

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 1000
 Antiretroviral therapy target declared by country: 1300 by the end of 2005

1000



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	20.7	United Nations
Population in urban areas (%)	2005	26.3	United Nations
Life expectancy at birth (years)	2003	59	WHO
Gross domestic product per capita (US\$)	2002	614	Central Bank
Government budget spent on health care (%)	2002	3.5	WHO
Per capita expenditure on health (US\$)	2002	23	WHO
Human Development Index	2003	0.489	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.0 - 0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	4 000 - 24 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	0	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	1000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

3. Situation analysis

Epidemic level and trend and gender data

Yemen is in the process of recovering from an economic crisis and remains among the least developed countries in the world. Accurately defining the magnitude of the HIV/AIDS epidemic is difficult due to the absence of reliable surveillance systems, but available information suggests a low HIV prevalence. In 2003, WHO/UNAIDS estimated the adult prevalence of HIV to be about 0.1%, 10 times that in 1999. A total of 1800 laboratory-confirmed HIV infections had been reported to the National AIDS Programme by December 2005. However, this is likely to be a small proportion of the actual number of people infected in the country, and the National AIDS Programme estimates that there are at least 11 600 people living with HIV/AIDS in Yemen. About 2% of people with sexually transmitted infections or tuberculosis test positive for HIV. The conservative cultural and social context, the repressive attitudes towards extramarital sexual relations (considered "illegal") and widespread stigmatization of the disease among health care workers and the general population lead to significant underreporting of cases. It has been suggested that a hidden HIV/AIDS epidemic is developing in Yemen, which remains unreported.

Major vulnerable and affected groups

The main mode of transmission is reported to be heterosexual. Vulnerable groups include sex workers, migrant workers, refugees, fishermen, men who have sex with men, prisoners and people with sexually transmitted infections. There is no reliable information on vulnerable groups due to a widespread taboo on discussing sexual issues and practices. In 2001, 7% of a group of sex workers tested for HIV by the police were found to be infected. Although injecting drug use is uncommon, some health workers and traditional healers have unsafe practices in the handling of skin-piercing instruments. In addition, HIV screening of blood donors is grossly inadequate. Women are increasingly vulnerable - in 1995 infection was four times more common in men. Other risk factors include rural-urban migration, poverty, illiteracy, low status of women and unemployment.

Policy on HIV testing and treatment

The availability of voluntary testing and counselling services in Yemen is very limited. The National AIDS Programme started a pilot testing and counselling service in July 2004. Expansion of testing and counselling services is planned. A training programme for counsellors has already begun. Policy and guidelines for testing and counselling services in public and private facilities are urgently needed and currently being developed. AIDS treatment guidelines as well as nursing care guidelines are being developed in accordance with international standards with support from WHO.

Antiretroviral therapy: first-line drug regimen, cost per person per year

Access to HIV/AIDS care and treatment in the public sector has not yet been established, and no antiretroviral drugs appear to be available in either the public or private sectors. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and WHO, the National AIDS Programme has initiated capacity development of the health workers and systems to begin delivery of antiretroviral therapy in at least two public health facilities. Treatment will be administered free of charge to people living with HIV/AIDS who require treatment.

Assessment of overall health sector response and capacity

Government health services are generally weak, both in infrastructure and resources. Some reform is under way, including efforts to improve the availability of drugs at government health facilities. The National AIDS Programme was established in 1987 under the Primary Health Care Directorate. The team is composed of 15 people, including three physicians. One AIDS focal person is assigned to each of the country's 19 governorates and female assistant focal points also appointed to ensure gender balance in addressing HIV/AIDS in the governorates. The Second Five-Year Development Plan (2001-2005) and the National Population Policy and Population Action Programme (2001-2005) have addressed the control of HIV and sexually transmitted infections. In 2002, the National Population Council developed the National Strategic Framework for the Control and Prevention of HIV/AIDS with the participation of nine ministries, the United Nations Theme Group on HIV/AIDS in Yemen, bilateral agencies and local and international nongovernmental organizations. The National Committee to Fight AIDS, Tuberculosis and Malaria was formed in 2002 as the Country Coordinating Mechanism for the Global Fund. The Global Fund has placed four staff members, including a physician and a monitoring and evaluation officer, to specifically facilitate implementation of the Global Fund grant by the National AIDS Programme. A National HIV/AIDS Task Force, including 14 ministries, was established in 2003 under the National Population Council to coordinate the multisectoral response to the epidemic. The main activities undertaken include advocacy, raising awareness, managing sexually transmitted infections and training health workers. Sensitization materials have been produced for the general population, and a telephone hot-line has been established within the National AIDS Programme. There is no comprehensive programme to cover vulnerable groups. HIV surveillance systems are very weak. Reporting of HIV cases is based on laboratory data available in the Central Public Health Laboratory and its governorate branches as well as in private hospitals and laboratories. One of these private hospitals is accredited to test people requesting a visa for countries in the Gulf region. The inadequate referral system for confirmation leads to underreporting, and the private sector is not included. Ad hoc screening of vulnerable groups has been conducted, but the trends over time are difficult to interpret due to a lack of standard methods. WHO has established a plan of action for strengthening second-generation surveillance in collaboration with the National AIDS Programme, including routine surveillance of blood donors and screening in all blood banks as well as repeated surveys of knowledge, attitudes, practices and behaviour among vulnerable groups. A national HIV care and treatment plan is being developed. A procurement plan for antiretroviral drugs and related equipment and supplies was completed in 2005.

Critical issues and major challenges

Inadequate knowledge and awareness about HIV/AIDS and its prevention, compounded by widespread discrimination against people living with HIV/AIDS and stigmatization of the disease among the general population as well as health workers, are among the major factors responsible for increasing risk behaviour and underreporting of cases in Yemen. Evidence has shown that there is a high level of stigmatization and discrimination within health facilities ranging from isolation to total denial of health care services. Access to testing is very limited. Infection control and blood safety measures are weak - no more than about 20% of blood donors in the country are screened. Legislation on and regulation of blood services are urgently required to ensure complete blood safety. The National AIDS Programme has limited resources to expand surveillance and to implement HIV control activities in the country.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that about US\$ 1 million was required to support scaling up antiretroviral therapy in Yemen during 2004-2005.
- The major source of funding is expected to be the government. Yemen submitted a Round 3 proposal to the Global Fund, with a total five-year funding request of about US\$ 14.8 million. The proposal focuses on five broad aspects of HIV control - building national capacity, raising awareness, expanding interventions that target vulnerable population groups, strengthening surveillance systems and improving blood safety. The grant agreement was signed in March 2005, and as of December 2005, US\$ 2.3 million has been disbursed to the National Population Council and the National AIDS Programme for implementation of activities.
- Given the very restricted resources, additional funds are urgently needed to conduct surveillance and research and to build national capacity to deliver antiretroviral therapy.

5. Treatment and prevention coverage

WHO/UNAIDS estimate that at the end of 2005, around 1000 people needed antiretroviral therapy in Yemen. Weak surveillance systems and inadequate reporting of HIV/AIDS cases in Yemen create difficulty in accurately estimating the number of people needing antiretroviral therapy. At the end of 2004, no one was reported to be receiving antiretroviral therapy in Yemen. The country declared a national target of 1300 people on treatment by the end of 2005. Access to services for voluntary counselling and testing and management of opportunistic infections are also limited. Although condoms are available at family planning centres, these are often not readily accessible by members of vulnerable groups, and those available in the private pharmacies are expensive for many users.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National AIDS Programme provides leadership in coordinating and implementing health sector activities to controlling HIV/AIDS. The National HIV/AIDS Task Force, comprising 14 government ministries, coordinates the multisectoral response to the epidemic. The United Nations Theme Group on HIV/AIDS in Yemen also supports coordination and joint planning activities.

Service delivery

The Ministry of Public Health and Population and the National AIDS Programme provide leadership in the health sector response to managing HIV/AIDS and sexually transmitted infections. The National AIDS Programme conducts training programmes for health care workers, including training for managing sexually transmitted infections, HIV counselling, nursing care and raising awareness on HIV/AIDS among teachers. WHO provides support for training. The Blood Safety Department of the Ministry of Public Health and Population is responsible for ensuring blood safety. The Central Public Health Laboratory is responsible for laboratory testing for HIV. The National AIDS Programme will coordinate the expansion of antiretroviral therapy delivery in Yemen in collaboration with the National HIV/AIDS Task Force. WHO is providing support towards finalization of national care and treatment plan as well as voluntary counselling and testing guidelines and training modules and procurement and supply management procedures.

Community mobilization

A joint initiative of the United Nations Theme Group on HIV/AIDS in Yemen, government ministries and national nongovernmental organizations plays a key role in advocacy, building community awareness on HIV and providing support for people living with HIV/AIDS. The Yemen Association for the Prevention of AIDS is among the major nongovernmental organizations in the country that contribute to expanding information, education and communication on HIV/AIDS.

Strategic information

The National AIDS Programme is responsible for disease surveillance, supported by the Ministry of Public Health and Population and WHO. WHO and UNDP provide training for operational research.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting national counterparts in developing a plan for second-generation surveillance of HIV/AIDS and sexually transmitted infections in Yemen
- Undertaking training on voluntary testing and counselling and planning the establishment of voluntary counselling and testing sites
- Supporting the development of a procurement plan for antiretroviral drugs and related supplies
- Recruiting an HIV/AIDS country officer to support the HIV/AIDS response in Yemen

Key areas for WHO support in the future

- Supporting the development of a comprehensive national HIV/AIDS care and treatment plan
- Supporting national counterparts in scaling up access to antiretroviral therapy, including support for the development of treatment guidelines, strengthening drug procurement and supply management, negotiating drug prices and conducting training
- Providing support to expand coverage of voluntary counselling and testing
- Providing support to raise awareness on HIV/AIDS
- Providing support to strengthen blood safety
- Providing support for joint tuberculosis and HIV interventions

Staffing input for scaling up HIV treatment and prevention

- Current WHO staff include one HIV/AIDS Country Officer supported by one Medical Officer specializing in overall health systems development.