



SAVING LIVES WITHOUT SALARIES

Government health staff in Yemen

MSF is a neutral, independent, medical humanitarian organisation providing impartial medical assistance to people in need, irrespective of political, religious, military, or tribal affiliation. We are currently working in 13 health facilities and supporting more than 20 others in Yemen, across 12 governorates.

Contents

| | |
|---|-----------|
| 01 Saving Lives without Salaries | 5 |
| 02 Imagine | 6 |
| 03 Facts | 7 |
| 04 Impact | 10 |
| 05 What is needed | 15 |

CREDITS

Cover image © Florian SERIEX

Dr Ahmed al Jouneid - head of emergency department of the Al Koweit university hospital in Sana'a - s auscultating a patient. Over the past 12 months, the salaries of the civil servants in Yemen, including health workers, haven't been paid, or only to a limited extent, increasing the difficulties to provide decent healthcare.

Art Direction & Design: Atomodesign.nl

© 2017 Médecins Sans Frontières

Médecins Sans Frontières
Plantage Middenlaan 14,
1018 DD Amsterdam
Tel: + 31 (20) 520 87 00

Fax: +31 (20) 620 51 70
W: www.msf.org
 www.facebook.com/msf.english
 <https://twitter.com/MSF>

Saving lives without salaries

Tens of thousands of Ministry of Public Health and Population staff have not received their salaries in one year.

This has undeniably amplified the strain on the already struggling health system. Many health workers are no longer able or willing to work as they need to secure incomes elsewhere to ensure their families are able to survive. As a consequence, many health facilities are not fully functional, forced to shut down, or on the verge of closure.

The ongoing cholera epidemic, which, according to the World Health Organization (WHO), has so far resulted in over 680,000 suspected cases and 2,090 deaths, is a stark example of the consequences of the non-payment of salaries to medics. Unpaid salaries are driving the collapse of public medical services, and a key underlying cause of the rapid spread of the disease.

The crisis in public health care in Yemen calls for increased efforts and resources, and underlines the need to improve the quality of aid delivery. The utilization of available funding, human resources and logistic capacity must be enhanced, with more patient-centred strategies and constant monitoring of implementing partners' activities on the ground.

This document provides an overview of the consequences of a critical problem in Yemen: the non-payment of salaries within the Ministry of Public Health and Population. The vast majority of doctors, nurses, midwives and other health staff have not received their wages since August 2016, bringing medical services closer to the edge of collapse. This briefing note includes background information, examples of the personal and systemic impacts of this issue, and highlights the unfulfilled promises by Yemeni authorities and the international community.

Médecins Sans Frontières (MSF) calls for financial support for government health staff without delay in order to avoid further deterioration of life-saving medical services in Yemen.

Nurse at Al-Khamees Health Centre in Hodeida Governorate

"People don't understand that we don't always have drugs because we need to use our own money to bring the medication that requires cold chain, as we cannot afford fuel and electricity in this centre. 'Why are you here?!' they shout at us."

The facility serves an area of 12,000 people, over 25% of which are displaced. Last paid in August 2016, the manager and 4 health staff are worried: because of their own difficulties, because the limited resources prevent them from being able to offer quality services, and because patients are angry at them. A midwife working there is taking loans to survive and has sold the family livestock and jewellery. Uncertainty is devastating for her: *"Until when is this going to last?!"*

SAVING LIVES WITHOUT SALARIES

The neonatal care service in a hospital of the capital.



“

Most of us come here every day. If we don't, patients will die

”

Imagine

02

Imagine you are an anaesthetist working in Abs Rural Hospital and one day it is bombed. On 15 August 2016, an airstrike hit a car parked within the facility, killing 19 people and injuring 24. Fouad was there. He survived, but his dear colleague and MSF co-worker, Abdul Karim Al-Hakimi, did not. Traumatized by the incident and the loss, Fouad could not go back. He is now working at the MSF-run Mother and Child Hospital in Taiz, happy to be serving as medic again. But his family is across the frontline inside Taiz city centre where the conflict continues unchecked.

Imagine you have lost both your son and your father in less than a year, both killed in the conflict. That is the case of Abdul Karim, the first health worker in his village and now a nurse at the Emergency Room in Al Dhale'. "I'm a son and father of martyrs," he says. His adolescent son was killed by gunfire while on his way to buy refreshments to celebrate his grades. His father passed away after being wounded in multiple explosions. Abdul Karim feels as if gunshots enter his own body sometimes. "What can I do?"

Imagine you have had to flee your home because of armed clashes, struggling to resettle elsewhere and find safety for your family. Or that your relatives have seen their livelihoods wiped away by the conflict. That basic commodity is far more expensive. And that both the economy and public institutions have widely collapsed.

This is just part of the dire reality for health workers across the country: enduring the catastrophic effects of war as the rest of the people in Yemen, having seen loved ones die, working in health facilities that are often under attack. Saving lives and treating patients in the midst of violence, displacement, shortages and unavailable social services. Fouad and Abdul Karim are lucky in a sense, though, as they are at least getting paid: Fouad is a full-time MSF personnel and Abdul Karim is a state employee now receiving monthly incentives from MSF. Others do not have the luxury of an income.

MSF is incentivizing 1,200 Ministry of Public Health and Population (MoPHP) staff in facilities across Yemen. Some other aid organizations also support public health staff, but the remaining gap is massive. MSF witnesses the severe impact of the non-payment of wages on a daily basis. It is a nation-wide acute problem that merits extraordinary and swift measures by all those who can help, from the Sana'a and Aden authorities to donors and the humanitarian community working in Yemen.

Facts

03

- **August 2017 marked one year since most Ministry of Public Health and Population staff received their last regular salary.** This has translated into widespread problems across Yemen's medical services in a context of growing medical and humanitarian needs, overall scarcity and rising prices. Coupled with the lack of budget for operational costs (also unpaid since August 2016) and the broader impact of the conflict, the non-payment of wages has brought the health system to a breaking point. Hundreds of public facilities are not functional at the moment. Many of those still running are private facilities, which many cannot afford. The remaining public structures are frequently overwhelmed with patients, compromising the quality of medical care provided.
- **Unpaid salaries is one of the underlying causes of the rapid spread of cholera,** alongside poor access to water and sanitation, inadequate waste management, and overcrowded living conditions. Paying regular salaries to health staff on a regular basis again will significantly help in reviving the health system and contain the spread of the disease. Cholera treatment centres and units require supplies such as oral rehydration solution (ORS), IV fluids and antibiotics, but what they need most at the moment is qualified staff to treat patients and ensure adequate infection prevention and control, for which cleaners and other support personnel are equally essential. This should not be done at the expense of primary healthcare though: assistance must not only be provided to those only working in cholera treatment centres and units but to those working at health units across the country. Community based activities as awareness raising, access to clean drinking water and appropriate sanitation are crucial in containing the spread of cholera.
- **Absenteeism, strikes, degraded services, and increased cost-recovery are some of the effects of the lack of wages.** Many health workers are no longer showing up to work, having moved to other places or taken up other employment. Some of those who continue going to report to work organize protests, disrupting services and endangering patients. Coupled with a lack of budgets, medication, and supplies, the quality of health care available has substantially declined, with associated factors such as the lack of equipment or medication. For those health facilities which manage to avoid closure their survival is often based on charging or increasing the charge for treatments they used to provide for free, this renders them inaccessible for a large part of the Yemeni population.
- **Public health workers not being paid is also contributing to the increase of avoidable deaths.** Hundreds of health facilities have been damaged or are not functional due to the lack of personnel and operational budgets, and distances to reach health care have increased significantly. Many people don't go or go too late to the remaining health centres due to transportation costs, fear of crossing active frontlines, land-mined roads, difficult checkpoints, or the distance to the nearest facility. This further dissuades people from seeking necessary medical care, leaving more to die at home from treatable diseases, mostly invisible to official statistics.
- **Health staff are under huge psychological stress due to the conflict.** Dozens of facilities and personnel have been attacked by airstrikes or shelling. Violence and threats against health workers are frequent. With insufficient medications and supplies health personnel often cannot treat patients adequately, leading to further frustration, threats, and suffering. The stress as extends to families who once depended on these salaries, and have since often exhausted savings and other coping mechanisms.

SAVING LIVES WITHOUT SALARIES

Abs Rural Hospital, in Hajjah governorate. MSF has been working there since 2015, when armed clashes triggered large displacements of people in the area and our teams decided to intervene in view of the needs and the limited absorption capacity of the public health system. In August 2016, a bomb hit a car parked in the facility killing 19 people and injuring 24 others. MSF was forced to withdraw its staff for security reasons, which deprived thousands of people from free medical services for three months. The teams went back to Abs in November.





Impact

04

Millions of people in Yemen lack access to healthcare, which combined with the effects of hostilities and mounting poverty, increases the risk of disease and death. Thousands of public health workers rely on savings, relatives, friends or selling assets to survive.

Some have been obliged to flee, to make a living elsewhere. Among the rest, indiscipline and lack of motivation are widespread. Quality of service delivery has severely deteriorated, and health facilities are progressively shifting towards increased cost-recovery systems, making healthcare even less accessible and affordable.

These are some of the impacts Médecins Sans Frontières has witnessed:

Al Maghrabah Health Centre, Hajjah

In Al Maghrabah health centre the cholera outbreak has been severe, with a high case fatality rate: 22 deaths for the 500 cases treated as of the beginning of June. Without salaries or an operating budget they applied cost-recovery measures even for cholera, with patients charged for basic life-saving treatment such as the insertion of IV lines. The facility was under-staffed, and laboratory technicians and administrators were forced to provide nursing care. Most of the deaths have been those who were in critical condition to be treated with the limited resources of the health centre but could not afford transportation to Hajjah city. In response, MSF has supported a Cholera Treatment Unit in that location, with incentives, training and donations of supplies.

Abs Rural Hospital

A hospital overwhelmed in the absence of primary health care: All key medical departments have seen patient numbers increase drastically over the last two years, with over 30% increases each month for the last 6 months. In June emergency consultations were 205% higher than the year before. Without functioning local primary health facilities or other options for free care, patients are travelling for hours from over ten districts to reach the hospital.

Beni Hassan Health Center, Abs District

Beni Hassan health centre is the first medical facility after the frontlines, serving both vulnerable displaced populations and host communities. Today it relies on its staff's volunteerism. The lack of funding forced the facility to close for a week last year, and it remains on the brink of closure. When funding for salaries and operational costs were halted, they were forced to charge patients a minimum of 100 Yemeni riel (\$0.30 USD), which many cannot even afford. The manager is taking loans to keep the centre functional even if he cannot get enough for all drugs and medication, and is personally borrowing money "from family and friends" to survive. Only 6 to 9 of the 23 staff members of the health centre are going to work regularly.

MSF Mother & Child Hospital, Taiz

The non-payment of salaries and the broader impact of the conflict have led to an overall decline of medical services in and around Taiz city. Without functional primary health care facilities, MSF's secondary care hospital is forced to fill part of the primary care gap. Due to the long distances people often wait until health problems become severe, and many arrive at MSF's Mother and Child Hospital in critical condition, for some of them it is too late. With limited availability of primary and secondary healthcare around Taiz city, MSF's hospital is struggling to manage the case load and has to refuse some patients. Deliveries and the numbers of C sections have increased over 40% from January to August.

Al Dhale' Governorate

MSF teams reported that on 8 June a woman died of cholera in her village because the health unit closed as it no longer has staff. That is unlikely to be the only case. In many locations, including Shaithah, Rahabah and Murais, health staff are charging patients for treatment. They are not receiving their salaries or are getting paid late, which has prompted them to impose cost-recovery.

In the southern part of Yemen Ministry of Public Health and Population (MoPHP) staff have recently started receiving their salaries, but not on a monthly basis, and after having been 7 months unpaid. Some received April and May wages at the beginning of June. The delays in payments are having similar consequences as elsewhere, with medics combining their public duties with jobs in private clinics, not being punctual or not showing up at work at all. In addition, health centres in Al Husha, Juban, Damt and Al Azariq are now more extensively charging patients for their services.

Al Salaam Hospital, Amran

The Ministry of Public Health and Population (MoPHP) runs a neonatal unit at Al Salaam Hospital in Khamer was intended for admissions only of newborns of more than 33 weeks and over 1.5kg. Yet, as the crisis in Yemen continues, more and more newborns are being admitted that do not fit this criteria. The closure of health facilities in the governorate has meant that Al Salaam Hospital is the only hospital that has the facility to take care of premature babies free of charge. The alternative for mothers is to travel to Sana'a for treatment, where health care is not provided free of charge and cases are often refused if on the verge of death, as health facilities are reluctant to report high mortality rates.

The implications of this for the population are devastating; mothers no longer are able to access closer health facilities to seek health care early on, and lack the means to take their newborns to Al Salaam Hospital.

As a result, MSF is seeing later and later presentations to the hospital, and many deaths attributed to ordinarily preventable and treatable neonatal sepsis. Many also turn to traditional medicine at the village level, with cords cut with unsterile knives and local herbs used as dressing, further compromising the health of the infants. For many newborns, by the time many reach Al Salaam Hospital, it is too late.

Shaib Health Centre, Swayer District, Amran

Swayer district has seen the highest cholera case fatality rate in Amran governorate, with 20 reported deaths out of 2,188 cases. Health workers in the main health centre of Shaib are struggling, but still determined not to give up. Despite not having been paid their salaries for nearly a year, staff continue to work and are even paying their own money for water to be supplied to the clinic, to keep the cholera patients alive. The accounts of people dying in their homes though are still many, as reported by the health workers, such as 2 elderly women who died within 2 hours of starting to have diarrhea and vomiting. For them, it's disturbing to see the community suffer so much from a disease so easily treatable, but they are reassured by being able to help those that they can.

SAVING LIVES WITHOUT SALARIES

MSF OT nurse and MSF translator while talking to a mother before her child's operation in MSF supported hospital, Thi As Sufal district, Ibb governorate.





“

I'm witnessing and experiencing suffering continuously. People are struggling to come, to buy medicines, to carry on with their lives... The war is being devastating in Yemen. I'm just happy to be able to help out

”

What is needed

Doctors, nurses, midwives and other health personnel are the backbone of the health system.

Supporting the rehabilitation of facilities and donations of equipment or medicines are necessary, but useless if no qualified staff are available to treat patients and save lives. The sick and war-wounded cannot be treated without staff, and pregnant women require expert assistance to give birth safely. The public health system cannot rely on the volunteerism of medics to provide medical care.

Médecins Sans Frontières calls for an urgent, system-wide response:

- **Yemeni Authorities must immediately resume the payment of salaries to health staff.** The health system should be considered as a top priority.
- **Unfulfilled promises by the international community are aggravating the problem.** Urgent action is required. The United Nations has been exploring the possibility of provisional, extraordinary measures for over six months. Discussion on financial support for health workers have been taking place, particularly amongst the

World Bank, OCHA, UNICEF and the World Health Organization (WHO). The WHO stated they would pay incentives to health workers at the Cholera Treatment Centres they assist, but this has only partially materialized after months of delays. Only recently, some UN agencies have started to pay adequate incentives to medics in some of the health facilities they support. This is too late and not enough. Ongoing delays have led to preventable suffering and devastating consequences throughout the health system. The current situation requires an urgent and significant intervention. Concrete, ambitious and exceptional plans have to be fast-tracked.

- **Ensuring health workers get sufficient remuneration is a life-saving intervention at this stage.** Preventable illnesses and deaths are increasing in Yemen, and this can be partially attributed to the non-payment of salaries for public medics. The cholera epidemic has made this obvious. Yemeni authorities and the humanitarian community need to act urgently. Not doing so will only accelerate the demise of the health system with lethal consequences.



Nurse at the dialysis unit Of Al-Thawrah Hospital In Sana'a

"I started working here in July 2015, 8 hours a day, for free. They kept saying 'tomorrow, tomorrow', but nothing changed. Since ten months ago nobody is getting salaries anymore, anyway"

"We only receive some money for transport: 3,000 YER, and not every month. I depend entirely on my family: for food, for water, for clothes, for the house. Our situation is not good"

"Most of us come here every day. If we don't, patients will die"

"I'm witnessing and experiencing suffering continuously. People are struggling to come, to buy medicines, to carry on with their lives. The war is being devastating in Yemen. I'm just happy to be able to help out"

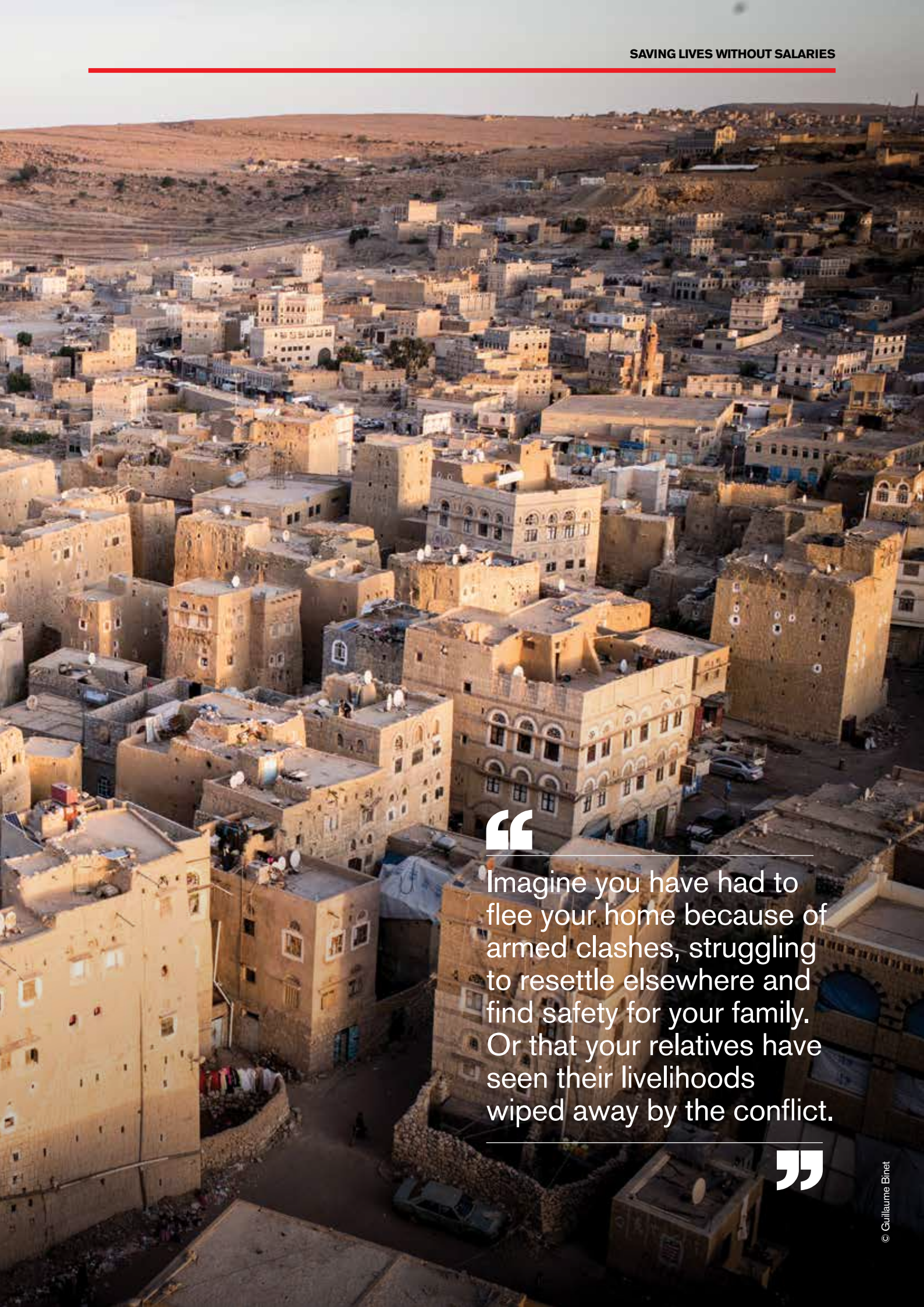
"Patients give us energy and inspiration. We cannot abandon them. We work as a team to ensure dialysis sessions run smoothly and to follow-up on treatments. We know them well. Like a big family"

Hundreds of patients with renal failure are receiving treatment in this centre. They depend on weekly sessions to survive. Staff are highly committed and largely continue to work, aware of the life or death role they can play. Some don't always find money for transport, though, which forces them to walk up to 2.5 hours to work. This has sometimes led to angry patients or caretakers because of delays, and can represent a problem in case of emergencies: the manager reported that he recently struggled to get surge capacity to deal with patients in critical condition as one of the medics on call didn't have money for transportation and was unable to walk to the hospital due to his own health issues.

SAVING LIVES WITHOUT SALARIES

A view of the destructions
in Khamir





“

Imagine you have had to flee your home because of armed clashes, struggling to resettle elsewhere and find safety for your family. Or that your relatives have seen their livelihoods wiped away by the conflict.

”

