



# Yemen's Triple Emergency:

## COVID-19, Conflict, and a Collapsing International Response

July 2020

### Executive Summary

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In Yemen, COVID-19 is creating an unprecedented emergency within the world's largest humanitarian crisis. The pandemic has arrived in Yemen after five years of conflict, which has led to widespread damage and destruction of hospitals, markets, water and sanitation systems, and other civilian infrastructure, making access to clean water, medicine, and food insufficient and unpredictable for most Yemenis. The conflict has caused an estimated 233,000 deaths, with the majority due to a lack of food, health services and infrastructure – an alarming sign of the weakness of basic services in the country.

IRC expects the COVID-19 outbreak in Yemen to be one of the most severe globally. The immediate harm from the disease and its wider, life-threatening impacts on livelihoods, food insecurity, and gender-based violence are set to exacerbate vulnerability. Lise Grande, the UN Humanitarian Coordinator in Yemen, warns the death toll from COVID-19 could “exceed the combined toll of war, disease, and hunger over the last five years.”

Despite the steep challenges in Yemen, the humanitarian response has proven effective in the past in halting the spread of other diseases and health crises. The humanitarian response stemmed the largest cholera outbreak in modern history and brought Yemen back from the brink of famine, including by helping to cure a higher percentage of children with severe acute malnutrition than any comparable response. With robust funding, this humanitarian infrastructure and expertise can be effectively mobilized to address COVID-19.

Yet, in the face of an unprecedented threat, the international community has turned its back on Yemen. The response has not only been vastly insufficient to address the magnitude of COVID-19, but also represents a step back from previous commitments to the overall humanitarian crisis. Without a step change in the speed, scale and nature of the international community's response, the virus will soon overstretch the response, which 24.3 million Yemenis – 80% of the population – rely on to survive. Halfway through the year, Yemen has received only 17% of the funding required, while the annual pledging conference yielded record low commitments. At the same time, vulnerabilities are further exacerbated by the U.S. suspension of humanitarian aid due to impediments to principled humanitarian aid delivery in areas controlled by Ansar Allah (Houthi) authorities, where most Yemenis in need of humanitarian aid live.

Never before have Yemenis in need faced so little support from the international community – or so many simultaneous challenges as Yemen sits on the edge of famine, large-scale conflict, cholera, and now a global pandemic.

#### IRC's key recommendations:

1. All donors should move quickly to provide additional and flexible humanitarian financing.
2. All donors should review any reduction of humanitarian assistance given the threat of COVID-19.
3. International donors and UN member states should maintain pressure on all parties to the conflict to remove bureaucratic constraints on humanitarian action, including those related to COVID-19.
4. International donors and local authorities should work together to improve the economic situation.
5. International donors, member states, and UN leadership should press for an immediate ceasefire as well as commitments towards a political settlement and accountability for violations of International Humanitarian Law (IHL).

## Vulnerability to COVID-19

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Yemen has reported just 1,252 cases of COVID-19 and 338 related deaths as of July 4, but the scale of the outbreak is likely much larger given poor surveillance and limited testing. The Global Health Security index ranks Yemen at 179 out of 195 countries and territories for early detection and reporting for epidemics and 190 out of 195 for its ability to manage an epidemic.

With only six labs nationwide, Yemen has conducted just 118 COVID-19 tests for every million people. In comparison, the US and UK test 38,394 and 41,599 per million, respectively. As a result, Yemen had only tested around 0.01% of its population (3,508 tests total) by July. Without widespread testing, modelling provides insights into the trajectory of the disease. According to UK aid-funded research by the London School of Hygiene and Tropical Medicine, one million Yemenis may have already been infected. Projections show that in the most likely scenario COVID-19 could infect nearly 16 million people, 55% of the population, and kill over 42,000 people. Worst case scenarios, without mitigation measures, project 28 million – nearly the entire population – could be infected, leading to 85,000 deaths.

Years of war and poverty have made Yemenis more vulnerable to communicable diseases. Over two-thirds of the population is food-insecure. 25% of the population suffers from malnutrition – a condition which weakens immune systems – including 2.1 million children and 1.2 million pregnant or lactating women.

Furthermore, simple prevention measures are out of reach for many Yemenis. Yemen's water system operates at under 5% efficiency. Over 20 million – two-thirds of the country – lack direct access to safe water, sanitation and hygiene, meaning most Yemenis are unable to wash their hands regularly. Meanwhile, 75% of households cannot afford soap. Social distancing will be challenging for the 3.6 million Yemenis displaced from their homes, who often reside in overcrowded camps and informal settlements.

Prevention also requires strong community engagement to ensure accurate information on preventative measures and health services is shared. A rapid assessment in April 2020 found that 83% of respondents had heard of COVID, but only 24% reported receiving information on prevention. At the same time, over 300 rumors have been documented so far, undermining an effective response.



Twin children with their uncle during a routine follow-up for malnutrition treatment with the IRC's mobile medical team in the al-Bureiqah district of Aden. Credit: H. Ahmed/IRC

## A health system overwhelmed

Years of conflict has decimated Yemen's health system, leaving only half of the country's health facilities fully functional. As a result, nearly 18 million people lack access to basic healthcare, representing close to two-thirds of the population and including over 10 million children. Eighteen percent of the country's districts have no doctors at all. In the absence of state capacity, health services are heavily dependent on humanitarian actors with NGOs supporting around 60% of functioning health facilities.

Yemen further lacks the specialist care needed for those infected with COVID-19. The entire country has only 380 ventilators and 710 ICU beds for a population of around 30 million and faces a severe shortage of oxygen – a critical frontline treatment. Projections show the country will need at least 200,000 ICU beds. In Sana'a, MSF reports that the ICU has only 15 beds and that in recent weeks it has been at full capacity. In Aden, there are just 60 hospital beds dedicated to COVID-19 and 18 ventilators – all of which are already in constant use.

Given the limited capacity at health facilities and shortages of PPE and other supplies, health facilities are being overwhelmed and, in some cases, are shutting down entirely. IRC staff report that hospitals are already turning away patients with COVID-19 symptoms for fear of further transmission, and in some cases asking patients for proof of a negative COVID-19 test before admission. Meanwhile, humanitarian actors and local authorities are racing to increase the number of isolation units for COVID-19 to a total of 59, but there are currently only 25 functioning units. NGOs are supporting several of the new isolation units, including one by the IRC.

The weakness of the health system has contributed to Yemen's extremely low testing rates with only the most severe cases being tested, in turn leading to an alarmingly high fatality rate of nearly 27% – four times higher than the global average.

As health facilities struggle to function or people choose not to seek health care for fear of contracting the disease, untreated minor illnesses could become life-threatening. Humanitarian actors like the IRC have worked hard to ensure that critical programs like those for malnutrition treatment have continued. Yet, during March and April, UNICEF reported a 34% drop in the number of new mothers and infants receiving healthcare in the community and a nearly 84% drop in the number of children in a program to monitor for under-nutrition. Within just six months, up to 6,600 more children under the age of five could die from preventable conditions if health services are disrupted. Cholera treatment facilities have recorded lower numbers in nearly 90% of districts. Yemen's rainy season runs from April to August and is likely to precipitate a new uptick in cases of cholera just as the country faces a rapidly growing COVID-19 outbreak.



A newborn is held after being delivered with the support of IRC. Her mother was displaced from Taiz governorate and now lives in al-Bureiqah district in Aden. Credit: H. Ahmed/IRC

### IRC Response in Yemen

IRC has worked in Yemen since 2012. IRC is one of the largest non-governmental health actors in Yemen and supports primary health facilities, emergency obstetric and newborn care centers and hundreds of community health volunteers. Despite COVID-19, IRC has maintained life-saving health and nutrition services, including nutrition services for children, reproductive health care for pregnant and lactating women, and mobile health units.

IRC is investing in infrastructure rehabilitation and the upgrading of WASH systems in health facilities as well as supporting the establishment of a COVID-19 isolation unit by providing PPE, medical supplies, and proper water and sanitation services.

IRC operates mobile health teams to reach people in remote areas with little other access to health services. They have been trained to identify COVID-19 symptoms and safely isolate and refer suspected cases. In collaboration with WHO, IRC has also supported the training of community volunteers, who aim to reach 30,000 people with a COVID-19 awareness campaign in June.

IRC is also maintaining cash transfers for those who need it most and services for women who have experienced violence.

## Yemen's "Double Emergency"

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Yemenis are vulnerable to the immediate health impacts of COVID-19, but a widespread outbreak will bring on a "double emergency," exacerbating the existing humanitarian crisis, economic fragility and food insecurity.

### Protection Needs Exacerbated

COVID-19 and related restrictions will disproportionately impact Yemeni women and girls. Despite studies showing that the virus typically infects men and women at equal rates, around 75% of Yemen's recorded COVID-19 cases were men, as of June 2020. Underreporting of female cases is likely due to women's limited access to health services and lower levels of mobility.

As measures to mitigate COVID-19 persist, IRC staff report that levels of intimate partner violence (IPV) are already on the rise – consistent with IRC's experience in other outbreaks and humanitarian crises. In 2017, the UN reported that incidents of gender-based violence (GBV) in Yemen had increased by over 63% since the start of conflict. At the same time, many humanitarian organizations have had to curtail or adapt GBV prevention and response activities due to restrictions related to COVID-19.

### Deteriorating Economic Conditions

Ongoing depreciation of the Yemeni riyal is widening the cracks in the country's already fragile economy. In 2018, Saudi Arabia deposited over \$2 billion into the Central Bank of Yemen, based in Aden, to stabilize the fluctuating riyal. By May 2020, 90% of this investment had been spent with warnings that the Yemeni riyal could lose half of its value in the coming six months if the Central Bank of Yemen runs out of money.

Food import costs are expected to spike given that Yemen's food imports are underwritten by letters of credit to importers funded by the Central Bank of Yemen. Unaddressed, food items could double in price. The price of the minimum food basket has already increased by up to 35% in some places since COVID-19 outbreaks started. The depreciation of the Rial could leave Yemenis unable to afford other essential goods, including items like soap that are necessary for COVID-19 mitigation.

Prior to COVID-19, three-quarters of the population lived below the poverty line. Many Yemenis also relied on remittances from family members working abroad. In 2019, officially recorded remittances totaled nearly \$3.8 billion, representing 13% of Yemen's GDP or up to 34% of GDP if hawala networks and other unofficial money transfer channels are included. However, lockdowns and other restrictions related to COVID-19 in the Gulf and beyond have already contributed to an estimated 80% reduction in remittances.

Lost incomes and rising prices are likely to force Yemenis to turn to negative coping mechanisms, such as child labor, reduced clean water purchases, and reduced food consumption. The deteriorating situation is also likely to lead to increased risks of child marriage for girls, rates of which had already risen from 50% to 65% from 2015 to 2017.

### Food Insecurity

Yemen was expected to remain the largest food crisis in the world in 2020 even before COVID-19. Nearly 16 million people in Yemen are food insecure, a number that could rise to over 20 million without food assistance. The hunger crisis is likely to worsen if there are disruptions in global supply chains given that 80-90% of the country's food is imported. Following restrictions related to COVID-19, food imports decreased by 43% in March and 39% in April compared to the same period in 2019.

Even before COVID-19, IRC data shows that the average yearly decline in levels of Severe Acute Malnutrition (SAM) of eight percent would require over 20 years to return Yemen to pre-conflict levels of child hunger. Critical progress to begin to reduce food insecurity is now in jeopardy. As a result of COVID-19 and its impacts on health and food systems, the number of malnourished children under the age of five is projected to grow by 20% within just six months to reach 2.4 million – almost half of all children under five.

## Barriers to the COVID-19 Response

Amid COVID-19, access restrictions and conflict are increasing and funding decreasing. These trends must be reversed immediately, or they will derail hard-won progress in alleviating Yemenis' humanitarian needs.

### Funding Curtailed

Humanitarian funding for Yemen has plummeted despite increased needs created by COVID-19. Halfway through the year, Yemen's Humanitarian Response Plan faces a \$1 billion shortfall and was only 17% funded by June – down from 28% in June 2019 and 52% in June 2018. Funding from Gulf States has drastically dropped; Saudi Arabia has provided 2% of the funding it provided in 2019, while the United Arab Emirates and Kuwait have provided no funding.

Severe underfunding is forcing lifesaving programs to close. On top of COVID-19, Yemenis will be at greater risk of malnutrition, childbirth complications, Cholera, and the other diseases and health crises facing Yemen.

The crisis is compounded by USAID suspending “non-lifesaving” assistance, including most health and hygiene programming, in areas controlled by Ansar Allah since March, citing Ansar Allah's interference in humanitarian aid. The Ansar Allah-controlled north hosts the largest number of people in need. The World Food Programme similarly halved food rations for 8.5 million people in the north, representing around two-thirds of those it assists.

### Humanitarian Access Restricted

COVID-19 brings a new urgency to tackle long-standing constraints on humanitarian action, which impacted around 8.3 million people in 2019. Today, the majority of the humanitarian access challenges in Yemen are not a direct consequence of conflict. Instead, bureaucratic impediments accounted for 90% of access incidents in 2019.

These bureaucratic constraints on humanitarian access threaten the ability of humanitarian organizations to work at the necessary speed and scale to address a fast-moving COVID-19 outbreak or maintain other lifesaving programs. Even before COVID-19, reports of restrictions on humanitarians' movements had increased fivefold since 2018, while delays and denials of sub-agreements for NGO projects impacted 4.5 million people in 2019.

COVID-19 has now ushered in new restrictions, including a reduced number and frequency of flights into and out of Yemen and difficulties securing visas and movement authorization. Disruptions to supply chains and movement restrictions related to COVID-19 are already undermining critical humanitarian programming. For instance, the country faced a 19% drop across five routine immunizations in March

### The Cost of Underfunding

- **Over 75%** of UN programs (31 of 41) will close within weeks.
- **5.45 million people** have already been impacted by reduced health support since March across primary healthcare, maternal and newborn services, vaccinations, and communicable diseases.
- **10,000 health workers** have already lost incentive payments from humanitarian actors since May. For many of them, these payments represented their only salary.
- **19 million people** will lose access to healthcare by the end of August.
- **189 hospitals (51%)** will lose UN-funded health services by the end of June.
- **2 million women and girls** are at risk due to the loss of UNFPA reproductive health services across 140 hospitals – 80% of the hospitals it serves. 48,000 women could die from pregnancy and childbirth complications as a result.
- **80% of WHO services** will be reduced or shut down across 189 hospitals and 200 primary health centers, including supplies for health centers, trauma care, and the treatment of chronic conditions like cancer.
- **8.4 million people**, including 3 million children, will lose access to water and sanitation services by the end of June.
- **5 million children** under the age of five will not be immunized against deadly diseases as programs close in August.
- **2.5 million malnourished children** will lose nutrition support by August. 23,500 children with severe acute malnutrition will be at immediate risk of death.

and April compared to the same period last year, threatening a resurgence of preventable diseases. Without a resumption of activities, around one in four eligible children will miss vaccinations.

COVID-19 does not abide by areas of control and will require a harmonized approach across the country to contain the spread of the disease. This would require improved access in both the north and the south as well as coordination between all parties to the conflict to ease and standardize bureaucratic requirements, particularly those related to the movement of humanitarian personnel and goods across lines of control.

During 2019, international engagement played a critical role in securing progress on impediments to the humanitarian response. It is vital that such diplomatic engagement increases during COVID-19.



A woman and her son have a follow up appointment with the IRC after the child's treatment for severe malnutrition. The family fled from Taiz due to conflict and now live in a temporary shelter on the outskirts of Aden. Two of the children suffered from malnutrition and both received assistance from the IRC's mobile health team.

Credit: H. Ahmed/IRC

## Resumption of Conflict

Conflict continues to drive civilian harm and undermines the response to COVID-19 and other humanitarian needs despite the UN Secretary-General's call for a global ceasefire and UN Security Council Resolution 2532 demanding an "immediate cessation of hostilities" for countries like Yemen on the UNSC agenda. Major international actors, including the US and UK, are focused on their own domestic outbreaks while limits on international travel have further reduced opportunities for in-person diplomacy and negotiations.

Although the Saudi-led Coalition unilaterally declared a ceasefire on April 9, it came to an end on May 23 and was followed immediately by signs of increased conflict. Just a week after the ceasefire ended, there was a 27% rise in bombings compared to the 2020 average before the ceasefire and al Bayda governorate in southern Yemen saw the largest number of air raids since the beginning of the war. In May, more than half of bombings where the target could be identified hit civilians or civilian infrastructure.

In the south, the failure to implement the Riyadh agreement has increased tensions between the Southern Transitional Council (STC) and the Internationally Recognized Government. Conflict levels escalated following the STC's declaration of self-rule in April. May saw clashes in Abyan Governorate, and on June 20, the STC took control of Socotra – a move the Government condemned as a "full-fledged" coup. On June 22, the SLC announced that both sides had agreed to a ceasefire in Abyan and would meet to revive the Riyadh agreement, and the SLC deployed forces to monitor the ceasefire.

OCHA reports conflict is active along 42 front lines, with seven new ones in 2020. At least 98,000 people have been displaced in 2020, as of June 20. Many of those displaced likely fled to Marib governorate, which already hosts the highest number of IDPs in the country. Marib has not been spared from the conflict; there were 45 air raids in Marib in May – the highest monthly bombing rate there since 2017.

At the same time, the international community has failed to implement effective accountability mechanisms to investigate civilian casualties and human rights violations. The Saudi-led Joint Incident Assessment Team remains the primary mechanism for investigation of attacks by the Saudi-led Coalition, despite its lack of independence, impartiality, and transparency in investigations. The absence of meaningful accountability is further highlighted by the UN's decision this year to remove Saudi Arabia from its list of countries failing to take action to prevent harm to children during armed conflict.

## ▣ IRC Recommendations

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- 1. All donors should move quickly to provide additional and flexible humanitarian financing.**
  - Donors should fully fund the 2020 Humanitarian Response Plan for Yemen, including the immediate fulfillment of all pledges made at the June 2020 pledging conference.
  - Donors should direct resources to frontline NGOs, who are already positioned to scale up COVID-19 responses and address other humanitarian needs, including those exacerbated by COVID-19.
  - All funding should be long-term and flexible to enable humanitarian actors to address pre-existing humanitarian needs and those resulting from COVID-19.
  - All donors and local authorities should include vulnerable populations (refugees, IDPs, migrants, women and other marginalized populations) in plans to address COVID-19 and its secondary impacts.
- 2. All donors should review any reduction of humanitarian assistance given the threat of COVID-19.** While donors should exert diplomatic leverage to ensure all authorities remove bureaucratic obstacles to humanitarian response, it is a dangerous time to suspend or scale back humanitarian assistance, including health and hygiene activities, to populations who face new risks from COVID-19.
  - For any suspension or scale back, donors should be as flexible as possible in considering carve-outs to ensure lifesaving assistance can continue and that COVID-19 preparedness and response efforts can move forward at the scale required.
- 3. International donors and UN member states should maintain pressure on all parties to the conflict to remove bureaucratic constraints on humanitarian action, including those related to COVID-19.**
  - All air and seaports should be opened to commercial and humanitarian traffic.
  - All actors should provide humanitarian exceptions for international and domestic travel and movement restrictions related to COVID-19 to ensure the flow of life-saving humanitarian goods and personnel.
  - Authorities should implement timely, consistent and transparent processes for securing necessary project approvals and for obtaining visas for expert staff.
- 4. International donors and local authorities should work together to improve the economic situation.** The Yemeni economy already stood on the verge of collapse and COVID-19 and related restrictions now threaten unsustainable lost incomes for a highly vulnerable population. Authorities in Yemen currently lack the resources to offset these impacts or the pre-existing economic crisis.
  - The Internationally Recognized Government, STC, and Ansar Allah authorities should engage with UN and international financial institutions to reverse the fragmentation of the central bank system, depoliticize the activities of the Central Bank, and resume public-sector salary payments to address the collapse of state services and catalyze economic activity.
  - Donors like Saudi Arabia should provide additional financial support, including grants through the Central Bank to help shore up reserves and stabilize the exchange rate.
- 5. International donors, member states, and UN leadership should press for an immediate ceasefire as well as commitments towards a political settlement and accountability for violations of International Humanitarian Law (IHL).**
  - UN Security Council members should press for an immediate, nationwide ceasefire, in line with UNSC resolution 2532, which endorses the UN Secretary General's global ceasefire appeal.
  - International supporters to the warring parties, including the United States, United Kingdom and members of the European Union should prioritize efforts to secure a ceasefire and use all diplomatic leverage, including halting arms sales and other military assistance to all parties to the conflict.
  - Member states should support the efforts of the Special Envoy to Yemen to reinvigorate talks for a political settlement. The UN should expand participation in the negotiations to include a broader range of voices, including southern groups, women, youth, and political and military entities currently absent.
  - All warring parties should commit to independent investigation into breaches of IHL, including full, published investigations of attacks that kill civilians or destroy civilian infrastructure.
  - The UN Security Council should publicly condemn IHL violations by all parties to the conflict.

Written by Marcus Skinner, Anastasia Moran, and Laurence Gerhardt.