

Goal: 6

I care ... Do You?



**Combat HIV/AIDS,
Malaria and
Other Diseases**



Target 7

Halt and begin to reverse the spread of HIV/AIDS by 2015

Status at a glance

Will target be reached by 2015?

Probably Potentially Unlikely **Insufficient data**

State of supportive environment

Strong fair Weak **Weak**
but improving

Indicators	1990	2000
AIDS reported cases	1	874

Source: Central Statistical Organization and National AIDS Programme

1 Current status and trends

The pandemic of the Acquired Immune Deficiency Syndrome (AIDS), based on recent African experience, is no longer only a health problem, but also a complex socio-economic issue. So far, the pandemic is not widely spread in Yemen. Official data indicates an increasing number of registered HIV/AIDS cases from one in 1990 to 874 cases in 2000. Men account for 77% of the cases, compared to 23% for women. Incidence rate among the Yemeni nationals was 44.5% as opposed to 55.5% among the foreigners living in Yemen during 2000.

Two HIV/AIDS Situation Analysis Studies were conducted in 2000/01 covering five highly populated cities. The Situation Analysis cited existing factors that would facilitate the spread of HIV in the country, both among high risk and vulnerable groups as well as the population in general.

Recently, the government has approved a National Strategy to Combat HIV/AIDS, which was prepared in cooperation with international organizations, key line ministries and Civil Society Organizations to address the findings of the two Situation Analysis Studies.

2 Challenges

In its efforts to halt the spread of HIV/AIDS, the government is facing a number of challenges, including:

1. Scarcity of financial resources needed to halt the spread of this epidemic;
2. Lack of awareness among decision-makers

and the public at large about the seriousness of the disease, the risks it poses to public health and the magnitude of its scale in national economy, as well as lack of information and knowledge about means of transmission and prevention;

3. Weak institutional set-up and lack of capacities of staff of many key institution cadres including the National AIDS Programme;
4. Insufficient monitoring and surveillance of blood donations and blood transfusion; and
5. Stigmatization at all levels.

3 Supportive environment (policies and programmes)

A National AIDS Programme, established at the Ministry of Health and Population, has been mandated to oversee and coordinate the implementation of national strategies and policies, as well as raising the awareness of the Yemeni Population, which geared towards:

1. Reducing incidence of the epidemic and the HIV-related diseases;
2. Preventing the spread of HIV and strengthening blood transfusion services to protect the people; and
3. Implementing a long-term programme, aimed at promoting awareness among families and individuals of the dangers of the diseases and means of prevention.

It should be noted in this regard that the Strategies of Health Sector Reform and Poverty Reduction have both emphasized the risks that HIV/AIDS poses to the people's



livelihood. Both Strategies underline the need to make every possible effort to control the disease and halt its spread, and employ all possible means to achieve this goal.

the strategy through supporting capacity building efforts at all levels; and

2. Supporting nationwide awareness initiatives.

4 Priorities for development assistance

Halting the spread of HIV/AIDS requires intensive efforts from all development partners to help Yemen to fight this epidemic, through:

1. Supporting government efforts to implement

5 Halt HIV/AIDS: 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			



Diarrhea diseases and severe hepatitis among children are two major causes of child mortality. These diseases accounted for 42% and 30.7% respectively of all child deaths attributed to all diseases in 1990, and dropped in 2000 to 34.1% and 0.1% respectively.

2 Challenges

The government is grappling with a multitude of accumulated problems, limiting its ability to improve health and control contagious diseases. Following are the major challenges:

1. Limited financial resources to combat malaria, TB and other communicable diseases;
2. Poor coordination among various programmes working in Yemen;
3. Poor quality of laboratory services for malaria and TB testing, inaccurate diagnosis, poor management and monitoring at all levels; and
4. Limited supervision and support.

3 Supportive environment (policies and programmes)

Within a National Malaria Framework, the government has taken a decision to integrate malaria combating related activities into the national health institutions structure, which is also aiming at:

1. Drawing up a binding remedial strategy for all health institutions to ensure proper treatment of malaria cases and follow up on the implementation of the strategy;
2. Preventive treatment at the incidence spots;
3. Training and rehabilitation of the cadres in charge of combating malaria; and
4. Improving public awareness and guidance.

5 Halt Malaria and Other Diseases: 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			

The Second Five-Year Development Plan (2001/05) aimed at reducing by 16% the annual malaria death, and reducing malaria morbidity by 10%. It also aimed at reducing TB incidence and TB-caused mortality to the lowest levels possible, and to make public the use of DOTS to reach 100% of the Yemeni population.

4 Priorities for development assistance

Following are the areas of development assistance priorities:

1. Support translating the National Malaria Strategy into programmes and projects;
2. Strengthen laboratories' capabilities, improve research and development on malaria and TB to support efforts for prevention from the spreading of malaria and TB;
3. Ensure sustained implementation of the DOTS method for acceleration of TB treatment; and
4. Development of human resources capabilities, provision of necessary equipment and necessary drugs to address treatment of malaria, TB and other contagious diseases.



6 Financial Resources Needed to Achieve the Goal of Improving Public Health

Costs for meeting this goal in the health sector suggest the provision of an integrated

health services package, including reduction of maternal mortality rates, under-Five child mortality rates and controlling HIV/AIDS.

Resources (in millions US Dollars)	Total		Annual Average	
	2001-2005	2006-2015	2001-2005	2006-2015
Total resources required	1,210	3,033	242	303.3
Total public expenditure	696	1,747	139.2	174.7
Additional resources required (financial gap)	514	1,286	102.8	128.6

