



General data

POPULATION, 2024
40,583,164

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

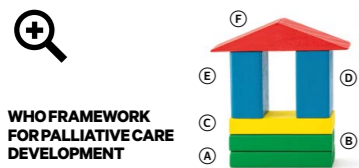
COUNTRY INCOME LEVEL, 2022
Low

HUMAN DEVELOPMENT INDEX RANKING, 2023
184

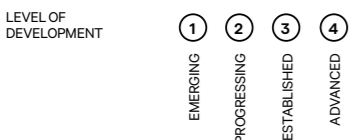
GDP PER CAPITA (US\$), 2023
477.41

HEALTH EXPENDITURE, 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
42



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC



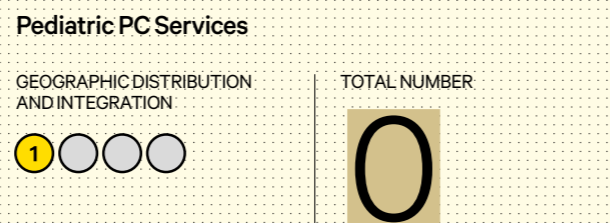
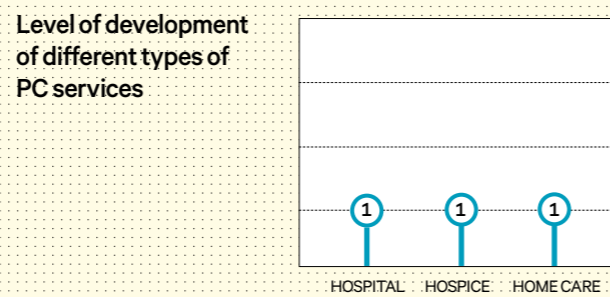
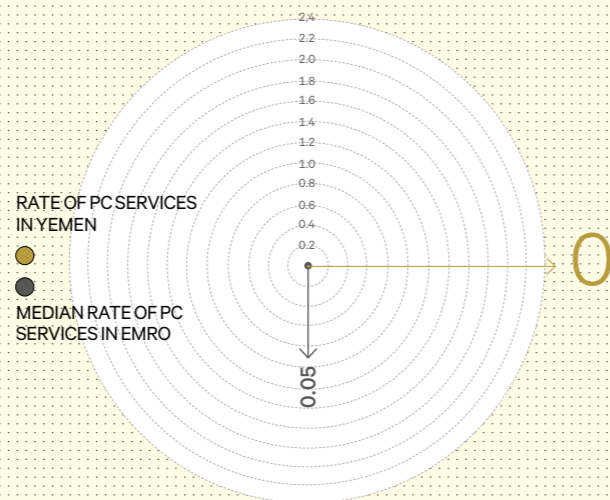
Yemen

F Provision of PC (Specialized Services)

Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

Yemen in the context of EMRO

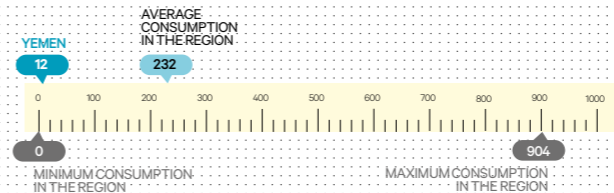


Yemen

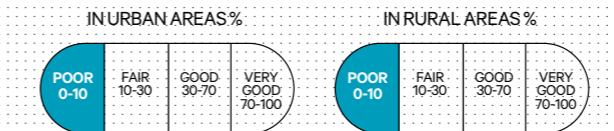
D Use of essential medicines

Opioids consumption (excluding methadone) **12**
S-DDD/MILL INHABITANTS/DAY

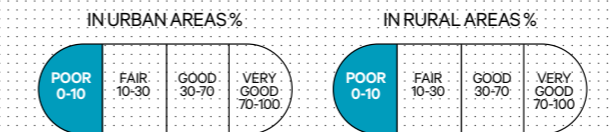
Yemen in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**

Existence of PC congresses or scientific meetings **1**

National Association: No.
Consultants: Anghman Al-Ak-waa; Confidential.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Report reviewed by the Ministry of Health
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **0**

Nursing schools with mandatory PC teaching **0**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **1**

Advanced care planning-related policies **1**

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p>1 ○ ○ ○ ○</p> <p>Only isolated activity can be detected.</p>	<p>In Yemen, there is no formally established palliative care department, unit, or specialized group dedicated to promoting the rights of patients in need of palliative care, their caregivers, or disease survivors. Only isolated activities can be detected, and palliative care remains largely unstructured within the health-care system. However, a national program in collaboration with WHO took place in November 2024, focusing on the need to support and develop palliative care. Despite this initiative, there are no advocacy groups or professional associations actively working on integrating palliative care into the health system or advancing patient rights in this area.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>1 ○ ○ ○ ○</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>There is no national policy or guideline on advance directives or advance care planning. Palliative care remains underdeveloped and is still in the process of being addressed, with no existing legal framework governing its implementation. Furthermore, there are no established regulations to guide healthcare professionals or patients in making advance care decisions.</p>

<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p>1 ○ ○ ○ ○</p> <p>Do not know or does not exist.</p> <p>2 ○ ○ ○ ○</p> <p>A national palliative care plan is in preparation.</p>	<p>Yemen does not have a standalone national palliative care plan, program, policy, or strategy. However, in November 2024, discussions within the National Cancer Control Strategy (2025–2030) recognized palliative care as a key component for cancer patients. As part of this, a plan was proposed to establish a palliative care unit at the National Oncology Center (NOC) in Aden Governorate. Despite these discussions, there is no dedicated national framework for palliative care, nor any independent legislation or structured program. Additionally, there are no indicators to monitor or evaluate progress in palliative care. Recent WHO training sessions indicate efforts to build awareness and strengthen capacity in this area. While these steps mark progress, Yemen still lacks a structured system to ensure the integration and development of palliative care services at a national level.</p>
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
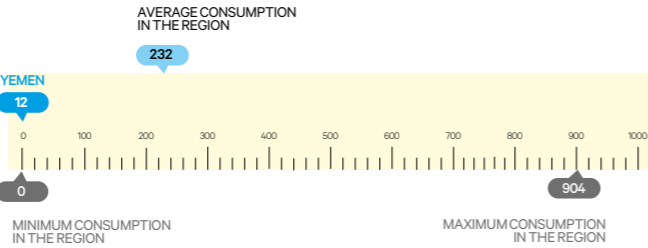
<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>1 ○ ○ ○ ○</p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p>1 ○ ○ ○ ○</p> <p>Not at all.</p>	<p>Palliative care services are not included in the list of priority services for UHC at the primary care level in Yemen's national health system. Although palliative care was mentioned as a component of the National Cancer Control program, it remains under discussion and has not been formally integrated into primary healthcare services. Furthermore, access to essential palliative care resources, such as opioid medications, is severely limited due to the ongoing conflict.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p>1 ○ ○ ○ ○</p> <p>There is no coordinating entity.</p> <p>1 ○ ○ ○ ○</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>Yemen does not have a national authority for palliative care within the government or the MoH. Although palliative care was included in the National Cancer Control program this year, it remains under discussion and has not been integrated into other health services. There is no coordinating entity overseeing palliative care development. The country also lacks a dedicated palliative care unit, and there are no concrete functions, budget, or staff allocated to this area. Limited services, a shortage of trained healthcare personnel, and insufficient financial resources further hinder palliative care development. However, a pharmacist serving as Deputy Director of the National Cancer Center is participating in a WHO training course, marking a small step toward capacity building. Despite these discussions and training efforts, Yemen still lacks a structured framework or leadership to advance palliative care at a national level.</p>

EM Yemen

Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>1 ○ ○ ○ ○</p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>There are no national congresses or scientific meetings specifically dedicated to palliative care in Yemen. In 2014, a one-week training course in palliative care was conducted; however, following the outbreak of war in 2015, all activities related to palliative care ceased. Since then, no conferences or scientific meetings on this topic have taken place. While there have been recent general health conferences in Yemen, none have focused specifically on palliative care.</p>
<p>Ind7</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>1 ○ ○ ○ ○</p> <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	<p>Research on palliative care in Yemen is extremely limited, with only a few known studies addressing the topic. One of the few contributions is a study on cancer pain management in developing countries, led by Professor Dr Gamal Abdel Hamid in 2020–2021. While regional analyses highlight the significant unmet need for palliative care across the Eastern Mediterranean, including Yemen, there remains a notable absence of country-specific research output and published studies focused exclusively on Yemen's context.</p>

Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>1 ○ ○ ○ ○</p>	<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.</p> <p style="text-align: center;">  12 S-DDD PER MILLION INHAB / DAY </p> <p>COUNTRY VS REGION</p>  <p>YEMEN: 12</p> <p>AVERAGE CONSUMPTION IN THE REGION: 232</p> <p>MINIMUM CONSUMPTION IN THE REGION: 0</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 904</p>
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EM Yemen

Medicines

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	<p>1 ○ ○ ○ ○</p> <p>Poor: Between 0% to 10%.</p> <p>1 ○ ○ ○ ○</p> <p>Poor: Between 0% to 10%.</p>	<p>Yemen's morphine consumption in 2020 was just 0.03 mg per capita, far below global averages and reflecting critically low availability of essential opioids. The absence of a palliative care unit or dedicated team complicates the tracking and reporting of opioid use. Estimates suggest that opioid consumption meets only 10% to 30% of expected needs, leaving many patients without adequate pain relief. Political instability disrupts supply chains, while stigma and regulatory barriers further restrict access to essential medications. At the primary care level, the availability of pain and palliative care medications is extremely limited, with only 0% to 10% of urban health facilities stocking these essential drugs. There is no official data on rural access, but most cancer patients experiencing pain must travel to urban centers, particularly the National Oncology Center in Aden Governorate, for treatment. This highlights a severe gap in pain management at the primary care level across the country.</p>
<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1 ○ ○ ○ ○</p> <p>Poor: Between 0% to 10%.</p> <p>1 ○ ○ ○ ○</p> <p>Poor: Between 0% to 10%.</p>	<p>The availability of pain and palliative care medications in primary care facilities across Yemen is critically low. In rural areas, access ranges from 0% to 10%, with no official documentation on availability. Although morphine is technically available, its supply is highly irregular due to the ongoing war crisis, as reported by the National Oncology program. In urban areas, the situation is similarly dire; only 0% to 10% of primary care facilities stock immediate-release oral morphine (liquid or tablet). When available, morphine is typically concentrated in city centers, while most rural areas lack healthcare centers or tumour units, making access to pain relief even more challenging. The combination of supply chain disruptions, conflict, and inadequate infrastructure leaves a significant portion of the population without essential pain management.</p>

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)



In Yemen, there is no formal education in palliative care within the undergraduate curricula of medical or nursing schools, either as a compulsory or optional subject. Universities and institutes of medicine, nursing, and pharmacy, such as those in Aden Governorate, provide general medical and healthcare education but do not include palliative care training in their programs. Additionally, there are no dedicated palliative care schools in the country.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.



11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).



11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.



Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



There is no process on specialization for palliative care physicians.

In Yemen, there is no specialization process for palliative care physicians. The country does not offer primary or secondary specialties in palliative care, and there are no formal training pathways for healthcare professionals to specialize in this field. The Ministry of Public Health does not recognize palliative care as a distinct specialty, and there are no residency or fellowship programs dedicated to palliative care. As a result, physicians and other healthcare workers lack structured opportunities for advanced training or certification in palliative care.

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams exist in the country.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Not at all.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

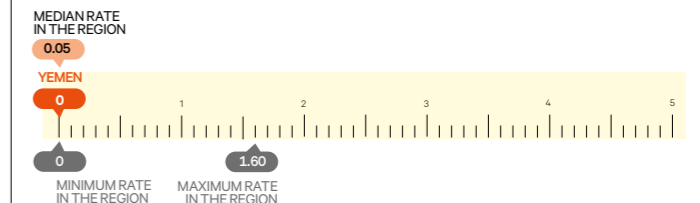


Not at all.

13.5. Total number of specialized PC services or teams in the country.

Palliative care in Yemen remains in an early phase, with no structured services or multidisciplinary teams in place. The National Cancer Control Program, in collaboration with WHO, is exploring the launch of a palliative care initiative at the National Oncology Centre in Aden. A five-bed pilot unit once operated there but closed in 2015 due to conflict. **Efforts to reactivate the unit are ongoing, though specialized services remain minimal.** There are no hospices, and oncology clinics offer only general follow-up without a structured palliative approach. Around 50% of cancer patients present at advanced stages and receive home care via phone or WhatsApp. Formal training in palliative care is absent, and challenges include lack of support, limited trained staff, and insufficient space for admissions.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialized PC services or teams in the country.



PPC TEAMS

Palliative care for children in Yemen remains at an early stage, with no specialized services or dedicated teams currently available. **The National Cancer Control Program, in collaboration with the WHO, has recognized the need to develop pediatric palliative care and is actively discussing its implementation.** In November 2024, palliative care was formally addressed, and an agreement was made to support its development, including the training and qualification of a dedicated team for pediatric palliative care. However, at present, these efforts remain at the discussion stage, and no structured pediatric palliative care services have been established in the country.