

# COVID-19 in Yemen: The present situation and the future plan to overcome the crisis

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### ABSTRACT

Since the WHO declared COVID-19 a pandemic on March 11, 2020, all countries worldwide have taken precautions to combat this pandemic, except for Yemen. The civil war and resulting humanitarian crises have diverted the attention of the Yemeni people and authorities away from COVID-19, potentially leading to the escalation of the pandemic. Following the initial denial, the internationally recognized government and the de facto authority of the Houthis acknowledged the first COVID-19 cases on March 11, 2020 and May 13, 2020, respectively. With only half of the Yemeni hospitals and medical facilities being fully operational, the authorities and humanitarian groups are working together to end the crisis. Due to paucity of information on the real number of cases in the country attributed to various reasons, no one can predict the future in this country, which will be most likely worse unless the civil war stops, and the humanitarian groups with the authorities need to work hard to strengthen the health system to prepare it for the current and all upcoming health crisis and pandemics.

**Key words:** Civil war, COVID-19, Humanitarian crisis, Vaccination, Yemen

Since the WHO declared COVID-19 a pandemic on March 11, 2020, there has been a general lack of understanding of the crisis in Yemen, both at the official and unofficial levels. Yemen's civil war and ensuing humanitarian crises have diverted the attention of the Yemeni people and authorities away from COVID-19, potentially exacerbating the pandemic. During the early stages of the pandemic, the internationally recognized government denied the spread of COVID-19 in areas under its control when the minister of public health and population reiterated on March 15, 2020 that no infection with the coronavirus has been recorded in Yemen so far [1]. At the same time, in the North of the country, the de facto authority of the Houthis has stigmatized contracting the virus. On April 2, 2020, the Houthi version of Saba News Agency in Sanaa announced the first coronavirus case in Yemen; however, shortly afterward, it retracted the news and the deputy chairman of the agency's board of directors was fired [2]. Because of a lack of transparency and misinformation, civilians' health has been jeopardized and efforts to prevent the virus's spread have been thwarted. All these unexplained behaviors cause the pandemic to escalate, evidenced by the increase in the number of mortalities during the peak of the pandemic. Moreover, the doctors and

health workers have paid the price, as the country has lost a number of the best doctors and health workers during the early stages of the pandemic.

Yemen was in crisis before the COVID-19 pandemic because of the civil war, which destroyed the preexisting fragile infrastructures, including the health sector. Only around 51% of the hospitals and health-care facilities are in full working condition, leaving little room to respond to COVID-19 or other public health emergencies [3]. The COVID-19 pandemic has exacerbated the situation, as the health system was on the verge of collapsing due to an increase in coronavirus-related deaths. This review aims to shed light on the crisis in Yemen to raise awareness among doctors, health workers, authorities, and humanitarian groups in this country of the magnitude of the crisis and find solutions to minimize its impact on the population.

### PRESENT SITUATION OF COVID-19 IN YEMEN

#### Waves of COVID-19 Infections in Yemen

Yemen has experienced three waves of COVID-19 infections [4]. On April 10, 2020, the first case of COVID-19 was reported in Hadramout governorate, South of Yemen [5], although there is no way to know the actual numbers or the date of the first infection because of the country's limited capacity to test

#### Access this article online

Received - 24 February 2022  
Initial Review - 26 February 2022  
Accepted - 07 March 2022

#### Quick Response code



DOI: 10.32677/yjm.v1i1.3352

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and monitor the number of cases. Moreover, another reason is that in areas under the control of the de facto authority in the North of Yemen (also known as the Houthis), authorities deny the presence of COVID-19 and almost no testing for the virus is conducted [4]. It was estimated that about 2100 excess deaths between April and September 2020, coinciding with the first wave of COVID-19 transmission in Aden governorate, compared to an expected baseline of nearly 1300 deaths. The total number is best interpreted as the net sum of deaths due to COVID-19 infection and deaths indirectly attributable to the pandemic (e.g., because of disruptions to health services) or control measures (e.g., problems accessing food) [6]. However, as of October 25, 2020, Yemen had reported 2064 confirmed SARS-CoV-2 infections and 600 deaths, but the reliability of these official numbers is undermined by low testing capability [7]. The United Nation (UN) has warned that the actual number of cases and deaths is significantly higher and that the novel coronavirus that causes COVID-19 is “likely to spread faster, more widely and with deadlier consequences than almost anywhere else.” The second wave of COVID-19 emerged in February 2021 [8], followed by the third wave in August 2021 [9]. Since the beginning of August 2021, Yemeni health authorities have reported 80 deaths and 643 virus cases. The provinces of Aden, Taiz, Hadhramaut, and Marib recorded the highest number of infections. To date, the number of COVID-19 cases in Yemen is 11,755, with 2135 deaths [10].

In the North of the country, the de facto authority of the Houthis acknowledged the first COVID-19 cases on May 5. Moreover, on May 13, Reuters confirmed an al Masdar online report that the Houthi authorities were underreporting cases and deaths and that Al Kuwait Hospital in Sanaa, for instance, had concealed over 50 coronavirus cases and 20 deaths [2], while in early 2021, the Houthi-controlled Health Ministry in Sanaa, Yemen, has reported only one COVID-19-related death, four confirmed cases, and two recoveries since the start of the pandemic [2,11].

### The Response of the Authorities and Humanitarian Groups to the COVID-19 Waves

With only 51% of Yemen’s health facilities fully operational, the ongoing pandemic put additional strain on the country’s already precarious health system. Limited testing facilities, a lack of health-care centers, and a severe shortage of medical supplies and personal protective equipment (PPE) have hampered the response to COVID-19. To face this situation, which is beyond their capacity, the Yemeni government called for help from the UN and the humanitarian groups. Many international organizations responded promptly to this call but with limited resources that could not alleviate the crisis. The internationally recognized government has taken some steps to combat the COVID-19 pandemic. In Aden governorate, the authorities have converted a cancer treatment center into a COVID-19 hospital, which was run by Médecins Sans Frontières, and the other main Southern government-administered hospital is *Al-Jumhuriyah* hospital. However, both are struggling to meet the needs of the growing population in Aden governorate, which was a challenge

even before the COVID-19 pandemic. In Marib and Hadramout governorates, the government established COVID-19 hospitals to cope with the crisis; however, shortage of medical equipment, including PPE, ventilators, and testing kits, remained an obstacle that limited the efficacy of these efforts.

Moreover, the response to the COVID-19 pandemic in Yemen was also hampered by the population’s lack of adaptive behavior to reduce transmission. Infection-limiting practices, such as social distancing, have been adopted in many countries worldwide. The most Arab armies have been deployed in the streets to enforce social distancing measures, as in the case of Egypt, Jordan, Tunisia, and Algeria. However, in Yemen, implementing social distancing is nearly impossible for many reasons. First, the most civilians are unaware of the crisis and believe that there is no COVID-19 pandemic or think it is a simple infection. Second, due to a lack of available housing, many must also live in overcrowded homes, facilitating the spread of the virus even further. Third, the Qat-chewing habit is widespread among Yemenis. The most Yemeni people chew Qat daily in groups at home or outside in sessions that last for hours, accompanied with Shisha (smoking Hubble bubble) that is shared by everyone. These overcrowded areas could serve as a breeding ground for the virus.

In the area under the de facto authority of the Houthis, the concealment of COVID-19 figures has allowed the pandemic to spread undetected. In mid-June, Mohammed Ali al-Houthi, a senior Houthi figure, publicly acknowledged the suppression of COVID-19 information in an interview with the BBC, admitting that “announcing or concealing COVID-19 cases do not slow down the pandemic’s spread” [2].

### THE FUTURE PLAN TO OVERCOME THE CRISIS

The overall situation in the conflict-torn country is very fragile and the humanitarian crisis persists, prompting the authorities and humanitarian groups to provide more support to the country in general and health infrastructures in particular. The first step that must be undertaken immediately is a ceasefire [12] to allow time to combat the humanitarian crisis. Moreover, it is critical to disclose the actual number of COVID-19 cases in Yemen. Adequate test kits are also required to detect and monitor the exact number of COVID-19 cases in the country. In the short-term, the country could benefit from providing antigen detection kits, as these require less training to operate than reverse transcription polymerase chain reaction tests and are considered a better resource for hard-to-reach areas. The international donors must put pressure on the internationally recognized government and de facto authority of the Houthis to disclose the actual COVID-19 figures. Unless donors understand the magnitude of the pandemic, they cannot mobilize the necessary resources and carry out their work and the number of infections and deaths could skyrocket. If the situation remains unresolved, the death toll from the virus could equal or even exceed the total death toll so far in the conflict. As most health-care workers are not paid consistently, the humanitarian

groups and the health authorities are urged to immediately include health workers in their aid plans and ensure they are paid, as they are the first line of defense against the pandemic. Therefore, there must be an international campaign to encourage countries and other donor agencies to get involved in rebuilding Yemen's health infrastructure, including rebuilding hospitals, providing medical equipment, and retraining health workers [13].

With social distancing being impossible, mass vaccination could be an effective solution to combat the pandemic. However, with the de facto Houthis authority denying the presence of COVID-19 and almost no testing for the virus taking place in their areas, the rollout of the vaccine in Yemen is limited to only the Southern governorates, where a total of 4,774,000 vaccine doses have been allocated under the COVID-19 Vaccines Global Access initiative through December 2, 2021. However, only 2.6% of Yemenis have received their first COVID-19 vaccine dose, as most were hesitant to receive the vaccine [4]. Therefore, an intensive informational campaign targeting the general public and, particularly, health workers is required to combat fake news and instill trust in vaccination policies.

Finally, the UN Secretary-General called for a ceasefire in Yemen but, unfortunately, with no reaction from conflict groups. The UN Security Council can use its leverage by threatening to impose targeted sanctions on actors and leaders who undermine the COVID-19 response [2].

## CONCLUSION

The conflict has devastated the health system in Yemen. It requires immediate humanitarian and collaborative assistance focused on the health system to prepare it for the present and future health crises and pandemics. All international efforts must be made to persuade conflicting groups to end the war and to reveal the actual number of COVID-19 cases in the country. The UN Security Council can wield power by threatening to impose targeted sanctions against actors and leaders undermining the COVID-19 response. Because social distancing is impossible, mass vaccination may be a viable option for combating the pandemic; however, educational programs aimed at society as a whole are required to promote vaccination.

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*Funding: None; Conflicts of Interest: None Stated.*

**How to cite this article:** Lutf AQ. COVID-19 in Yemen: The present situation and the future plan to overcome the crisis. *Yemen J Med*. 2022;1(1):14-16.