YEMEN: STARTING FROM SCRATCH

Key facts

- Ranks 153rd out of 177 countries in human development indicators
- Population: 21,275,650
- 58% coverage with basic health services
- Infant mortality rate: 69 per 1000 live births
- Under-five mortality: 78 per 1000 live births
- Maternal mortality rate: 365 per 100,000 live births
- Physicians: 3.3/10,000 population
- Nurses and midwives: 6.6/10,000 population
- Health workforce (physicians, nurses and midwives): 9.9/10,000 population

Yemen faces critical shortages of human resources for health, along with ominous health indicators and mortality rates among infants, children and mothers. However, human resources for health (HRH) have grown significantly over the last eight years in Yemen. The overall health workforce increased by 49% between 2000 and 2008, with 62% growth in the number of physicians and 53% rise in nurses during the same period. Despite these encouraging signs, the health workforce population density is far below the WHO threshold of 2.3 health workers per 1000 inhabitants.

Currently, two separate general directorates, the Human Resource Development (HRD) directorate and the Personnel Affairs directorate, manage HRH issues in Yemen. The HRD belongs administratively to the Ministry of Health (MoH) and Personnel Affairs directorate is part of the Ministry of Civil Service. The coordination mechanism between the two entities is almost non-existent, thus a HRH committee does not exist to facilitate addressing the HRH crisis at ministry level.

Creating the CCF in Yemen is necessary in order to bring all HRH stakeholders together and comprehensively address HRH issues. However, the capacity of the MoH to lead this effort is still a major concern, particularly in the areas of leadership, negotiation, and monitoring and evaluation. This challenge underscores the need to involve more HRH stakeholders in the CCF process and move forward, with partners providing support to the MoH.

Key advantages of launching the CCF for HRH in Yemen include

- Strengthening the partnership between MoH and HRH stakeholders;
- accelerating the development and implementation of an HRH strategic plan;
- creating a national sense of urgency to resolve HRH crisis;
- linking HRH with the labor market needs; and
- enhancing the coordination between the MoH and its stakeholders.
Going forward

The first step toward creating an effective CCF is for the MoH to establish an HRH committee with clear terms of reference and work to engage stakeholders in the coordination process. The minister should serve as the focal point for coordination to guarantee the stewardship role of MoH and assist in cultivating involvement of HRH partners. The new HRH committee should be assessed to identify the gaps and develop capacity building action plans along with the human and material resources. Decentralization to governorate and district levels is also a core element of public sector reform in Yemen, and implications of these structures should be considered during the CCF process. As the CCF process evolves, the HRH committee should link to broader health sector coordination mechanisms, health system strengthening projects, and other health coordination initiatives.