS
Age-standardized prevalence of tobacco use among persons 15 years and older (%)	20.3 (2020)	20	WHO

Strategic priority 4. Promote a health and peace dividend to support resilient health systems and foster community engagement, social cohesion, partnerships and collaboration

Assessment of drivers of conflict conducted and opportunities for peace and health interventions identified	0	1	Assessment report
Increased availability of health services in PHC centres (%) Denominator: 4657	48 (2023)	68	HeRAMS N.B: Percentage of services availability is calculated as follows: - Fully available = 1 - Partially available = 0.5 - Non-available = 0
Increased availability of health services in hospitals (%) Denominator: 280	63 (2023)	73	
Number of professionals trained on health diplomacy and conflict analysis and programming	3	50	Training reports
Health Information dashboard with set of data sets to support HDPN established	0	1	Dashboard and reports
Number of country-wide Health Cluster meetings involving all Cluster members and hubs	0	4	Health Cluster meeting notes and reports

World Health Organization

Yemen