

WHO is working with authorities to scale up COVID-19 response in Yemen

The World Health Organization (WHO) in Yemen has not shut down or suspended its operations as alleged in some sections of the media. It temporarily paused the movement of staff on the evening of 9 May 2020 in northern areas after receiving credible security threats. After a review of the situation on 10 May, this pause was lifted and did not impact WHO operations.

With existing resources and efforts to mobilize additional funds, WHO has taken decisive steps and moved swiftly to provide support to national authorities in preventing, containing and responding to the threat of COVID-19. WHO reiterates the United Nations Secretary-General António Guterres's call for unity and for everyone to work together in solidarity to stop this virus and its shattering consequences.

For more information on what the United Nations is doing in Yemen to address COVID-19, access the latest [snapshot](#) .

In line with the International Health Regulations 2005 (Article VI), announcing and managing any potential threat to global health security, including disease, is the responsibility of national authorities (11 May 2020)

WHO does not announce cases and deaths of COVID-19. This is the responsibility of the relevant authorities in the country. However, WHO follows the reports of the Yemeni health authorities of confirmed cases and issues media statements, if necessary. WHO only provides technical, evidence-based guidance and advises the countries it supports, including Yemen. In addition, WHO provides technical support to governments to enhance health systems to respond to COVID-19.

Concern over COVID-19 discrimination against migrants (11 May 2020)

Nearly a month after the first case was reported in Aden, authorities announced the first case in Sana'a City. The patient was a Somali refugee. Migrants in Yemen are being stigmatized as "transmitters of disease". Xenophobia and scapegoating campaigns are leading to retaliation against these vulnerable communities, including physical and verbal harassment, forced quarantine, denial of access to health services, movement restrictions, and forced movements to frontline and desert areas, leaving them stranded without food, water and essential services.

WHO, the International Organization for Migration (IOM), and partners have ensured the inclusion of migrants in the public health response led by the Yemeni authorities, with the support of the humanitarian community – an important step towards non-discrimination.

To help protect communities and the migrants they host from the virus, WHO, IOM and humanitarian partners have worked to increase migrant awareness of COVID-19 across the country. Both organizations are increasing the health services they provide for all people in Yemen, as well as providing additional assistance in ensuring access to clean water and essential hygiene items. The priority health needs of migrants are included in all response activities targeting the population across Yemen.

WHO and IOM call on national authorities and the people of Yemen to continue their longstanding charitable acceptance of, and support to, vulnerable communities, including migrants.

WHO and partners have moved quickly to prepare and equip facilities in case people become ill (11 May 2020)

WHO is operating on the assumption that community transmission is already taking place across Yemen, and continues, with partners, to support national and health counterparts with the limited resources at hand. Additional resources are being mobilized, in the context of major global shortages of essential supplies and equipment to respond to COVID-19.

The WHO Health Response Plan has 8 pillars:

1. Country-level coordination, planning and monitoring to ensure information-sharing in real time between health and non-health sector forums and ensuring adherence to a common plan for COVID-19 by all actors.

- Twenty-six (26) Emergency Operation Centres (EOCs) have been repurposed to serve as the backbone of the COVID-19 response. Ten (10) EOCs are operational in the south and 13 in the north, 2 are at the central level in Aden and Sana'a, and one more is opening in Taizz.

- Four (4) COVID-19 hotlines have been established and supported by WHO – 2 in Sana'a and 2 in Aden.

2. Risk communication and community engagement to engage the community, to dispel any rumours and ensure people understand the evolution of the disease and how to protect themselves.

- Information, Education and Communication (IEC) materials are being developed and circulated to relevant facilities and points of entries.
- Media attacks, rumours and news stories are being tracked rigorously and are informing the communication strategy.

3. Surveillance, rapid response teams (RRTs), and case investigation to ensure that in less than 24 hours all rumours, alerts and suspected cases are investigated.

- Repurposed thus far: 333 RRTs (1665 staff).
- RRT training is currently ongoing; a total of 95 staff have already been trained as trainers and equipped with personal protective equipment (PPE).
- Contact tracing and case investigations are being carried out, but there are patient access and security challenges.

4. Points of Entry (POE): to ensure that each POE is well equipped and has the necessary resources to support COVID-19 surveillance (steps for quarantine and isolation if necessary) and risk communication, 82% of entry points have screening capacity as of 26 April (22 out of 27).

5. National laboratories to ensure that the laboratory network identified for laboratory testing for COVID-19 have the appropriate capacity and readiness to manage large-scale testing in a timely manner with skilled personnel, equipment and laboratory supplies.

- There are now 4 functional central public health laboratories; in Aden, Sana'a, Sayoun, and Taizz, and 4 more are to come online.
- Twenty-eight (28) laboratory technicians have been trained thus far with more training planned.
- 6700 PCR reactions have been provided for testing (3500 Sanaa and 3200 Aden); 300 tests from Aden transported to both Al Mukalla and Taizz.

6. Infection, Prevention and Control (IPC) strategies systematically applied to prevent or limit COVID-19 virus transmission in health settings, as well as in other settings, including hospitals, households, schools, mosques and during mass gatherings.

- A total of 38 isolation units have been identified and are being supported by WHO.
- Equipment has been provided to 32 (17 in the south and 15 in the north).

7. Case management and continuity of services to ensure that health care facilities in Yemen are prepared to receive an increase in the number of suspected cases of COVID-19.

- As of 9 May, there are 520 intensive care unit (ICU) beds and 154 ventilators in country.
- Oxygen – 11 717 cylinders being refilled each month across the country.
- 672 medical staff have been trained on IEC, and case management; an additional 120 nurses are being trained on COVID-19 specific protocols.

8. Operational support and logistics to provide appropriate support to all other pillars and ensure that resources and supply systems in health and other sectors are functional.

- 1000 ICU beds, 417 ventilators and 52 400 tests in the pipeline.
- Oxygen – 11 717 cylinders being refilled, each month, across the country.
- Medical distributions as of 30 April: 43 defibrillators; 17 electrocardiograms; 94 infusion pumps; 155 monitors; 220 pulse oximeters; 52 infrared thermometers; 9 ultrasound systems 154 ventilators. Total number of PPE distributed – 232 114 units (apron, gloves, surgical gowns, masks, boots and more are in the pipeline).

[Yemen COVID-19 response snapshot](#)

Stay safe during Ramadan

Taking the opportunity in this holy month, WHO wishes all Yemenis health and peace, and calls on them to act in solidarity and adhere to the protection measures to protect themselves and families from COVID-19. Please be advised that WHO did not sponsor any of the Ramadan series that are shown on Yemeni TV channels this year.

WHO, IOM raise concern over COVID-19 discrimination against

migrants in Yemen

Cairo, 10 May 2020 – COVID-19's presence in Yemen was officially confirmed on 10 April. Nearly a month later, Sana'a city's first case was announced. The patient was a Somali refugee. Migrants in the country are being stigmatized as "transmitters of disease". Xenophobia and scapegoating campaigns are leading to retaliation against these vulnerable communities, including physical and verbal harassment, forced quarantine, denial of access to health services, movement restrictions, and forced movements to frontline and desert areas, leaving them stranded without food, water and essential services.

WHO and IOM call on national authorities and the people of Yemen to continue their longstanding charitable acceptance of, and support to, vulnerable communities, including migrants.

"This virus respects no borders—it targets everyone, regardless of race, political affiliation or geographical location. There is absolutely no evidence that one group of people is more responsible for its transmission than another. There are, however, groups of people who are more vulnerable as a result of having pre-existing medical conditions and/or limited access to care, especially in emergency settings. It is our collective duty to prioritize and protect these groups. This is a global pandemic, and the only way to fight it is do so together. No one is safe until everyone is safe," said Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean.

Migrants travel through Yemen intending to reach other countries in the Gulf. Although the numbers of arrivals in Yemen has decreased as a result of the pandemic — from 11 101 in January to 1725 in April — many migrants and refugees remain stranded in Yemen, having begun their journey before movements were restricted. An increasing number face crowded and often unsanitary conditions in transit, detention and quarantine centres.

"Migrants should not be stigmatized or associated with the risk of importing diseases. It is conditions on the route from Africa to the Arabian Gulf, including barriers to health services, poor living and working conditions and exploitation, which pose serious health risks. We must join together to address these risks and stop stigmatization," said Carmela Godeau, IOM Regional Director for the Middle East and North Africa.

WHO, IOM and partners have ensured the inclusion of migrants in the public health response led by the Yemeni authorities, with the support of the humanitarian community — an important step towards non-discrimination that needs to be actioned on the ground.

To help protect themselves and the communities hosting them from the virus, WHO, IOM and humanitarian partners have increased migrant awareness of COVID-19 across the country. The Organizations are also increasing health services for all people in Yemen, as well as other assistance to ensure access to clean water and essential hygiene items. The priority health needs of migrants are included in all response activities targeting the population in Yemen as a whole.

With an increasing number of people who have COVID-19 confirmed in Yemen, people across the country need support now more than ever to combat the spread of the virus and ensure that the most vulnerable communities — including displaced people and migrants — have access to health services and information on preventative measures.

Saturday 17th of May 2025 11:48:56 AM