

# YEMEN

People in need<sup>1</sup>

**23.1 MILLION**

People targeted<sup>1</sup>

**10.5 MILLION**

Funding requirement

**\$38.8 MILLION**

<sup>1</sup> Figures represent People in Need and People Targeted for overall humanitarian assistance drawn from the Global Humanitarian Overview (GHO) 2026

## CONTEXT

Yemen continues to face a prolonged and intensifying humanitarian emergency, driven by years of conflict, escalating regional hostilities, economic collapse, widespread food insecurity, recurrent disease outbreaks and compounding climate shocks. In 2025, humanitarian needs continued to rise, with 19.5 million people requiring assistance and 10.5 million targeted for support, including 4.5 million internally displaced persons.

Yemen remains in the grip of a severe food insecurity and health crisis. Between May and August 2025, an estimated 17.1 million people – nearly half the population – faced Crisis or worse (IPC Phase 3+) food insecurity, including 5.2 million in Emergency (IPC Phase 4) conditions. Projections through early 2026 indicate that more than half of the population will continue to face Crisis or Emergency levels, with some areas at risk of Catastrophe.

Population displacement and migration continue to strain Yemen's fragile health system. Overcrowded shelters, unsafe water supplies and poor sanitation are accelerating the spread of communicable diseases and overwhelming limited health and nutrition services. Climate-related shocks are intensifying these risks, as rising temperatures, erratic rainfall and flooding expand the transmission of malaria and dengue fever, and damaged water systems and poor hygiene fuel recurrent outbreaks of cholera and acute watery diarrhoea.

Yemen is experiencing multiple, concurrent disease outbreaks, further stretching an already fragile health system. Cholera remains a major public health threat, with Yemen among the top three countries reporting the highest number of suspected cases in 2025. Transmission is driven by limited access to safe water and sanitation, delayed care-seeking and constrained access to timely treatment, particularly in northern governorates. At the same time, low routine immunization coverage exposes children to vaccine-preventable diseases. Only 63% of children are fully immunized nationwide, contributing to the continued spread of polio, which re-emerged in 2021. Measles and diphtheria also persist, largely affecting unvaccinated children and underscoring the cumulative impact of prolonged service disruption. Vector-borne diseases also pose a growing concern. Malaria transmission risk affects roughly two-thirds of the population, with pregnant women and children under five most vulnerable, particularly in the Tehama coastal plain and western highlands. Dengue fever has surged across multiple governorates, adding to pressure on overstretched health services.

System-wide constraints continue to undermine service delivery. According to the Health Resources and Services Availability Monitoring System (HeRAMS) 2025, only around 60% of health facilities are fully functional, and just one in five can provide maternal and child health services, leaving millions of women with limited access to care. Fuel shortages, import delays and funding constraints continue to limit partners' operational capacity.

In this context, Yemen's classification as a Grade 3 emergency—the highest level of WHO emergency activation—reflects both the scale of health needs and the immediate risk of excess mortality without sustained support. In 2026, the humanitarian health response is entering a more constrained phase, as funding shortfalls and insecurity drive the phase-out of health partners across northern governorates, creating widening gaps in primary and secondary care. Further reductions in health services would rapidly translate into preventable deaths and uncontrolled outbreaks. Targeted investment through WHO can protect life-saving services, contain epidemic risks and help preserve the foundations of Yemen's health system at a critical juncture.



A young child receives malnutrition support.  
Photo credit: WHO Yemen/Nesma Khan

## WHO'S STRATEGIC OBJECTIVES

- 1. Strengthen risk assessment, early warning, disease surveillance, laboratory capacity and rapid response systems** to ensure the timely detection, investigation and control of epidemic-prone diseases and other emergencies.
- 2. Enhance health risk communication, community engagement and infection prevention and control measures** to reduce vulnerability, counter misinformation and promote service uptake.
- 3. Expand equitable access to essential and life-saving health services** across community, primary and secondary levels through the Minimum Service Package (MSP).
- 4. Ensure uninterrupted access to medicines, medical supplies, diagnostics and vaccines** through strengthened supply chain management and prepositioning.
- 5. Provide strategic leadership and coordination** to ensure a coherent, multisectoral response; advocate for localization and resilience-building through the Humanitarian–Development–Peace Nexus (HDPNx).

Every day in the neonatal unit, we fight for tiny lives. Many babies arrive too weak or too early, but we never give up – even when resources are scarce. The joy in a mother's eyes when her baby recovers is beyond words. It reminds me why I chose this work and why every newborn deserves a chance to live.

**Hind Hadi, Neonatal Nurse, Al-Saddaqa Teaching Hospital, Aden**



An infant inside an incubator.  
Photo credit: WHO Yemen/Nesma Khan



## WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

Looking ahead to 2026, WHO's role in Yemen is evolving under the Humanitarian Reset, which prioritizes impact, localization and sustainability amid unprecedented funding reductions. As one of 17 globally prioritized operations maintaining the Inter-Agency Standing Committee (IASC) Cluster System, Yemen's Health Cluster continues to operate with limited resources – having received only 43.4% of its 2025 funding requirement—necessitating sharper targeting and a people-centered approach focused on the most vulnerable.

In 2025, the Health Cluster undertook major reprioritization measures to align with reduced funding. Financial requirements were revised from US\$ 262 million to US\$ 171.6 million, and the target population scaled down from 10.5 million to 7 million people. The response now prioritizes life-saving and time-critical interventions, including outbreak response, emergency health services and essential supply delivery, while reducing or pausing non-critical activities. The shift also strengthens localization, with greater reliance on national health authorities and local NGOs to support coordination functions and sustain service delivery in high-risk and underserved areas.

An increasingly restrictive operational environment in the northern governorates continues to pose serious challenges to humanitarian health delivery. In response to security-related incidents affecting United Nations personnel, humanitarian operations in some areas have been limited to life-saving and life-sustaining activities, with temporary suspensions implemented where conditions no longer allow for safe delivery. In Sa'da governorate, WHO, through the Health Cluster, coordinates with Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC) to help sustain essential health services during periods of reduced UN presence.

Ongoing access constraints, movement restrictions and security limitations risk further reducing the humanitarian footprint in areas with the highest needs. If these restrictions persist, humanitarian actors may not be able to operate or may only be able to deliver Program Criticality 1 (life-saving) activities, leaving large population groups without access to essential health care and public health services.

Despite these constraints, WHO remains committed to leading and sustaining Yemen's health response, ensuring continuity of critical services, strengthening local capacity and advancing the Humanitarian–Development–Peace Nexus (HDPNx) to build resilience within one of the world's most fragile health systems.



A health worker provides oral medicine to a child during a polio vaccination campaign.  
Photo credit: WHO Yemen

## WHO 2026 RESPONSE STRATEGY

Through the Health Cluster platform, WHO plays a pivotal role in addressing Yemen's complex health challenges by leading coordinated, risk-informed and needs-based health responses. WHO works closely with the Ministry of Public Health and Population (MOPHP) in the south and the Ministry of Health and Environment (MOHE) in the north, along with governorate and district health offices, to ensure that national priorities and strategies agreed upon with health authorities and cluster partners are implemented effectively across all governorates through its subnational health cluster coordinators or WHO hub offices.

As the lead agency of the Health Cluster, WHO coordinates the humanitarian health response of partner agencies, provides technical leadership and strategic guidance for outbreak investigation, emergency response and contingency planning for multiple hazards, including floods, epidemics and mass casualty incidents. WHO also works with the Ministry of Foreign Affairs (MOFA) and the Ministry of Social Affairs and Labor (MOSAL) to facilitate the movement of medicines and health supplies into and across the country, ensuring equitable distribution to health facilities and implementing partners.

Acting as a provider of last resort, WHO mobilizes and delivers emergency health supplies, medicines and operational support to both mobile and fixed health facilities, especially during emergencies such as floods and outbreaks. The WHO also supports the deployment of surgical teams and support ambulances to provide life-saving trauma and surgical care mainly at secondary hospital levels. It has also supported the rehabilitation of water, sanitation and hygiene (WASH) facilities in hospitals to improve infection prevention and hygiene standards. WHO supports the surveillance and Rapid Response Mechanisms (RRTs) to improve the outbreak detection and initiation of timely control measures to prevent spread of epidemic-prone disease outbreaks.

Capacity building remains central to WHO's work, including through training health workers, strengthening disease surveillance and laboratory capacities and building resilience against environmental and public health threats. WHO's approach promotes localization, multi-sectoral collaboration and long-term sustainability – bridging humanitarian response and recovery through the

Humanitarian-Development-Peace Nexus (HDPNx). At the national level, the Health Cluster maintains coordination with health authorities in both Sana'a and Aden, alongside engagement with donors and observers including MSF and the ICRC. The Strategic Advisory Group established by the Health Cluster, in which WHO is included, ensures equitable representation of local organizations, international non-governmental organizations and UN agencies to promote inclusive and balanced decision-making within the Health Cluster.

Key focus areas for 2026 include diversifying and scaling-up emergency health operations through third-party implementation, prioritizing partnerships with national non-governmental organizations and community groups to expand access to essential and life-saving services under the Minimum Service Package, while also working to incorporate the High Priority Health Services in Humanitarian Response (H3) in the protracted emergency context of Yemen. The focus will be on vulnerable and high-risk populations, particularly displaced communities and those in access-constrained areas. WHO will also mobilize resources to strengthen country preparedness through comprehensive risk assessment, contingency planning and prepositioning of supplies. Efforts will continue to support disease surveillance and rapid response functions, establish a national Emergency Medical Team framework to enhance national response capacity and foster multisectoral and inter-agency collaboration to ensure a

### OPERATIONAL PRESENCE

WHO's operational presence in Yemen is extensive, with a central country office in Sana'a, a large sub-office in Aden, and one hub office located in Hodeida to support health interventions nationwide. WHO currently employs 149 personnel, including 27 international personnel, along with over 20 individual contractors who are deployed across the country for targeted programmatic tasks.

The offices in Aden and Hodeida also serve as key logistics hubs, leveraging their strategic locations near seaports and airports to facilitate the swift movement of supplies and personnel, ensuring effective, localized response and logistical support across Yemen. In addition to supporting WHO's operations, the hub offices also serve as sub-national health cluster coordination forums, facilitating partner interventions, identifying needs and gaps and enhancing advocacy and resource mobilization.



A health worker organizes a delivery of supplies.  
Photo credit: WHO  
Yemen/Nesma Khan





At the WHO-supported Diarrhoea Treatment Centre in Al-Saddaqa Hospital, a health worker examines a patient.  
Photo credit: WHO Yemen

## KEY ACTIVITIES FOR 2026

- **Strengthen disease surveillance, early warning and rapid response team mechanisms** in 100 priority districts across 10 governorates to improve the early detection and control of epidemic-prone diseases.
- **Train 3000 frontline health workers** on integrated case management and infection prevention and control to enhance response to cholera and other outbreaks.
- **Support nationwide immunization campaigns** (Measles-Rubella, nOPV2) and routine outreach to increase coverage in high-risk and underserved areas.
- **Provide essential medicines and medical and surgical supplies and kits** to 40 priority health facilities and preposition stocks to ensure service continuity during emergencies.
- **Deploy 20 mobile medical teams and 12 surgical teams** to deliver life-saving care for displaced populations and trauma patients in access-constrained areas respectively.
- **Scale up management of severe acute malnutrition (SAM) cases with medical complications** among children in 40 underserved areas.
- **Scale up malaria and dengue control** in 26 high-risk districts through vector surveillance, spraying and distribution of insecticide-treated nets and diagnostics.
- **Expand risk communication and community engagement** to promote healthy behaviors, reduce disease risk and increase utilization of health services.
- **Strengthen emergency coordination and foster multisectoral and inter-agency collaboration** through the Health Cluster, active incident management teams, emergency operations centres and technical taskforces.
- **Build the capacity of health authorities and local partners** to deliver the Minimum Service Package and strengthen planning, monitoring and service delivery.

The collaboration with WHO continues to play a pivotal role in Yemen's health response. By supporting the provision and distribution of essential medicines, medical supplies, and equipment to health facilities, WHO has strengthened our capacity to respond effectively to disease outbreaks and health emergencies.

**Dr. Suad Al-Maysari, Director General of the National Drug Supply Programme**

# IMPACT IN 2025

## A MOTHER'S STRUGGLE: FIGHTING MALNUTRITION IN YEMEN



5-month-old Amir is being treated for severe malnutrition at a WHO-supported centre in Aden.  
Photo credit: WHO Yemen/Nesma Khan

At just 5 months old, Amir Taher Ali has already endured more than any child should. Born in Salah Al-Din, Aden, he has battled severe acute malnutrition, a chest infection, persistent diarrhoea and an umbilical hernia that needs surgery.

His mother remembers the helplessness she felt as his health deteriorated. “He was so sick and no matter what I did, I couldn’t comfort him. My milk dried up because of the stress. I felt completely helpless,” she says. “Now, at least, he is receiving care. I just want him to be healthy again.”

After struggling at home, Amir was eventually brought to the therapeutic feeding centre where he is now receiving treatment.

“The doctors and nurses have been kind, and I see him improving. But I pray no other mother has to watch her child suffer like this.”

Life for Amir’s family has never been easy. His father, a daily wage worker, earns barely enough to buy food. On some days there is nothing to eat. “When that happens, we fast,” his mother says quietly. “A stranger gave us baby clothes when Amir was born. We have always relied on the kindness of others.”

Amir is one of 2.3 million children in Yemen suffering from acute malnutrition. Half a million of them face severe acute malnutrition and 69 000 need urgent medical care. Without treatment, malnutrition leaves children vulnerable to infections like pneumonia and diarrhoea, which are among the leading causes of child deaths in Yemen.

WHO is working to save lives. It provides medical care to 31 220 malnourished children at 96 stabilization centres and is training 1546 health care workers to ensure more children get the treatment they desperately need.

While Amir’s journey is not over, his mother refuses to lose hope. “I just want to take him home healthy. That is every mother’s wish.”

### FOR MORE INFORMATION

Dr Syed Jaffer Hussain | WHO Representative and Head of Mission in Yemen | [hussains@who.int](mailto:hussains@who.int)  
Betigel Habtewold | Acting Team Lead, WHO Health Emergencies in Yemen | [habtewoldb@who.int](mailto:habtewoldb@who.int)  
Nesma Khan | Acting Team Lead, Communications Officer in Yemen | [abdulghafoorn@who.int](mailto:abdulghafoorn@who.int)

Essential nutrition support reaching children in need.  
Photo credit: WHO Yemen / Nesma Khan





A health worker checks a child's nutrition status. Photo credit: WHO

## WHO'S 2026 FUNDING REQUIREMENTS

YEMEN COMPLEX EMERGENCY FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ M)
<b>Collaborative surveillance</b>	<b>9.10</b>
Surveillance, case investigation and contact tracing	9.10
<b>Community protection</b>	<b>2.91</b>
Risk communication and community engagement	0.09
Travel, trade, points of entry and gatherings	2.82
<b>Safe and scalable care</b>	<b>18.14</b>
Case management and therapeutics	2.38
Essential health systems and services	15.76
<b>Access to countermeasures</b>	<b>4.85</b>
Operational support and logistics	4.65
Research, innovation and evidence	0.20
<b>Emergency leadership</b>	<b>3.79</b>
Lead, coordinate, plan and monitor protracted response ops	1.45
Risk and readiness assessments	2.34
<b>Total</b>	<b>38.79</b>