

Yemen, The Risks of Famine and Disease. New UN Humanitarian Response Plan Paints Dire Picture of Impact of US-UK-Saudi War

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Yemenis are facing multiple crises, including armed conflict, displacement, risk of famine and disease outbreaks that have created the worst man-made humanitarian crisis. Some 75 per cent of the population – 22.2 million people – are in need of humanitarian assistance, including 11.3 million people in acute need who urgently require immediate assistance to survive – an increase by one million since June 2017. Vulnerable populations in 107 out of 333 districts are facing heightened risk of famine and require integrated response efforts to avert a looming catastrophe.

One of the world's largest protection crises

Escalating conflict continues to inflict civilian casualties and cause extensive damage to public and private infrastructure. Half of the Yemeni population live in areas directly affected by conflict, many of whom are suffering from the deliberate targeting of civilians and civilian infrastructure, and other apparent violations of International Humanitarian Law (IHL). As of late December 2017, health facilities reported 9,245 conflict related deaths and over 52,807 injuries – meaning that an average of 60 people have been killed or injured every day in the past two and a half years. Given that only 50 per cent of health facilities remain functional, and acknowledging the limited reporting capacity across the country, this number is significantly underreported. Over three million people have been forced to flee from their homes since the escalation of conflict two and a half years ago, including 2 million who remain displaced. The intensification of the conflict since November has resulted in alarming levels of civilian impact including high level of casualties and additional displacements.

Collapse of basic services and institutions

Essential basic services and the institutions that provide them are at the brink of total collapse. Conflict, economic decline and subsequent disruption of operational budgets and salary payments in public sector institutions have contributed to this collapse. In this situation, Yemen is increasingly becoming susceptible to disease outbreaks: crippled public health and WASH systems contributed to the unprecedented scale of the 2017 cholera outbreak, which is followed by a rapidly spreading suspected diphtheria outbreak attributed to low vaccination coverage. Only half of all health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff. Similarly, some 16 million people

lack adequate access to clean water, sanitation and hygiene, which is attributed to the physical damage to infrastructure [largely caused by airstrikes], lack of resources (including fuel)[largely caused by the blockade], and suspension of salaries [imposed by the Saudi-led coalition-supported 'government' of President Hadi]. The deficit has also hampered agriculture extension and veterinary services with an estimated 90 per cent of animal health facilities either fully closed or functioning below their capacity due to non-payment of salaries and lack of operating budget. The system is increasingly depending on humanitarian aid stretching beyond its scope and remit to continue to provide minimum basic assistance, which cannot, however, compensate for collapsing systems.

Import Restrictions

Before the escalation of the crisis, Yemen imported 80-90 per cent of its staple foods and required an estimated 544,000 metric tons of imported fuel per month for transportation and powering water-systems and health facilities, among other activities. Even before the imposition of complete and partial closure of ports through the final months of 2017, fluctuating restrictions on imports, damaged port infrastructure, insurance and banking hurdles, security risks and high transport costs were key factors negatively affecting imports and distribution of critical goods across Yemen. Damaged port infrastructure has further undermined the ability to import key commodities including food, fuel, and medical supplies at the scale required. Al Hudaydah port, which accounts for 70-80 per cent of commercial imports in Yemen, remains a critical lifeline, despite operating at reduced capacity after being hit by an airstrike in August 2015. The extended blockade imposed on Al Hudaydah and Salif ports on 6 November 2017 significantly threatened this lifeline of Yemenis. In the aftermath of the closure of these supply routes, prices of basic commodities significantly increased, further accelerating food insecurity, loss of livelihoods and the collapse of basic facilities. The Saudi-led Coalition (SLC) announced a 30-day opening of Al Hudaydah and Salif ports to commercial imports on 20 December 2017, but only a sustained flow of imports of essential basic goods can avert further catastrophe.

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