

“The Epidemic Situation in Yemen Is Complex and Intertwined”.. An Interview with Health Minister Qasem Buhaibeh



In a country facing one of the world’s most complex humanitarian and economic crises, the health challenge does not stop at the boundaries of disease; it reveals deeper structural imbalances and a decline in the state’s capacity to respond. Since the cholera outbreak in 2016, and the repeated waves of epidemics that followed, Yemen’s health sector has become a meeting point for accumulated crises: ongoing conflict, rising poverty, institutional fragmentation, and a sharp decline in international funding.

The issue is no longer the spread of a single disease, but rather a compounded epidemic reality in which cholera coincides with fevers and infectious diseases, amid a health system operating at its lowest limits and struggling to maintain the bare minimum of its services. As needs expand and resources decline, gaps in access to healthcare deepen, especially in the most fragile areas.

In this interview, Minister of Public Health and Population Dr. Qassem Buhaibeh offers a direct reading of the health situation in Yemen, addressing the reasons behind the persistence of epidemics, the limits of the health system’s ability to

endure, and sensitive issues including immunization, the cancer file, and data gaps, alongside his vision for the future of the health sector under these complex circumstances.

Since the cholera outbreak in 2016, Yemen has recorded one of the largest epidemic waves globally, with millions of cases according to World Health Organization data, and waves of the disease continue to recur to this day. How do you explain the persistence of this crisis despite years of health and international interventions?

The continued spread of cholera in Yemen since 2016 cannot be explained by a single factor; rather, it is the result of the overlap of several structural and complex factors:

First, the widespread deterioration of water and environmental sanitation services, as a large portion of the population still relies on unsafe water sources, alongside weak sewage systems, creating an ideal environment for transmission.

Second, the health system suffers from challenges resulting from years of conflict, including damaged infrastructure, staff shortages, and repeated interruptions in medical supplies.

Third, economic and living challenges, as poverty and malnutrition increase the population's vulnerability to infection, especially among children.

Fourth, the recurring pattern of rains and floods in some areas, which contributes to the contamination of water sources and the seasonal spread of the disease.

Fifth, despite the major efforts of the government and international partners, interventions often focus on short-term emergency response, without achieving sufficient and sustainable investment in water and health infrastructure.

Accordingly, breaking the cycle of recurring cholera requires a shift from humanitarian response to a sustainable development approach that strengthens water and sanitation services, rebuilds the health system, and improves coordination and long-term investment.

UN reports indicate that Yemen is simultaneously facing several health threats, including fevers and infectious diseases, amid warnings of weak response capacity. How do you assess the overall epidemic situation, and are we facing an environment conducive to the spread of multiple epidemics?

The epidemic situation in Yemen is complex and intertwined. For example, some areas outside the framework of the legitimate authority have blocked vaccination campaigns, which has negatively affected the resurgence of vaccine-preventable childhood diseases such as measles, diphtheria, and polio, and this has been reflected in the spread of these diseases in a number of governorates. Weak

coverage and community resistance to vaccines in some areas have also contributed to the renewed spread. At the same time, the country is facing several diseases such as cholera and fevers.

Yes, we are indeed facing an environment conducive to the spread of multiple epidemics, as a result of deteriorating water and sanitation services, declining immunization coverage, malnutrition especially among children, in addition to environmental and climatic conditions such as rain and floods that enhance the breeding of vectors like mosquitoes. Moreover, the response remains fragmented and relies heavily on emergency interventions instead of building a sustainable health system.

Accordingly, the challenge is no longer a single disease but the simultaneous occurrence of multiple epidemics, and the solution requires strengthening the basic health system, investing in epidemic surveillance and early warning, improving water and sanitation services, increasing immunization coverage, and building sustainable national capacity to respond to health emergencies. Without that, the country will remain trapped in a cycle of recurring epidemics instead of containing them.

International reports indicate that a large proportion of health facilities in Yemen are operating only partially or have gone out of service, amid shortages in funding and personnel. How would you describe the actual capacity of the health system to deal with the current crises?

During 2026, Yemen is witnessing a noticeable decline in the volume of health interventions provided by donors, with the drop reaching around 65%, which represents an additional challenge for a health system already suffering from severe fragility in infrastructure and shortages in personnel and funding. Despite these difficult circumstances, the Ministry of Public Health and Population, in close coordination with development partners, is working to redirect available resources and focus efforts on ensuring the continued delivery of the minimum package of essential health services, in a way that preserves the minimum level of health system performance.

This package includes routine immunization services, reproductive health and maternal and child health services, nutrition programs including therapeutic nutrition, epidemic surveillance and outbreak response activities, in addition to laboratory services, blood banks, and essential services supporting health emergencies.

This approach comes within the framework of a policy aimed at preserving the continuity of the health system and preventing its collapse, by directing limited resources toward the most impactful and life-saving services. We also stress that

this work is being carried out within an effective partnership with donors and international organizations, with the aim of strengthening health resilience under exceptional circumstances and ensuring the continued provision of essential services to citizens despite growing funding challenges.

Amid repeated talk of a shortage of accurate health data, especially regarding chronic diseases and epidemics, as UN reports indicate, how do you assess the level of information available to the ministry, and what impact does that have on health planning?

Despite the major challenges, it can be said that the availability of health data in Yemen has improved relatively in recent years. The ministry currently relies on several sources of information, most notably the epidemic surveillance system, the DHIS2 platform, HeRAMS, and periodic reports from health facilities, in addition to surveys and studies, and this has helped provide a general picture of the health situation.

But the biggest challenge remains the lack of accurate data in some areas outside the framework of the legitimate authority due to the blocking of surveys or the non-sharing of data, as happened with cholera, polio, and previously COVID-19 data. This directly affects health planning, as it limits the ability to accurately identify priorities, direct resources efficiently, and scientifically measure the impact of health interventions.

There is growing discussion in medical and media circles about rising cancer cases in Yemen, amid the absence of a comprehensive national cancer registry. How is the ministry dealing with this issue, and what steps are being taken to understand its causes and true scale?

The Ministry of Public Health and Population is treating the cancer issue as a national health priority, and despite the challenges, what is being raised about an “increase” in cases has a precise scientific explanation. What we are witnessing today is the result of a gradual improvement in the health system’s capacity for detection and diagnosis, and not necessarily a sharp epidemic increase.

According to the latest statistics, an increase in registered cases was observed in the liberated governorates during 2025, with notable annual growth, such as Taiz Governorate, where cases rose from 1,626 to 1,967, an increase of 21%, and Aden, where cases rose from 1,666 in 2024 to 1,872 in 2025. This mainly reflects improved access to diagnostic services.

The absence of a comprehensive registry does not mean the absence of monitoring, as the ministry operates through a decentralized system based on active registries in cancer centers in Aden, Taiz, Mukalla, Seiyun, and Shabwa, and their annual reports are submitted regularly, while work is underway to

qualify new monitoring units in Marib, Al Mahrah, and Al Dhalea. These registries are also recognized by international institutions as the basis for current national statistics.

Our efforts are not limited to monitoring alone, but also include field analysis, as disease patterns have been identified such as the predominance of gastrointestinal cancers at nearly 20%, in addition to lymphomas and leukemia in some governorates, which directs investigations toward possible causes such as pesticides or water contamination.

In short, what is being read today as an increase is in fact the unveiling of a disease burden that already existed but was previously invisible due to limited capacities.

International reports confirm that around 80% of the population needs humanitarian assistance, reflecting a close link between poverty and the deterioration of the health situation. How do you assess this connection, and what is its impact on general health indicators?

The link between poverty and the deterioration of the health situation in Yemen is organic and direct, not merely an accompanying relationship. When around 80% of the population is deprived of the basic necessities of life, this is immediately reflected in nutrition, access to services, and the health environment.

Poverty leads to food insecurity and malnutrition, especially among children and women, which weakens immunity and increases susceptibility to disease. It also affects the ability to access health services because of transportation and treatment costs, leading to delays in seeking care and higher complications. Poverty is also linked to the deterioration of water and sanitation services, which fuels the continued spread of epidemics. This is reflected in rising malnutrition rates, increased maternal and child mortality, the continued burden of infectious diseases, and declining coverage of essential services.

Accordingly, health indicators cannot be improved without addressing poverty through an integrated approach that links health, social protection, and livelihood support.

In light of regional tensions and their impact on global supply chains, how is the ministry preparing for any potential disruption in medical supplies?

The ministry is treating this issue as a priority linked to health security, focusing on diversifying supply sources to reduce dependence on specific routes, in addition to coordinating with international partners to secure alternative supply lines, and working to support limited local manufacturing in order to reduce

external dependence and ensure the continued availability of vital supplies in emergencies.

Field observations indicate a decline in citizens' trust in public hospitals, with many turning to the private sector despite the high cost. How do you explain this shift, and what can be done to restore trust?

It is not accurate to generalize that there has been a decline in trust, as public health facilities continue to provide services under various conditions. It is true that there are challenges affecting the quality of some services, such as shortages in funding, personnel, and supplies, and this may push some citizens toward the private sector, but this reflects a search for alternatives more than a loss of trust. The ministry is working to improve quality, provide medicines, support personnel, and strengthen oversight to ensure more efficient and equitable services

In light of these challenges and epidemics, weak health infrastructure, lack of funding, and rising treatment costs, how do you see the future of the health system in Yemen, and what is the most realistic scenario in the coming period?

The ministry is working to shift from an emergency response approach to a sustainability approach, through reforms that include supporting the Health Fund, strengthening the capacities of district health offices, and expanding the health insurance system. The goal is to build a more stable health system capable of continuing to provide services and reducing dependence on emergency funding, thereby enhancing preparedness to face future challenges.

With mounting economic pressures, rising medicine prices, and declining purchasing power, how do you assess the Yemeni health system's ability to endure, and what are the main gaps that still hinder equitable access to health services?

The health system is witnessing gradual improvement despite the challenges, while gaps remain in funding, staff migration, supply shortages, and weak coverage in rural areas. The plan focuses on expanding integrated healthcare services, ensuring supply stability, and gradual rehabilitation, while guaranteeing equitable access to services through geographic targeting, strengthened oversight, and the use of digital systems. Performance is also measured through actual indicators such as health coverage, malnutrition rates, and immunization rates, to ensure real rather than merely cosmetic improvement.