

Goal: 4



Reduce Child Mortality



Target 5

Reduce by two thirds the mortality rate among children under-five (U5) by 2015

Status at a glance

Will target be reached by 2015?

Probably **Potentially** Unlikely Insufficient data

State of supportive environment

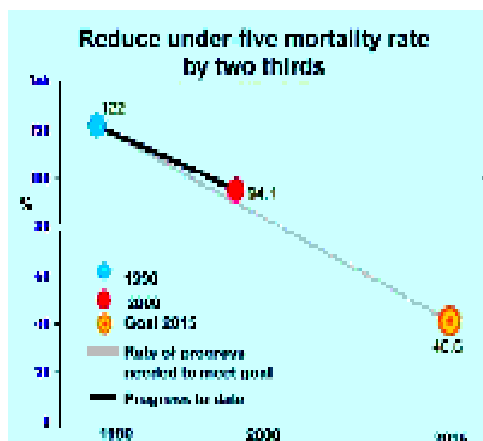
Strong **fair** Weak but improving Weak

Indicators	1990	2000	2015
Under-five child mortality rate (per 1,000 live births)	122	94.1	40.6
Infant mortality rate (IMR) (per 1,000 live births)	83	69.4	27.2

Source: Central Statistical Organization, DHS (1992 and 1997)

1 Current status and trends

Statistical data show that almost 50% of the population are covered by health services, and that health coverage has not yet reached the targeted levels. Moreover, contagious and endemic diseases are widespread in the country.



The demographic survey indicators of 1997 indicate that the under-five mortality rate (U5MR) has dropped down from 122 per 1,000 in 1990 to 105 in 1997 (112 in rural areas and 98 in urban areas). In light of this slow progress, Yemen will not be able to achieve a 2/3 reduction in U5MR by 2015.

The Demographic Surveys of 1992 and 1997 have found that fever, diarrhea, respiratory infections were the most killer diseases among children under-five.

Poor environmental conditions, coupled with malnutrition, low levels of health

awareness and disparity in immunization coverage collectively contribute to the outspread of the six child-killer diseases, all of which can be prevented by immunization. Immunization coverage in Yemen during 1999-2000 period were as follows: TB 78%, DPT 72%, Polio 72%, Measles 68% and Hepatitis "B" 14%.

2 Challenges

Numerous challenges hamper official Yemeni efforts to reduce U5MR:

1. Poor quality of health services, which encompasses lack of human resources, particularly women health workers, lack of medical equipment and drugs;
2. Income and poverty: Low income level and poverty have impacted negatively on the health of children and exacerbated their suffering particularly as a result of malnutrition. 50% of rural children are suffering from malnutrition as opposed to 36% in urban areas;
3. Public expenditure: Low levels of public expenditure on the health sector (4.5% of State's total budget and 1.5% of the GDP in 2000);
4. Water and sanitation: Stagnant water and poor sanitation led to an increase in infant and child mortality rates to 72 and 136 deaths per 1,000 live births for urban and rural areas respectively;
5. Maternal health: Almost 66% of the women do not have access to health services. This, in turn, has contributed to low birth weight (LBW), a major cause of U5MR; and
6. Low turnover to primary health care



facilities in rural areas. Indicators show that one third of health care units receive no more than three patients a day.

3 Supportive environment (policies and programmes)

The government has adopted a number of programmes and policies, designed to improve the health sector in general, while at the same time focusing on reducing the U5MR to 40.6 deaths per 1,000 live births by the year 2015. These programmes include the following:

1. Public Health Sector Strategy;
2. Reproductive Health Strategy;
3. Population Policy and Population Action Programme;
4. Second Five-Year Development Plan; and
5. Poverty Reduction Strategy.

These strategies and policies have focused on the following major aspects:

1. Underlining the importance of an active partnership between the government, and Civil Society Organizations, in the health field;
2. Provision of basic health services for public health facilities, particularly in rural areas in order to meet 80 to 90% target of the primary health care needs; and
3. Promoting awareness about public health, through improvement of school curricula and development of audiovisual

materials on communicable diseases and the dangers of HIV/AIDS to health and economy.

4 Priorities for development assistance

In order to streamline the development partnership with the various international and local organizations, it is essential to focus development assistance on the following:

1. Support the implementation of reproductive health and population strategies and policies;
2. Implement Recommendation of 20/20 Basic Social Study (BSS) in respect of increasing Government budget and donors up to 20%;
3. Systematic vaccination campaigns;
4. Extending Primary Health Care (PHC) services to rural areas; and
5. Increase public expenditure on the health sector.

5 Tracking Under-Five Mortality Levels: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities			
Quality of recent survey information			
Statistical tracking capacities			
Statistical analysis capacity			
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms			
Monitoring and evaluation mechanisms			

