**THE LAST REMNANTS OF THE YEMENI HEALTH SYSTEM**

In the emergency room of the Al Kuwait hospital – the only public structure in Sana’a providing services free of charge – dozens of staff continue to work, even though they haven’t received their salaries for a year. Most of them have received incentives paid by MSF, but they fail to cover their needs.

Kawkab, Australia, Ameen, Ahmed, and many others are doctors, midwifes or nurses. Despite the non-payment of their salaries they have remained committed to their patients and continue their work. But, every day they spend in the hospital comes with a new set of questions: Will I have money to pay for transport tomorrow? What will happen if a member of my family falls sick? Do I have to sell more of my jewellery to buy food?

The questions and sorrows they shared with MSF are a terrible reflection of the deterioration of Yemen’s health system, the tip of an iceberg of misery that the international community should deal with before it’s too late.

*“My name is Australia. I’m a midwife and I started working in the Al Kuwait hospital in 2009. Until September 2016, I earned 38,000 Yemeni, the equivalent of 100$. That was the last time I received a salary. Since then, I haven’t been paid. Some days I have to walk to the hospital because I don’t have enough money for transport. My work hasn’t changed at all, except that now I do it for free. I feel really bitter but there’s nothing we can do. We went on strike for a few days but we returned to our jobs. My family used to give me money from time to time but they also work in the public sector and face the same cuts. One of my brothers was a pilot before the war; now he works in an abaya shop. It’s sad to see what has become of us.”*

Kawkab runs from one patient to another, making sure everything is in order. Catching her breath, she stares at the emergency room.

*“I was so happy when I accomplished this step. We Yemenis seek jobs as civil servants because we believe it’s more secure.”*

Kawkab started working in Al Kuwait a year ago but hasn’t received any salary since then. Like most of her colleagues, she keeps working in the hope of better days, but it comes at a cost.

*“On weekends*, I buy khat [a plant that acts as a stimulant when chewed] *at the market and try to sell it. We live off what I earn from that and I try to save some money to pay my transport to the hospital. When I don’t have enough, I walk to the hospital despite the long distance. I hope we’ll receive our salaries so we can live like other human beings. This situation has distressed us but there’s nothing we can do.”*

*Video testimonies*

Dr Ameen Al Gunaid doesn’t have a very enviable position at the moment. As the director of the Al Kuwait hospital, he duly observes his responsibility towards his team. For him, there’s only one thing that matters: the hospital needs to keep providing medical services, whatever it costs.

*“It was a shock for the staff when we announced they would not be paid. They went on strike but we cooled things down, promising them they would get their salaries. During the first two months, the impact was limited because most of the staff had enough savings to deal with the situation. But Al Kuwait isn’t a private hospital; it provides free care to patients so it’s not sustainable like other structures. It means we don’t have the financial capacity to give our staff salaries. On the other hand, Al Kuwait is a teaching hospital hosting many university students who come and work as part of their studies. This, in addition to the support MSF has given to some departments, is the main reason why the hospital didn’t face staff shortage.*

*Few months after we stopped paying salaries, some of our staff began to take unpaid leave and returned to their villages. Others kept working with the hope of getting back their salaries and out of fear of losing their jobs. The lucky ones were the consultant doctors who found jobs in private hospitals. Many of them remain committed to Al Kuwait and keep coming to the hospital on their spare time to provide services to citizens who can’t afford a treatment in a private hospital.”*

Dr Al Gunaid and his team try to find solutions for their staff who can’t pay for accommodation or transportation anymore.

*“Before the war, we had more than 150 nurses from India but they returned to their country. They were accommodated inside the hospital, so we reallocated the space to our Yemeni staff. We also provide them a meal every day to help them under these circumstances.”*

The situation remains tense because nobody can feed themselves with promises and hope. Dr Al Gunaid knows that but has few solutions. So, when a massive cholera outbreak started in Yemen, he saw it as an opportunity. The cholera treatment centre MSF opened in the hospital employs some of the staff through a regular rotation, giving them the opportunity to receive incentives from the medical organisation. But this situation will come to an end, bringing the big question back to the fore: what can be done tomorrow to keep running Sana’a’s main public hospital?