WHO AND MINISTRY OF PUBLIC HEALTH AND POPULATION
2022-2026

National Mental Health Strategy in Yemen, 2022–2026

World Health Organization
Yemen

Contents

A Foreword by His Excellency Minister of Public Health and Population

Health, according to the WHO, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach.

Therefore, we are pleased to present this National Mental Health Strategy (NMHS), which will guide the Ministry's efforts in the next five years to meet the needs of our society in the field of mental health services, develop and implement important preventive and promotional activities, and acquire scientific evidence-based knowledge. This knowledge will contribute to supporting and developing mental health policies and services through effective health information systems and painstaking national research. Furthermore, these services will have a significant impact on human health, the performance and productivity of individuals, and their social life in general.

We highly appreciate the time and effort exerted to make this outstanding work a reality. Many people have dedicated time and resources to provide valuable recommendations for this NMHS. Local and international NGOs, relevant ministries, mental health experts, and many other bodies have played a major role in developing and reviewing this work. We would like to extend our sincere thanks and gratitude to them, especially the WHO and its Office in the Republic of Yemen, for their tireless efforts in contributing to preparing this vitally important document and making it publicly available.

Finally, we will strive in every possible way to fulfill the needs of the target segments in the field of mental health. The biggest challenge lies in turning this NMHS into a reality, since that would change the lives of many people and improve mental health in our beloved country, Yemen.

Acknowledgement

We extend special thanks to all people and bodies that participated in formulating and reviewing this NMHS. We would like to express our sense of gratitude to the WHO team in the Head Office in Sana'a and Aden for their contribution, support and time. In addition, we are thankful to the relevant ministries, UN organizations, local and international NGOs, and several local and international experts for their contribution.
We would like also to thank all those who contributed directly or indirectly to developing, correcting, revising and finalizing the NMHS draft.

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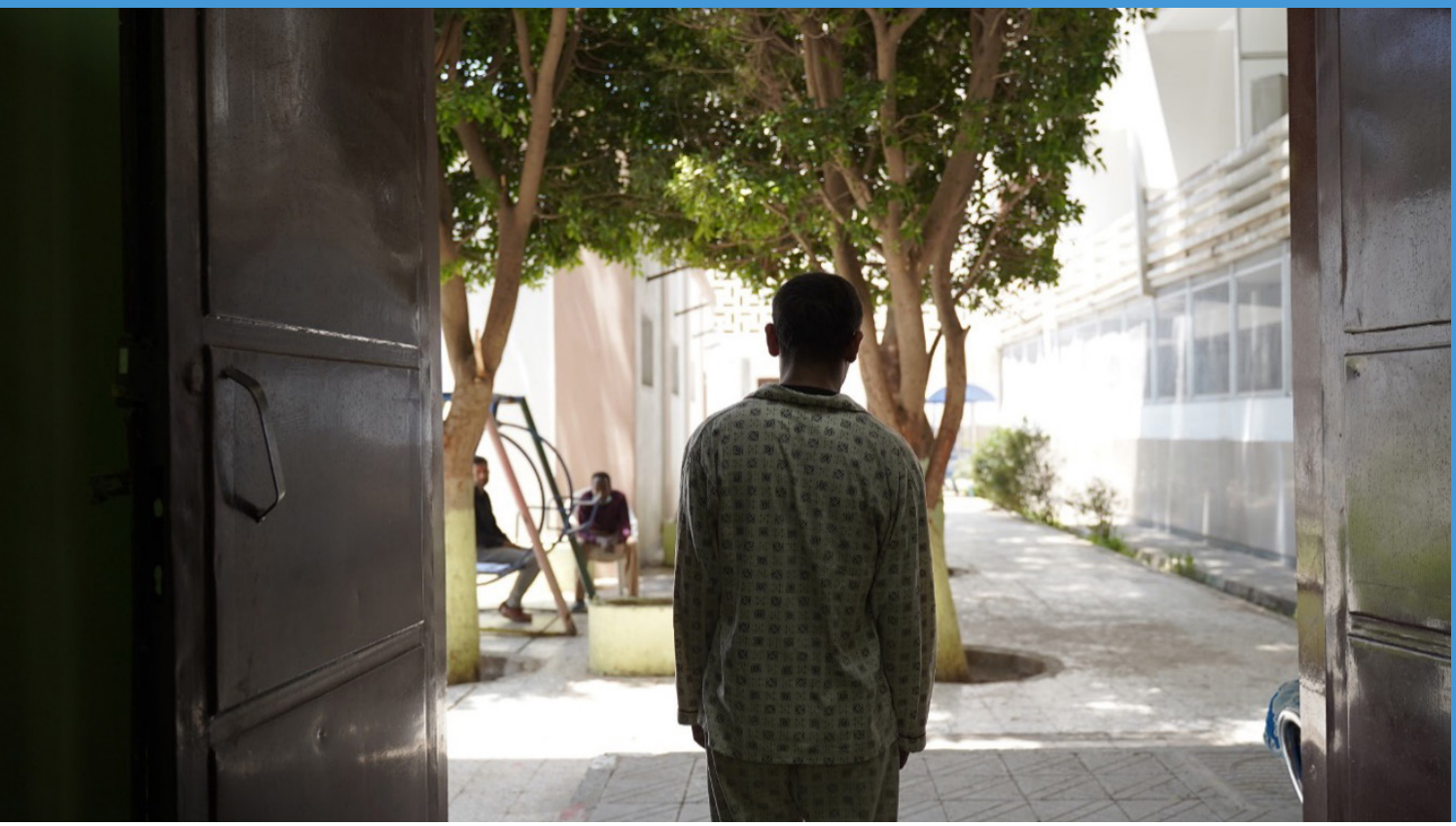


Vision

Achieving excellence at the national level in providing high-quality services in mental health and psychosocial counseling.

Mission

The NMHS aims to develop mental health services towards comprehensive access to high-quality curative and preventive services in the field of mental health and psychosocial support (MHPSS) through scientific evidence-based and multidisciplinary practices, ensuring the engagement of the community, sustainability of care, and preservation of the rights of persons with mental illnesses within the local culture.

Action-oriented values and principles in mental health services

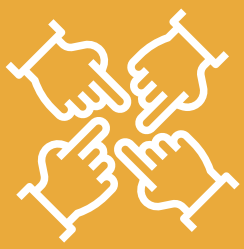
The NMHS is based on a set of values and principles for action in the field of MHPSS, emanating from the inherent human rights to access social, cultural and economic services in accordance with the principle of equality and non-discrimination. Therefore, this NMHS seeks to promote the following values and principles, which are deemed the essential parameters for action:

Autonomy

MHPSS services will ensure respect and promote autonomy and self-sufficiency for people with mental disorders and their caregivers. These can be achieved through openness and transparency in providing information to patients and their families and showing respect when dealing with them.

Dignity

All psychiatric patients, along with their families and service providers, will have equitable access to care that meets their various psychosocial health needs, taking into account the economic situation and social determinants of health.



Participation

All people suffering from mental disorders and their families will enjoy their rights to access and obtain mental health and psychosocial support services on equitable basis.

Empowerment

The beneficiary groups shall be empowered by ensuring their right to access quality services, make informed decisions, benefiting from psychological care without any discrimination, and actively contributing to reducing the social stigma associated with mental disorders.

Accountability & Integrity

A high degree of accountability shall be maintained in developing and managing the National Mental Health Program (NMHP) for all those covered by the NMHP decisions and actions, including relevant governmental and institutional stakeholders, by preserving transparency and respecting the rule of law and work governing regulations.

Quality

High-quality MHPSS services shall be provided in compliance with national and international standards at all levels through evidence-based practices, adoption of a rapid response approach, and development of MHPSS specialists' competencies by implementing effective and meaningful training programs.

Strategic objectives

NMHS targets all population groups and pursues the following strategic objectives:

Unifying efforts and establishing real partnership between MoPHP and health development partners to achieve better mental health for all

Ensuring the provision of resources needed to finance the executive national mental health plan in line with Yemen's cultural specificity and identity

Securing the right to the highest standard of health and well-being at all health-care levels in all residential locations without exception

Urging on the society through "media, NGOs and families" to support patients with mental disorders and enable them to participate in public life with their families, relatives and friends; reinstate them; and show them how to face social stigma associated with mental disorders

- Mental Health and Psychosocial Support (MHPSS)
- World Health Organization (WHO)
- Health Facility (HF)
- Minister of Public Health and Population (MoPHP)
- National Mental Health (NMHP)
- Health Information System (HIS)

INTRODUCTION

The Yemeni governorates have shown a remarkable evolution in upgrading health care services for citizens, through the promotion of primary health care interventions and enhanced accessibility to community-based care, in addition to facility-based services by operating more units, health centers and hospitals. This has been associated with a noticeable increase in the number of beds and qualified medical staff and health workers. The expansion in preventive and curative services and the institutionalization of the work of central programs in areas of disease control, surveillance, immunization, and maternal and child health was crowned with the National Vision towards Building the Modern Yemeni State, in order to consolidate the participatory approach in providing health care services, in accordance to the related relief and development requirements, identification of priorities that would improve health indicators, and fulfillment the population's basic needs.

However, despite the State's trend towards developing and improving the health sector, upgrading the standard of services it provides and tangibly enhancing some health indicators, Yemen is still among those countries that are suffering from dual pathological challenges, including infectious and chronic diseases; at the forefront of which is mental health-related diseases whose services have not seen any significant improvement in comparison with other health programs. Thus, it is necessary to take stock of the present situation and carry out a desk analysis based on a field assessment that is consistent with the burden of mental illnesses.

It is important to achieve consensus on performance among partners towards comprehensive health coverage, including the demographic targeting, service package, and cost estimates for interventions. This is particularly significant for the health sector in our country since it has been suffering from a declining share in public spending on health which – in the best of circumstances during the previous decades – had not exceeded 4% of the successive governments' budgets in the absence of funding alternatives that would help face the burden of disease.

The health system in our country seeks to ensure the provision of sustainable, good-quality, preventive, curative and rehabilitative health services that meet the needs and satisfies beneficiaries and workers, and considers the equitable distribution of and access to the resources. These services can be implemented through a health system that supports sound decision making on the basis of scientifically established evidence and proofs, in order to raise the performance standard of the national health system at various levels in line with national policies, strategies and legislation.

Based on in-depth discussions with health sector decision-makers and relevant humanitarian and health development partners, a theoretical framework for situation analysis has been developed and supported by a field-based effort to investigate the standard of mental health services at the national level.

The situation analysis is a formula for reviewing the mechanism of service provision in the implementation of MoPHP policies, emanating from the National Vision towards Building the Modern Yemeni State 2030 and the Sustainable Development Goals towards the provision of a guiding model for supporting MoPHP strategic trends, to reach a comprehensive health coverage. Upon this connection, the analysis is based on three main components, as follows:

1. Demo-geographic Targeting: giving priority to vulnerable groups and achieving psychological care within the primary, secondary and tertiary levels of care;
2. Standard Service Package: achieving its integration by including mental health as per the beneficiary groups' priorities, improving the specificity of socio-economic indicators, ensuring the continuity of care, and focusing on facility-based services in HFs and community-based facilities in conformity with an approved, unified, referral mechanism that is binding on all partners; and
3. Health Information System (HIS): including cost, data flow, reliability, transparency, monitoring, assessment, and accountability in order to provide a conducive environment for the assigned and evidence-based decision-making.

Analysis of Mental Health Situation in Yemen

1.1 Demo-geographic targeting

Yemen is characterized by its unique geographical location in the southern part of the Arabian Yemen is characterized by its unique geographical location in the southern part of the Arabian Peninsula, with an area of 555,000 sq.km, and a population of 30.8 million , of which 44% is under the age of 15 . 66% of the population lives in rural areas with a population density of 35 sq.km and a large demographic distribution in more than 162,000 inhabited settlements. The life expectancy for an individual in Yemen reached 67.3 (63.89 for males and 66.76 for females), according to the estimates of the World Development Indicators Report in 2019. The crude birth rate is 30/1000 people and the crude death rate is 7/1000 people, according to the projections of the National Center for Statistics 2020-2025.

Administrative divisions: The national administrative system includes twenty-three governorates, which are subdivided into 333 districts, 2,210 sub-districts, and 38,284 villages (according to CSO statistics, 2019).

Health care faces multiple challenges, especially in low and middle-income countries, in addition to those that suffer from protracted humanitarian crises, as is the case in our country. Despite the progress made towards strengthening health systems and comprehensive health coverage, the exceptional humanitarian conditions in our country have led to the exacerbation of morbidity and mortality rates, deterioration of public health indicators, spread of both infectious and chronic diseases, and increase in mental disorders. In addition, the adoption of a financing model that relies on capital assets – such as properties including buildings, equipment, and other fixtures (Capital-Intensive Model) – limited the capacity to provide services to all residents and hindered their continuity within acceptable quality standards in many cases. The application of this model in some countries has proven to be of limited efficiency with regards to equitable access to health care by beneficiaries, especially in rural and hard-to-reach areas. This has been further compounded by limiting the services to insufficient facility-based interventions, which adopt the provision of preventive and curative activities through HFs; this is the case in a number of developing countries. When it comes to mental health, we find a significant shortcoming in meeting the need for mental health care services.

Table (1) shows key demographic indicators

Indicator	2018
Total population	30,616,106
Proportion of males	51%
Proportion of females	49%
Annual population growth rate	3.02%
Proportion of population by age group 0–14 0–64 65 and above	 38% 52% 20%

Resources: CSO 2018 & Health Strategy 2009

[1] Population projections (2020), Central Statistics Organization (CSO)
[2] Yemen National Demographic and Health Survey (2013)
[3] MoPHP Statistics Yearbook (2014)

1.2 Human Development Indicators:

According to the UNDP, Yemen's Human Development Index in 2019 reached 177 out of 188 states at the global level (Human Development Report, December 2019, UNDP), and 15 at the Arab level. The percentage of the population living below the national poverty line is 78.8%. Thus, Yemen ranked 116th out of 117 states in the world and the last in the Arab world according to the Global Hunger Index (Sustainable Development Indicators, December 2019).

As a result of the continued relief situation coupled with financial difficulties, fuel and food crises, poor access to and limited availability of services, the indicators of basic and social services have experienced, and still continue to experience, a significant deterioration. It has been estimated that only 39.7% of the population has permanent access to improved water sources and only 28.6% thereof has access to improved sanitation services.

1.3 Socio-economic indicators and humanitarian crisis

According to the 2022 Humanitarian Response Plan, more than 23.4 million people need some form of humanitarian assistance to meet their basic needs. They are three quarters of the total population with more than 4.3 million IDPs, making Yemen the fourth largest country suffering from displacement on earth. Food security has also become a major problem in Yemen, where at least 14.3 million people suffer from insufficient resources to obtain food necessary for a healthy and productive life. Nearly half of all children under five years of age suffer from stunted growth (48%). It is inevitable to assess the impact of such critical indicators on the people's mental state, which is accompanied by continuous suffering closely related to mental disorders; despite this, it has not received sufficient attention, neither in conjunction with preventive measures, nor diagnostic, curative and rehabilitative interventions.

International and national opinions indicate that the lack of adequate funding for humanitarian operations has in turn hampered response efforts, increasing the need for more decisive and clear advocacy efforts. On August 18, 2020, the Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, cautioned the Security Council members against the devastating effects of the lack of humanitarian funding to cover relief operations in Yemen. He also informed the Security Council that the humanitarian response plan was funded by only 12% of the expressed needs, which is the lowest percentage ever witnessed by Yemen during the last period. Hence, it becomes important to coordinate efforts between partners to enhance the humanitarian response in order to increase the resources allocated to this response. Reports show that the destruction and closure of HFs in the affected governorates worsens the situation, in which (51%) of the HFs have totally or partially ceased operating since March 2015. This has adversely affected the provision of basic health care services, including mental health services, depriving patients from access to HFs to obtain health care in general and psychological care in particular.

In light of the complex socio-economic situation, the health-related challenges are exacerbated, negatively affecting the basic health services and disrupting their access to vulnerable groups and groups with risk factors. In our country, over two-thirds of the population lives in rural communities, where there is a growing need to plan and implement programs targeting the most needy populations, and to reconsider the method and content of the provided basic health services. The priority interventions to be supported include psychological care associated with clinical interventions, such as maternal and child care services, nutrition, control of non-communicable diseases, and surveillance and control of communicable diseases and epidemics.

Here, working with local communities is essential to respond to the challenges facing health systems, especially in our country, where the majority of the population lives in rural areas, as mentioned above.

The current national indicators show that the country is facing a tremendous challenge, especially since half of the HFs have been totally or partially destroyed, as mentioned above, and a large number of health workers have left their workplaces. Furthermore, the displacement of more than 14% of the population causes an economic burden, exacerbates the pathological condition and limits the capacity to meet the needs. The indicators of maternal and child morbidity and mortality in Yemen have been among the most critical ones in the world, despite the improvement of the health situation from 2003 to 2013. These indicators witnessed serious reversals due to the continued war since March 2015. The high rate of under-five mortality, which reached 53 deaths per 1,000 live births according to the data from Demographic Health Survey in 2013, is a daily drain that undoubtedly has great effects on the people's psychological state, as 160 children die every day. Unfortunately, this number is an indicator of pre-war conditions and the available data today does not allow us to give an accurate number for the current situation. Yet, there is no doubt that the above drain will continue and even intensify significantly. The situation is not much different with maternal health, as their mortality rate in 2013 reached 148 deaths per 100,000 live births. However, the UN current estimates indicate that this number has risen to 385, which means that a mother loses her life every two hours. All this overwhelms citizens with more burdens and stresses their mental health. Here, we should encourage the positive community-based approach as the best practice in providing integrated health care to all people, everywhere, according to the triad of understanding the population needs, securing their rights to health, and continuing assessment of the performance level to measure the impact of interventions.

2 Mechanism of Action

The preparatory stage for developing NMHS began with a desk review and consultations with stakeholders regarding the role of the currently-provided mental health services and the availability of equitable opportunities for the population in the target sites, to secure their right to health care. In addition, the indicators of families' socio-economic status were examined in the neediest locations, according to the MoPHP approved list of risks.

The methodology and stages of implementing the institutional analysis included reading of the legislative, organizational and human capacities; material and technical resources; and equipment required to promote mental health in our country, as follows:

2.1 Institutional capacity analysis:

An institutional analysis of mental health services in our country started on the basis of the systematic data and information collection tools. This was linked to the performance and analysis of the target organizational units and the identification of relevant influencing factors, in order to identify the aspects and areas of priority interventions, which depend on:

- Inputs related to the current capacity status of MoPHP and NMHP within the primary health care sector;

- Systematic collection of data and information through field investigation of the target bodies' performance (administratively, technically and logistically), the influencing factors and gaps in various aspects in order to determine the areas of intervention needed to develop performance;
- Determination of the current capacity levels of bodies working in mental health, including the diagnosis of the current challenges; obstacles to be overcome; key performance indicators; intervention priorities; building response capacities and a framework for dialogue, coordination and accountability among partners; and overcoming implementation gaps.

2.2 Situation analysis implementation methodology:

The institutional capacity was reviewed to include legal and organizational references, human capacities, and material and technical capabilities, with the inclusion of related preparations. The aim was to develop a conceptual framework for promoting mental health, which comprises of the following:

- Developing the items of the Executive Action Plan in line with institutional development and the supporting legislative structure.
- Estimating the intervention volume compared with the available resources and the extent to which the humanitarian response plan could accommodate its priorities.
- Developing a monitoring and assessment tool in light of the assessment findings of the current situation.

Then, the institutional capacity adopted a sequential scientific methodology to analyze the external and internal environmental factors, in addition to their performance, as per the integrated approach mechanism for analysis, which is based on three stages: inputs, processes and outputs. The methodology was supported by SWOT (strengths, weaknesses, opportunities and threats) analysis and the interactive participation of partners.

The situation analysis also relied on a set of secondary sources, such as previous reports, statistics, studies and strategies, as well as laws, regulations and administrative decisions, each of which supported the primary sources and research tools, including the following:

- Direct observation.
- Individual interviews.
- Individual and group questionnaires.
- Group meetings with administrative/ organizational unit members at the level of general administrations, sub-departments and HFs, at the central and middle levels.
- Workshops with partners, including stakeholders (target groups, governmental supervisory and monitoring bodies, supporting and donor organizations and institutions).
- Structural analytical tools and models, administrative regulatory tools, and task analysis in the internal and external environments, including questionnaires estimating the status of human cadres, reference tasks, communication relations, work systems, resources and equipment.
- Focus group discussions with decision makers at the middle and community levels.

2.3 Institutional analysis stages of physical, technical and human capacities

This document focused on the executive framework in its analysis of the institutional capacity, as follows:

First stage

- Defining the objectives and justification for analyzing the situation through in-depth discussion with MoPHP leadership, WHO relevant officials, and relevant humanitarian and health development partners.
- Establishing the objectives of the situation analysis, its justification, and the work methodology.
- Gathering primary data and information through direct and documented meetings with MoPHP leadership.
- Designing appropriate tools for data and information collection, which entailed administering questionnaires, direct visits (individual and group interviews), examining documents approved by the MoPHP, and implementing the integrated approach mechanism for identifying needs.
- Forming an executive/structural framework, as per the approved Action Plan and the related terms of reference of the working team; presenting and discussing the Action Plan and the stages of institutional capacity implementation, along with the institutional aspects that it entails, in addition to the activities necessary at each stage, all in accordance with the MoPHP leadership's vision, upon its approval of the Action Plan.
- Preparing the initial data file for the institutional capacity and setting the analysis implementation schedule.
- Training and qualifying the parallel work team, by coordinating with the MoPHP leadership, which also supports the advisory group.

Second stage

External environment analysis

- Parties and stakeholders (target groups, supervisory bodies, supporting and donor organizations and institutions).
- **The surrounding circumstances:** The political, legal and legislative environment, the administrative and socio-economic dimensions, and the demo-geographic determinants.

Internal environment analysis

- **Analyzing the guiding pillars:** Vision, Mission, Culture and Values.
- **Regulatory framework analysis:** Laws, regulations, and work systems.
- **Resource analysis:** Inputs needed to manage performance centrally, medially, and peripherally.
- **Resource analysis:** Human capacities, technical and material resources, including infrastructure and equipment.
- **Performance analysis:** Leadership responsibilities, key and supporting organizational roles, and administrative, technical and financial functions and tasks.
- Examining all available internal documents, and carrying out individual and group interviews at the level of each concerned department/HF.
- Illustrating information based on the analysis models, upon confirming that it is updated, reviewing

it statistically, conducting a synthesis analysis, and revising it according to the field verification resources.

- Identifying the gaps and their causes in the institutional capacity models and applying quality standards.

Third stage: Producing analytical results

- Analyzing information and data collected in accordance with the appropriate analytical methodology for the institutional capacity.
- Analyzing the internal environment of all concerned departments and HFs according to the following items:
    - Organizational structure and actual department/office structure.
    - Human Resources.
    - Technical and financial capacities and equipment.
    - Administrative systems.

Fourth stage: Creating an analytical vision and developing proposals and requirements for the institutional building development, including the following:

- Extracting and analyzing the obtained results.
- Making projections of the priority needs as well as the mechanisms and proposed priorities to be met.
- Presenting and discussing the obtained results, outputs, needs and initially proposed solutions with MoPHP leadership, technical team and WHO in general to be approved on a preliminary basis.

Fifth stage: Preparing the Final Report

- Preparing and drawing up a preliminary draft of the Final Report, including a summary of the situation analysis and a detailed report.
- Submitting the preliminary draft report and departmental data for review by the MoPHP technical team.
- Reviewing and modifying the first and final drafts.
- Electronically writing, typing, reviewing and finalizing the report.
- Translating the report into English and printing it out after modification and revision.

3 Description of Current Situation

Describing the state of mental health entails showcasing its place as a priority area in the health sector and revealing that it is a neglected area, despite its paramount importance, given that one sixth of the world's population suffers from mental health issues- one result of which is the death by suicide of one person every 40 second, globally. Furthermore, the WHO indicates that nearly one billion people worldwide suffer from some form of mental disorder, expecting that the number will double at some point, especially since anyone anywhere might fall prey to or be affected by a mental disorder. And according to the WHO's statistics of the year 2020, depression is one of the leading causes of mental illness and disability among the youth and adults, while suicide claims the lives of nearly 800,000 people annually- one person every 40 seconds, as aforementioned- making it the second leading cause of death among young people (those aged between 15 and 29).

According to the Ministry of Interior, suicide rates rose between 2014 and 2015 (the first year of the current conflict) by nearly 40%. A study conducted by a Yemeni children's relief organization revealed that many children reported increased feelings of anger, fear, anxiety and insecurity. 31% of these children also reported psychosomatic symptoms such as headaches, chest pain, abdominal pain, fatigue, sleep disorders, panic attacks, bedwetting, and concentration difficulty. However, WHO has noted that "there is a paucity of recent data on mental illness in Yemen in internationally accessible literature" which makes it extremely difficult to assess the general status of mental health in Yemen at present.

Studies show that one in five children suffers from a mental disorder. Moreover, the loss of productivity caused by depression and anxiety is one of the most common mental disorders, costing the global economy a trillion US dollars annually. In addition, people with severe mental disorders are likely to die 10 years earlier, relative to others.

Additionally, the wide gap between supply and demand of mental health services is extremely serious, causing catastrophic repercussions on public health, resulting in: hindering, for decades, investments and promotions made towards improving mental health, prevention of related diseases, and care of affected persons.

According to the latest statistics, over 75% of people with mental illnesses do not receive any treatment in low and middle-income countries, taking into account the prevalence of stigma, discrimination, and violations of the psychiatric patients' rights.

While quality mental health care services around the world were limited before the pandemic outbreak, the Covid-19 pandemic exacerbated the situation by disrupting health care services around the world, fearing the spread of infection/s in long-term patient residential treatment HFs, such as nursing homes and psychiatric institutions.

The WHO pointed out the importance of investing in mental health services, illustrating that for every US dollar invested in expanding treatment for depression and anxiety, a return of five US dollars is yielded for the economic situation.

The Mental Health ATLAS of 2017, developed by WHO, shows that although some countries have made progress in developing policies and planning in the field of mental health, there is a global shortage of health workers trained in mental health and a lack of investment in community mental HFs. This is based on data provided by WHO's 177 Member States, representing 97% of the world's population, which measures the extent to which countries strengthen leadership and governance for mental health, the availability of comprehensive mental and social health care, the implementation level of strategies for promotion and prevention in mental health, and enhancement of evidence and research as set out in the Comprehensive Mental Health Action Plan 2013–2020.

In low-income countries, the rate of mental health workers can be 2 for every 100,000 individuals in the population, compared to over 70 in high-income countries. This stands in stark contrast to the required needs, given that one in 10 people needs mental health care at any point in time. (Mental Health ATLAS)

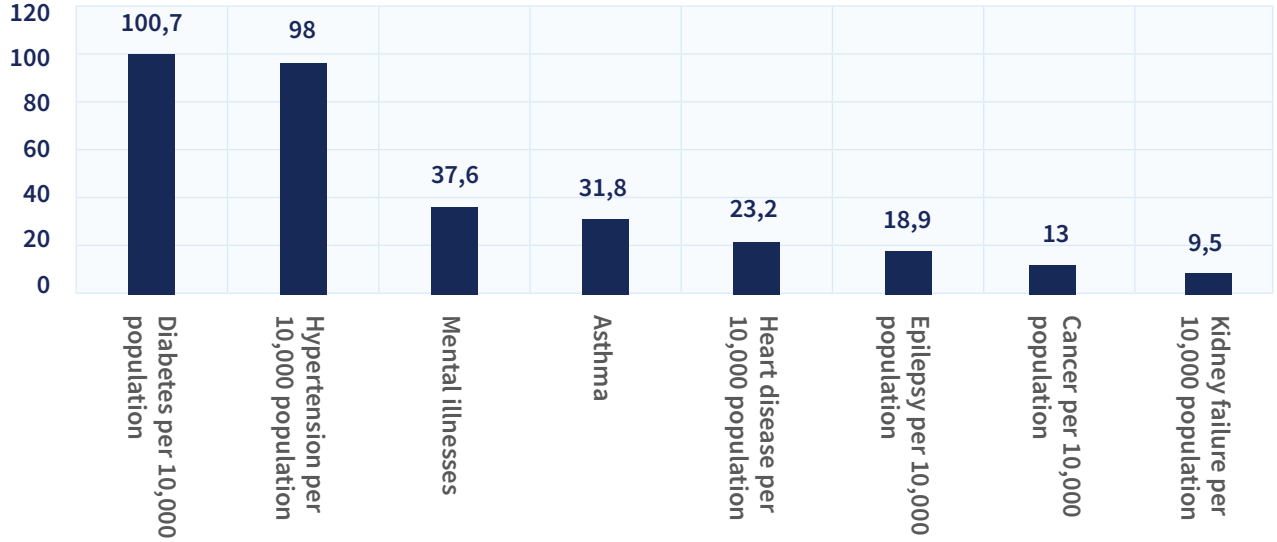
Traditionally, mental health is a neglected area in Yemen and found to be poorly understood, as existing societal stigmas negatively affect intervention efforts. In light of the current situation, some individuals and groups in the society may be at much greater risk of experiencing psychological and mental health problems, as the ongoing conflict increases the risk of developing or worsening the numbers and mental states of the affected population. In addition, the population is exposed, on a daily basis, to psychological and social pressures, due to the ongoing military operations, displacement, lack of food, unemployment, fear of persecution and lack of basic services, in addition to living and climatic conditions and challenges (floods, torrential rainstorm, and heat waves that caused several incidents of fires), as well as other factors.

The analysis report of the Current Health Situation 2020, with regard to chronic diseases, indicates a lack of databases for chronic diseases, in terms of annual incidence or prevalence in society. Nonetheless, a secondary study – that was carried out concurrently with the immunization campaigns in 2016 – diagnosed, for the first time, the prevalence of chronic diseases per 10,000 population, arranged in order of prevalence, showed that mental illnesses ranked third among chronic diseases, at a rate of 38 cases per 10,000 population.

SN	Prevalence of chronic diseases per 10,000 pop-ulation in 2019	Number
1	Diabetes	100.7
2	Hypertension	98
3	Mental illnesses	37.6
4	Asthma	31.8
5	Heart disease	23.2
6	Epilepsy per	18.9
7	Cancer per	13
8	Kidney failure per	9.5

The report concluded that the prevalence of chronic diseases reached 334 out of 10,000 people. This means that there are over one million cases of chronic diseases that increase annually, due to growth and other factors. On the other hand, the MoPHP aims during 2021-2025 to meet the needs of this category by providing medicines at a reasonable price and to work with partners to locally provide quality services towards self-sufficiency in quality medical services in the long term.

Prevalence of chronic diseases per 10,000 population in 2019



The Health Resources and Services Availability Monitoring System (HeRAMS) of 2021 indicates that the availability of primary health services reached 50.3%. This means that the availability of routine and standard services does not exceed, in the best of circumstances, 50% of the geographical coverage of health services.

SN	Indicator	2017	2018	2019	Growth rate
1	**Number of physicians in hospitals**	6,900	6,564	6,564	-1.7
2	**Number of dentists**	642	648	648	0.3
3	**Proportion of specialists per 10,000 population**	0.311	0.252	0.240	-8.3
4	**Number of physicians per 10,000 population**	2.4	2.3	2	-5.9
5	**Population per a physician**	4,083	4,405	4,405	2.6
6	**Number of nurses per 10,000 population**	13,907	13,096	13,096	-2.0

With regard to mental health services in particular, in comparison with previous data, NMHS of 2010 indicated that Yemen had only 44 psychiatrists out of the country's 8,500 specialized physicians at that date. The statistics, provided by WHO Mental Health ATLAS of 2011, indicated that there are four psychiatric hospitals, 0.21 psychiatrists and 0.17 psychologists for every 100,000 Yemenis, compared to 12.40 psychiatrists and 29.03 psychologists per 100,000 Americans and 29.68 psychiatrists, and 54.28 psychologists per 100,000 Norwegians. The WHO Mental Health ATLAS, of 2014, did not contain data on the number of mental health workers in Yemen. However, it identified three psychiatric hospitals and one general hospital that provides psychiatric services. NMHS, issued in 2010 in Yemen, indicated that there are 19 psychiatric HFs in the country, including hospitals, clinics and HFs within prisons. This seems to contradict the data provided by WHO, indicating the magnitude of the informational challenges facing MoPHP. Similarly, it may impede informed interventions according to reliable information on mental health services. Although it is difficult to find detailed information on mental health services in Yemen, the available data indicates the lack of relevant institutions, and the existing institutions provide humble services and low quality interventions. According to a field study carried out in 2019 by EPOS Consulting and Health Services with the support of the European Union Commission and in partnership with MoPHP, it assessed the status of MHPSS services and training needs in six governorates in Yemen, inhabited by 45% of the population, and containing 52 % of public HFs and 66% of health cadres. This field study concluded a number of indicators, as follows:

1. Prevalence rate of most common mental disorders

Depressive disorder 27%, anxiety disorder 25%, schizophrenic disorder 18%, post-traumatic stress disorder 45%, phobic disorder 4%.

2. Human cadres working in mental health services

- Consultant psychiatrists: **26 (25 males & 1 female**)
- Psychiatry practitioners: **37 (29 males & 8 females)**
- Psychiatry Interns: **12 (9 males & 3 females)**
- Psychotherapists: **88**
- Psychiatric nurses: **141**
- Psychological rehabilitation specialists: **15**

Number of psychiatric cadres per 100,000 population

Total number of human cadres working in mental health services	319 workers
Total number of mental health workers	1 worker
Psychiatrists	0.27 psychiatrists This means one psychiatrist per 400,000 population
MHPSS specialists	0.31 psychotherapists
Psychiatric nursing	0.50 psychiatric nurses This means one psychiatric nurse per 200,000 population
Psychological rehabilitation spe-cialists	0.50 rehabilitation specialists This means one rehabilitation specialist per 1,900,000 population

3. Number of public mental HFs per 100,000 population

Type of HF	Per 100,000 population
Total number of public HFs providing mental health services	0.07 This means one HF per 1,500,000 population
Public psychiatric clinics	0.01 This means one clinic per 7,400,000 population
Public PSS clinics	0.04 This means one clinic per 2,300,000 population
Public psychiatric hospitals	0.01 This means one mental hospital per 1,500,000 population

4. Comparison of mental health services provided by HFs

Statement	Public HFs	Private HFs	Other HFs
PSS services	41%	56%	3%
Mental health services	21%	69%	10%

5. Number of beds for mental disorder cases in public HFs

Number of beds for mental disorder cases per 100,000 population

Number of beds for admitted mental disor-der cases in public hospitals	**0.08 beds** **This means one bed per 1,300,000 population**
Number of beds for admitted mental disor-der cases in public psy-chiatric hospitals	**1.9 beds** **This means one bed per 51,000 population**

6. Training needs in the areas of psychology

- Training needs in mental health: 79%
- Training needs in PSS: 79%
- Training needs in other fields of mental health: 84%

7. Medical equipment and psychological tests for mental problems and disorders

- Medical equipment available in public HFs: 17% of the need
- Psychological tests available in public HFs: 17% of the need

8. Availability of psychiatric medications and mental health services

- Mental health services: 33%
- Psychotropic medications: 19%

9. Mental health services in the private sector

Type of intervention	Psychological support	Mental health
Service delivery	65%	69%
Equipment	13%	20%
Medications	56%	
Cadre	48% of mental health staff	64% of mental health staff
Number of private hospitals	3	
Number of beds	173	
Mental health clinic in a public hospital	2	
Private mental health center	11	
Number of beds	53	
Private psychiatric clinics	16	

13% possessing
medical equipment and devices

Providing 69%
of mental health services

56% possessing
psychiatric medication

Employing 64%
of mental health staff

Providing 65%
of PSS services

20% providing
psychological tests

20% providing
psychological tests

173 beds	**Mental**	**53 beds**	
private psychiatric hospital	health clinic in a public hospital	private psychiatric center	private psychiatric center
3	**2**	**11**	**16**

Private mental health facilities in assessed governorates

10. Local and international organizations providing MHPSS services

- Specialized mental health services: **47%**
- Non-specialist mental health support: **54%**
- Family and social support: **56%**
- Basic needs and safety: **49%**

11. Assessment of beneficiaries' satisfaction with mental health services

- Technical skills of mental health staff: **66%**
- Financial cost of mental health services: **53%**
- Physician-patient relationship: **73%**
- Easy access to mental health services: **59%**

4 Analysis of Internal and External Environments

SWOT analysis was conducted on the basis of in-depth discussions with partners, decision makers, and specialists, according to the following determinants:

- The strategic trends of health sector.
- Performance indicators of priority health programs within the supporting national policies and trends.
- Health system pillars and applications within MHPSS.
- Updated information and data on MHPSS, giving priorities to demo-geographic targeting.
- Community engagement in all phases of interventions.
- Directing interventions at the level of high-risk groups, according to the risk cycle, on which interventions would be based.
- Applying accountability standards when implementing response activities to MHPSS challenges and strengthening the supervision, follow-up and monitoring mechanism with a view to ensuring quality.
- Linking HIS with monitoring and assessment indicators to establish a unified system, using the information system in evidence-based decisions.

• The monitoring and assessment tools were also reviewed for analyzing the current situation, taking into account the following points

- **Establishment of performance assessment criteria:** Building a consensus on work binding criteria and providing guidelines for an operational manual to determine the achievement level, understand the extent of the challenges, and develop recommendations for performance improvement.
- **Perform a descriptive reading of the performance:** Describing the current situation, conducting SWOT analysis of the internal and external environments, and identifying the top proposed development priorities.
- Conducting an analysis on the current situation elements, including the following:
    - **Executive Mechanisms:** Identifying and analyzing the appropriateness of current mechanisms in order to achieve the intervention objectives.
    - **Regulatory framework:** Estimating the appropriateness of the organizational structure for the current tasks, according to the terms of reference and availability of specific documents describing the roles, responsibilities and communication systems.
    - **Human Resources:** Describing the level of human cadres in comparison with the terms of reference and in accordance with the workers' original and acquired qualifications and skills, and identifying their training needs.
    - **Organizational culture: A**nalyzing the stakeholders' level of awareness of the basic values of mental health.
    - **Inputs:** Performance-related activities according to the operational manual.
    - **Processes:** Operational processes and their clarity as well as the workers' ability to meet their requirements.

- **Outputs:** Availability, adequacy and appropriateness of interventions according to the activities provided.
- **Information Systems:** Reviewing the efficiency of information systems and databases as well as users' accessibility thereto.
- **Beneficiaries:** Assessing the beneficiaries' needs, how well they are met, and beneficiaries' satisfaction.
- **Activities:** Analyzing the types of services, and the level and standards of implementation.

The institutional capacity results are as follows:

Strengths

Governance, Policies, and Strategies

- Supporting the delivery of mental health services, along with capacity building intervention mechanisms for appropriate standard conditions, formulating pre-requesties and completing the basic package of services.
- Merging mental health through the National Strategy for Primary Health Care.
- Consistently updating internal regulations and policies across departments in the MoPHP.
- The existence of previous mental health strategies.
- Forming a mental health program in the MoPHP and its branches in the governorates.
- Completing the Minimum Service Package (MSP) by adding mental health interventions to it.

Data Collection, Evaluation, and Surveys

- Implementing a new survey on the state of mental health at the national level.
- Putting forth an updated plan for the unified automated system, including networking, ensuring data flow in line with the district health information system.
- Ensuring the existence of databases of therapeutic institutions in the field of mental health.

Coordination

- Constructing a mental health technical working group.
- Supporting the leadership of the MoPHP, international and local organizations.

Presentation of Services

- Providing a mental health guide for health workers.
- Ensuring that public hospitals in the governorates provide integrated psychological and neurological services.
- Constructing a number of centres and clinics for the treatment of mental illness in some areas;
- Noting the limited number of cadres in the field of mental health.
- Enhancing the level of community awareness regarding mental health.

Capacity Building

- The existence of training programs, which include the Arab Board of Health Specialties and Clinical Psychology.
- The availability of courses for psychiatric workers.
- Offering mental health specializations at the Yemeni national level.

Weaknesses

Financing

- The limited allocated (specific) resources to health care in general, and mental health in particular.
- The lack of financial incentives (salaries) for the health staff; since the beginning of the crisis.
- The weakening and interruption of the qualifying and training of cadres specialized in psychological aspects, due to the lack of financial resources.

Service Access

- A drop in the level of service provision through health facilities due to staff shortages, damage or destruction, and poor quality of services in many health facilities.
- Mental health services are concentrated in the major cities and are rarely provided in rural areas across Yemen.
- Social stigmas regarding mental illnesses.
- Inadequate integration of mental health into primary health care services, in addition to maternal, new-born and child health services, increasing referrals to the secondary and tertiary levels.
- Psychiatric medications are very limited.
- The absence of health education in the field of mental health in schools and lack of early diagnosis of mental health and behavioural diseases among schoolchildren.

Capacity and Social Barriers

- The lack of technical expertise in the field of mental health, coupled with limited existing capabilities.
- Health workers refrain from conducting studies in the field of mental health, due to social stigma.
- The non-existence of evidence-based approaches in the areas of mental health to train and qualify mental health service providers.
- The absence of integrated case management with mental health services and policies in health, education and other sectors.
- The decline of leadership and management capacity building programs for workers in the field of mental health.
- The absence of ongoing capacity building programs.

Governance and Politics:

- Insufficient focus on the institutional /organizational culture that develops the values of cooperation and commitment.
- Weak coordination between mental health and primary health care departments/programs.
- The weak role of the government in launching mental health interventions.

Coordination

- Irregular activities of the Mental Health Technical Working Group.
- Absence of a database and coordination mechanism in the psychological field.

Information, Follow-up, and Assessment

- Absence of a comprehensive and integrated mental health database.
- Absence of a detailed mental health database at all levels of the health system.

Opportunities

Governance, Policies, Financing and Strategies

- The National Vision initiative to build the modern Yemeni state 2030, one of which focuses on health.
- The availability of support for social protection policies, at the national level, by utilizing a coordination mechanism between its components.
- Self reliance on our own resources, taking into account the lack of external financing, and searching for financing alternatives that are included in social health insurance.
- Focusing on community participation in the cost of health services and covering the cost of medicines within a social health insurance system that achieves the desired solidarity.
- The Ministry of Public Health and Population plays a leading role in managing, supervising and evaluating mental health programmes.

Provision of Services

- Inviting official public sectors to participate in supporting the health sector.
- The availability of hospitals and public health facilities located in most governorates.
- The availability of a health information system, despite the crisis.

Capacity Building

- Benefit from various training programs, internally and externally, to build and improve the skills of human cadres, in the field of protection, ensuring enhanced sustainability of institutional construction.
- The presence of programs dealing with mental health in Yemeni public universities.

Coordination

- Inserting mental health and psychosocial support in humanitarian response projects.
- Support of mental health by some donors, organizations, institutions, local associations, and community initiatives.

Threats

Governance, Policies, Financing and Strategies

- Absence of a mental health law and legislation supporting relevant interventions.
- The costs of treatment services continue to rise.
- Financing the humanitarian response focuses on preventive interventions and neglects secondary and tertiary care.

Provision of Services and risks

- The persistence of the difficult humanitarian situation and its repercussions on society, which leads to an increase in the number of high-risk cases.
- A change in the disease pattern and a high incidence of chronic diseases, accidents and addiction.
- The high poverty rates could limit families' ability to afford health services, including mental health.

Capacity Building

- The absence of integration of the social protection system, within its main components, such as health, education, employment, social insurance (social security), and poverty reduction.
- The loss of rehabilitation and long-term training, such as a one-year diploma in psychotherapy.
- Lack of social and institutional awareness, among some decision makers, of the importance and role of mental health services, which urgently need to be highlighted and intensively supported.

Planning of Services, Data, and Monitoring

- Absence of an updated health data for the poorest and most vulnerable groups to determine the appropriate intervention package for them.

coordination

- Absence of a coordination mechanism between the relevant authorities, in the field of social protection.
- Carrying out psychosocial support activities by official bodies outside the health sector, without coordinating with the Ministry of Public Health and Population.
- Limited coordination and weak integration between the components of the health system to reach a unified strategy for social protection.
- Weak coordination between the blocs (clusters) working in the field of humanitarian response; specifically, health, protection and shelter.

5 Rights-Based Trends

Its Certainly, this NMHS will certainly be more than just a theoretical document for a central program. Its guidelines will provide a development horizon for interventions and an executive mechanism to ensure that mental health services are integrated, effectively coordinated, and aligned with the components of the National Health Strategy 2021-2025, the National Primary Health Care Strategy 2020-2025, and the Sustainable Development Goals 2030. It will be based upon evidence, data, and lessons learned at local, international, and regional levels, to draw more attention to mental health.

Based on the approach of rights-based interventions to meet people's needs and develop communities to achieve satisfactory care, the institutional capactiy focuses on health insurance based on the inherent rights of human beings. Namely, the right to life, the right to liberty, and the right to protection[4].

5.1 Right to life

Having revised the health intervention matrix, examined its content along with the rights document, and adopted the national culture, existing laws and regulations, and strategic trends, the guidelines for ensuring psychological care become a basic human right, requiring the government, health development partners, and society as a whole to take responsibility. The preservation of life, within the Five Necessities of Islamic perception, is without a doubt a collective responsibility, based on the saying of Allah, the Blessed and Exalted:

"Whoever takes a life—unless as a punishment for murder or mischief in the land—it will be as if they killed all of humanity; and whoever saves a life, it will be as if they saved all of humanity." (Al-Ma'idah: 32). This right cannot be achieved without a person's ability to enjoy his/her right to recovery, a good environment, and ongoing care in all of its preventative, curative, rehabilitative, and palliative aspects. In this respect, the indicators of the current situation were interpreted and measured in contrast to the hoped-for scenario, according to the MoPHP plan and the mechanisms of follow-up, monitoring, assessment, and supervision. Among the priorities of this aspect are the following: documenting, interpreting, and managing a detailed review of mental health indicators according to age groups; reviewing the current services; improving the quality of services provided; following standard operating procedures according to the logical framework for interventions; identifying the need for vital indicators and methods of measurement and follow-up, focusing on preparedness and descriptive indicators; expanding service coverage; raising population access to health services; and providing essential medications and treatment guides.

5.2 Right to liberty

Every citizen has the right to make informed decisions about their own health, but doing so requires cognitive empowerment that corrects choices in accordance with evidence-based medicine and health interventions within behavioral change initiatives that include awareness, skill, motivation, and conducive environments. Hence, securing the right to liberty relies on divine command. Allah, the Blessed and Exalted, says: "Now have come to you, from your Lord, proofs (to open your eyes): if any will see, it will be for (the good of) his own soul; *if any will be blind, it will be to his own (harm)."(Al-An'am: 104)*

[4] http://applications.emro.who.int/dsaf/dsa219.pdf

Freedom requires takleef (a moral or legal obligation compelling a person to discharge a legal or moral duty), which calls for empowerment. Here comes the role of the MoPHP in reviewing the available knowledge values and means to pass them on to people, in order to enable them to make the right choices and preserve their human dignity. The responsibility for Takleef falls on the individual, the family, and society. Every human being is bound by takleef, which involves taking responsibility for their correct healthy choices and decisions within the scope of their capacities and collaborating with the executive bodies to achieve the intended objectives through the right knowledge and practical skills that support the adoption and maintenance of the right behavior. It is imperative to secure the right of choice for every human being, as this right is inseparable from responsibility and accountability.

5.3 Right to protection

Allah has bestowed upon man the blessing of health, which ought to be preserved in compliance with His words: “But if anyone, after Allah’s blessing has come to him, substitutes (something else), Allah is strict in punishment.” (Al-Baqara: 211). Any detrimental practice that violates the human right to a healthy life constitutes a violation of the right to protection, which entails the denial of basic health services that are closely linked to the life-cycle approach and the social determinants of health, such as education, employment, environment, health system, nutrition, and social services.

6 Standard Mental Health Service Package

6.1 Service delivery component

Within the framework of achieving comprehensive health coverage, this component aims to respond to the priority mental health care needs of the target population in the selected areas, with a focus on vulnerable groups, through providing basic health care services, building the capacity of mental health workers, empowering local communities, and providing medications and supplies to promote an integrated health system that supports psychological care at all levels.

6.2 Detailed planning

The proposed HIS that accompanies the provision of services measures the agreed-upon key performance indicators. In addition, HIS will provide emergency key performance indicators and cross-HIS learning, with an understanding of the integration results and their returns on the performance quality and its implication for socio-economic indicators and health economics. Moreover, the HIS key performance indicators will be provided in interactive maps, charts, images, and tables, modeled by activating periodic interactive updates of the data, making the map of interventions a source for all the details of mental health interventions.

6.3 Quality improvement

Service quality improvement is a collective responsibility that intersects with all service delivery levels and relevant demographic and geographic targeting details. Service quality assurance and control are part of NMHP planning and implementation, with the provision of indicators of the services provided to ensure the efficiency and effectiveness of the operating systems. Within the quality standards, attention is drawn to the standard operating procedures to monitor the application of patient safety standards; implementing basic preventive psychological care interventions; strengthening clinical practice; and improving management systems through the governance mechanisms approved by MoPHP.

6.4 Key indicators for evaluating interventions

6.4.1 Preparedness and descriptive indicators: Coverage of mental health services; availability of personnel, including community workers, to provide mental health services; accessibility to and integration of health services with mental health; availability of psycho-neurological rehabilitation testing services; indicators of mental illness (based on the epidemiological map); surveillance, monitoring, and assessment; availability of mental health emergency plans and response mechanisms; availability of diagnostic tools and associated equipment.

2.4.6 Service delivery indicators: These include the following: the results of mental health program The results of mental health program coverage; response to service gaps; availability of medications, supplies, and treatment guides; permanent psychiatric care centers; referral HFs in case of complications; availability of nutritional supplements and therapeutic foods for psychiatric patients; and availability of a skilled medical/ health team, general clinical services, and trauma treatment; availability of manuals, guidelines, and precautions according to standards; assessment, triage, and referral; outpatient department; availability of essential medications; monitoring of mental illnesses; promotion of self-care practices; nursing; referral system, and standard performance procedures.

7 Information Management System

HIS support tools, in the field of mental health, shall be developed in accordance with the progressive programmatic role, guided by the minimum service package, with a view to disseminating the experience institutionally, in order to support the strengthening of the national health system. This is done within the framework of achieving comprehensive health coverage and achieving the informational reliability of interventions in administrative, technical, and financial aspects and within the follow-up, assessment, and supervision mechanism.

This HIS supports the institutionalization of informed and evidence-based decisions by facilitating the meaningful engagement of decision-makers and key stakeholders. This component aims to facilitate the information flow through the guidance model, which combines the required support from all partners to seize the opportunity to drive positive change at the individual and organizational levels.

In this way, a standard dashboard will be provided, covering all mental health services, including both facility-based and outreach/mobile services. The MoPHP, which determines the engagement level of the relevant development partners, shall directly and exclusively control this dashboard, which presents detailed data and information, which assess its participation level with relevant development patterns, with regard to the timing of its planned and actual performance.

7.1 HIS work components

In order to meet the application of District HIS and achieve the institutionalization of interventions, which would expand the work scope of the guidance model, the HIS work components are described in this section as follows:

Work component	Description
District, target groups	Geographical and demographic parameters of districts in Yemen: **The following information is available at each district level:** • Population, • Children under five years of age, • Infants, • Newborns, • Women of childbearing age, • Pregnant women, • Adolescents and young people, • IDPs, • Refugees.

Service delivery levels	HIS is concerned with information management for the following service delivery levels:
	• Referral hospital (which accepts referred cases from all governorates),
	• Governorate hospital (which provides services for cases referred from all governorate districts),
	• District hospital,
	• District joint hospital (which provides services for cases referred from several governorate districts due to the lack of hospitals in each district),
	• Health center,
	• Health unit,
	• Outreach teams,
	• Mobile teams,
	• Community health workers,
	• Community midwives,
	• Community volunteers.
	• **Characteristics of health service delivery levels:**
	  • **Capacity (size of the target population):**
	  • The catchment area of each HF,
	  • Outreach services,
	  • Mobile teams.

Health facilities	**Features:** • **District:** the area to which the HF belongs according to the detailed planning mechanism. • **Type of HF:** it specifies the range of health services that can be provided by the HF. • **Geographical location:** according to the definition of the boundary area and an updated road map.
Health services	• The services managed by the HF and reflected in the HIS that monitor their implementation. In general, health services belong to one of the categories of the updated service package, according to the following features: • **Category:** Mental health within the purview of primary health care services, • **Description:** Describing mental health services and providing instructions on how to be provided, • **Target beneficiaries:** Demographic characteristics identify the target population of the HF and specifying the agreed upon service package, • Geo-targeting, • **Validity:** Determining whether the health service is continuous or for a specific period only, or for a specific number of beneficiaries (e.g., up to 1,000 beneficiaries), depending on the service delivery level.

The service package, which the HIS will assess and control, includes the following aspects:

- **Categories of health services:** The level of service provision from the community to the referral hospital, in accordance with a referral and feedback system; securing the the ascending and descending lines of follow-up and evaluation; in addition to achieving the control of mental health services, within primary health care, in accordance with the District HIS. The system also prevents the flow of cases from one level to another, except for approved referrals.
- **User role:** This is determined by a mechanism approved by the MoPHP, which grants the authority of use and the users' role depending on its priorities. The user is responsible for operating the HIS at each level of service delivery, according to the classification approved by MoPHP.
- **Detailed plans (with periodic updates):** These plans are periodically prepared and updated by every HF and approved by the MoPHP.
- **Family medical record:** An electronic record for each family that includes their health data, medical history, place of residence, appointments for future preventive services, clinical and diagnostic procedures, referrals, and feedback.
- **Beneficiaries: A**ll residents of the target sites within the HF boundary area, with priority given to groups with risk factors.
- **Mental health service records:** All the procedures provided, including preventive, therapeutic, and referral services, which are recorded in each family medical record.
- **Capacity-building records: E**xhibits the details of the workers and volunteers, including their qualifications, experience, training needs, and appropriate incentives to improve performance, and maintain human resources from potential leakage.
- **Electronic monitoring tool:** All services, including training, logistics, etc.
- **Medications and medical supplies:** Available stock, with a daily update and alarm system for all items in case of deficiencies in quantity, storage, shelf life, etc.
- **Laboratory tests:** Includes a presentation of the results of psycho-neurological examinations and all the required tools, which are linked to the epidemiological surveillance system.
- **Integrated supervisory forms:** These are the supporting supervision forms for field visits, which are filled out electronically. The system helps to report their findings, according to the priorities of the approved national indicators.
- **Health communication guide:** Outlines all actions involved in understanding the community needs and its intentions for achieving routine interventions and behaviors, including behaviors of both health care workers and beneficiaries, in addition to outlining the assessment of the health action-based communication model.
- **Health information analysis:** Assessment of national capacity for analyzing health information, based on the International Classification of Diseases (ICD) coding.
- **Utilization of available information programs:** Assessment of the capacity to use DHIS2 platforms, among others, to enhance routine data reporting and risk-time information.

7.2 HIS functions:

They are classified into four categories

HIS settings	Description	User
HIS development & data maintenance	The functional requirements for HIS settings of the process components (e.g., zoning), managing entities that change slowly (adding a new HF).	HIS administrator
HIS operations	The HIS can increase items in the coverage (e.g., registering a new family/ beneficiary) or increase items in health services (e.g., adding a new service such as dealing with highpressure cases or introducing a new vaccine).	HIS administrator, field worker
HIS dashboards & reports	Daily operations at the level of HFs and communities	Field worker
HIS dashboards & reports	Reports, dashboards, and key performance indicators (KPIs)	Government, donors, development agencies, implementing partners

8 Recommendations and Next Steps

Governance, Policies, and Strategies

- Revitalizing the NMHP activity and role at the level of the MoPHP and health offices in governorates and districts.
- Advising the government and organizations operating in Yemen to raise the level of financial funding for mental health programs.
- Expediting the issuance of the NMHS.
- Adopting a political decision from the highest hierarchy of power, towards activating the NMHP at the MoPHP, empowering oversight and accountability mechanisms.
- Striving to rehabilitate the existing mental health centers.
- Qualifying and building the capacity of health staff in the field of mental health.
- Activating the principle of control and accountability.
- Following up on building a database.
- Creating networking opportunities among mental health workers throughout Yemen.
- Establishing a Psychological Education Service within the Health Education Department.

Resource Mobilization

- Increasing the resources provided for the psychological aspect.
- Encouraging and motivating health staff to engage in ongoing rehabilitation and psychological work.

Capacity Building

- Upgrading the level of infrastructure related to the psychological aspect by the State, relevant organizations, local associations, and philanthropists.
- Giving instructions to increase the resources provided by organizations and making optimal use of them to serve the psychological aspect.
- Establishing an integrated system of psychological services like other primary health care services.
- Activating the role of the Mental Health Department in the MoPHP.
- Establishing an organizational structure for mental health in the center and branches.
- Seeking to bring into effect the regulations on clinical professional practice and psychotherapeutic service licensing for psychotherapists.

Service Delivery

- Allocating an operational budget for the NMHP in the MoPHP and psychological departments.
- Incorporating lessons on mental health into the curricula.
- Establishing a short-term mental health certificate (e.g., a one-year diploma).
- Raising awareness through media and educating the community through field visits.
- Launching campaigns of gender-based violence or discrimination advocacy.
- Implementing PSS programs during crises.

Community-based Intervention

- Adopting a high-level political decision to activate NMHP.
- Establishing a long-term partnership between MoPHP and its governorate offices, on the one hand, and interested organizations, on the other, to provide sustainable mental health services.
- Developing annual plans in the governorate health offices and coordinating with MoPHP and other relevant bodies.
- Activating the role and activity of mental health programs in governorates.
- Training a national program team in mental health in various governorates.
- Integrating mental health services into primary health care interventions.
- Training and qualifying specialized staff in various aspects of psychological services (psychiatry, psychiatric nursing, clinical psychotherapy, and PSS).
- Establishing a unified mental health database system that can be easily circulated and used throughout the Yemeni governorates and is referred to in times of psychological interventions and emergencies.
- Incorporating awareness activities of MHPSS programs into NMHP activities.
- Contributing to periodic community awareness and education campaigns on the seriousness of psychosocial disorders and deviance, drug abuse and addiction, and their impact on mental health.

9 Guidelines for Executive Mental Health Plan

1. Strategic Trend: Improving mental health services within mental HFs

Activity	Target Group	Duration	Implementing Agency	Participants
1.1 Supporting existing HFs				
1.1.1 Public hospitals	5 inpatient wards	4 years	MoPHP	Donors, relevant UN agencies
1.1.2 Supporting specialized hospitals	4 hospitals throughout Yemen	4 years	MoPHP	Donors, relevant UN agencies + SFD
1.1.3 Establishment of psychiatric clinics in public hospitals	30 clinics	4 years	MoPHP	Donors, relevant UN agencies + SFD
1.1.4 Integrating mental health into primary health care services	All programs	4 years	MoPHP	Donors, relevant UN agencies
2.1 Capacity Building:				
1.2.1 Training medical personnel and assisting in providing mental health services	Physicians and health workers • Physicians: 500 • Assistant staff 1,000	4 years	MoPHP	Donors, relevant UN agencies + SFD
1.2.2 Doubling the number of psychiatrists	General physicians: 80 physicians	4 years	MoPHP	WHO
1.2.3 Doubling the psychological assistant staff	• Nursing staff • Psychologists • Social workers • Rehabilitation specialists • Total: 282	4 years	MoPHP	WHO
1.2.4 Establishing a psychological training center	All cadres in the health and education sectors	During the first two years	MoPHP + Ministry of Education	WHO + donors, relevant UN agencies
1.2.5 Updating and providing the list of essential medications for mental disorders	All HFs providing mental health services	Upgrading: First year Provision: Ongoing	MoPHP	WHO + donors, relevant UN agencies
1.2.6 Upgrading medical equipment and psychological tests	Increasing the number of medical equipment and psychological tests to cover 50% of the existing need	2 years	MoPHP	WHO + Donors, relevant UN agencies

2. Strategic Trend: Sectoral coordination and enhancing response within the common accountability framework

Activity	Target Group	Duration	Implementing Agency	Participants
2.1 Activating the role of a Mental Health Coordination Council according to a national mechanism for a common accountability framework	Decision-makers	4 years	MoPHP	Donors, relevant UN agencies
2.2 Conducting a national conference on mental health to publicize NMHS and coordinate cofinancing for its services	Decision-makers and relevant development partners	4 years	MoPHP	Donors, relevant UN agencies
2.3 Developing a programmatic and academic coordination mechanism to coordinate standard quality mental health services	Primary health care sector, universities, and health institutes	4 years	MoPHP	Donors, relevant UN agencies

3. Strategic trend: Implementation of a nationwide behavioral change model in the field of mental health

Activity	Target Group	Duration	Implementing Agency	Participants
3.1 Developing a national mental health policy within the framework of comprehensive health coverage	Decision-makers	First year	MoPHP	Donors, relevant UN agencies
3.2 Structural reform of mental health at the central, middle, and peripheral levels	Decision-makers	First year	MoPHP	
3.3 Developing and automating a follow-up, assessment, and supervision mechanism to support the integration of mental health services with public health programs	Professionals, humanitarian response partners, health development	4 years	MoPHP	Donors, relevant UN agencies
3.4 Updating the HIS in alignment with the national health system, ensuring the flow of data from all levels, and analyzing it	Professionals, humanitarian response partners, health development	4 years	MoPHP	Donors, relevant UN agencies
3.5 Developing a national policy to incorporate mental health into school curricula, at all age levels, based on a life-cycle approach	Professionals, humanitarian response partners, health development	4 years	MoPHP	Donors, relevant UN agencies
3.6 Developing the operational manual for mental health services in the areas of prevention, diagnosis, treatment, and referral	Professionals, humanitarian response partners, health development	4 years	MoPHP	Donors, relevant UN agencies

4. Strategic Direction: Application of a national model for behavioural change in the field of mental health

Activity	Target Group	Duration	Implementing Agency	Participants
4.1 Developing mental health guidelines in accordance with Islamic principles and local culture	Society	First year	MoPHP +Ministry of Endowments + Ministry of Education	Donors, relevant UN agencies
4.2 Choosing a model for positive behavior modification based on a life-cycle approach	Professionals, humanitarian response partners, health development	First two years	MoPHP + Ministry of Information	Donors, relevant UN agencies
4.3 Developing/ updating a training guide for health education in the field of mental health	Professionals, humanitarian response partners, health development	First year	MoPHP	Donors, relevant UN agencies
4.4 Developing a training program in communication for behavioral change, including communication in times of risk in the field of mental health, directed to workers, teachers, preachers, and media professionals	Professionals, humanitarian response partners, health development	4 years	MoPHP +Ministry of Endowments + Ministry of Education + Ministry of Information	Donors, relevant UN agencies
4.5 Developing a follow-up and assessment mechanism in the field of mental health communication	Professionals, humanitarian response partners, health development	4 years	MoPHP	Donors, relevant UN agencies

Components of comprehensive mental health services from birth to death, distributed according to the six pillars of health system, service priorities “VEN”, and the most significant future policies 2025

Elements of psychological services	Service	Capacity-building	Medications	HIS	Governance	Supply	Future trends 2025
Prevention of mental illnesses	V	V	V	V	V	V	A school course within the curricula for the prevention of mental illnesses approved by law
Emergency Response	V	V	V	V	V	V	National Emergency Response Guide from the National Mental Health Guide
Psychological support in HFs	E	E	E	E	E	E	Issuing a policy to provide psychological services at the health center level
Psychiatric clinics in hospitals	E	E	E	E	E	E	Issuing a national policy to provide psychological services, 2 male and female physicians, and 4 social workers and psychologists
Medical Departments in Hospitals	N	N	N	N	N	N	Issuing a national policy to be implemented progressively and to ensure the establishment of a 20-bed department in every hospital with specialized requirements (cadre & equipment)
Psychiatric hospitals	N	N	N	N	N	N	An interim comprehensive board of directors to manage NMHS implementation as a referral hospital (training and rehabilitation)
Psychiatric clinics in prisons	N	N	N	N	N	N	Legalization of psychiatric units Clinics should be the first to implement mental health standards before the rest of NMHS. A national workshop on identifying the psychological causes of cases and employing those causes in the prevention approach.
Other: Regional hospital	N	N	N	N	N	N	Feasibility study on the establishment of a regional psychiatric hospital within (physiotherapy, thermal baths, aquatic therapy).