Witness and Impact

SAM Rights & Liberties

Series of Micro Human Rights Briefs – Issue 3

When Treatment Becomes Impossible

The Impact of the Siege and Houthi Attacks on Healthcare and Patients' Lives in Taiz

August - November 2026



SAM Organization for Rights and Liberties

Holds consultative status with the United Nations Economic and Social Council (ECOSOC)

About us

SAM Organization for Rights and Liberties

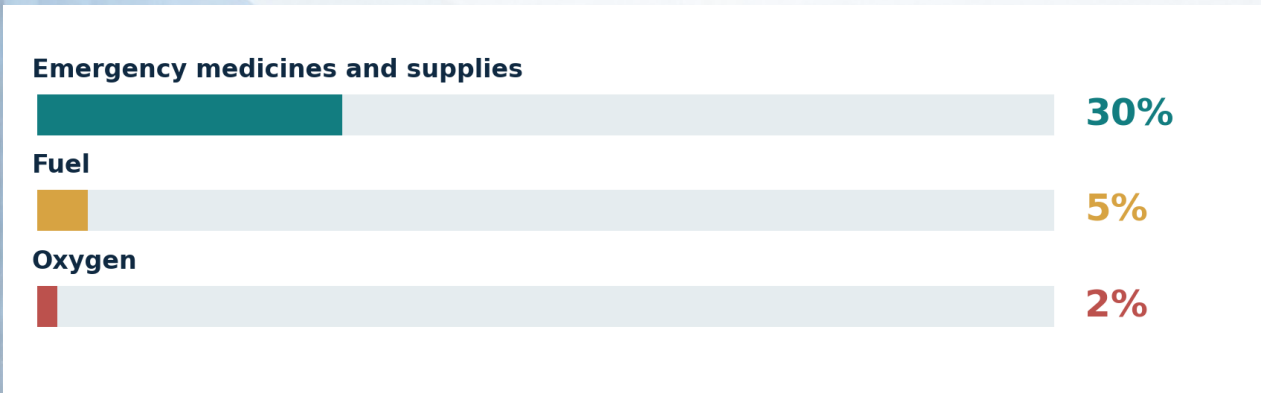
SAM is an independent, non-profit Yemeni human rights organization that began its activities in January 2016 and obtained a license to operate in December 2017. The organization aims to document human rights violations in Yemen, work to stop violations through advocacy in partnership with local and international organizations, raise human rights awareness through societal rights development, and hold human rights violators accountable in Yemen in collaboration with international mechanisms and human rights organizations.

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MONITORING PERIOD	DATE OF ISSUE
1 August–4 November 2026	4 November 2026

Opening Infographic | Availability of Emergency Medical Supplies in Taiz

Taiz Health Office data released on 2 November • Percentages indicate supplies available relative to need, not the proportion of health facilities out of service.



Opening Statement

When roads are closed to ambulances, diesel runs out for hospital generators, and intensive care wards are left with only 2% of their oxygen requirements, the siege ceases to be merely a military tactic. It becomes a form of silent destruction of lives, affecting children, dialysis patients and pregnant women even in their homes, in a grave and clear violation of Article 20 of the First Geneva Convention and Article 18 of Additional Protocol II, which prohibit attacks on medical transport or obstruction of assistance to the sick and wounded.

Executive Summary

This report by SAM for Rights and Liberties examines the severe deterioration of the health sector in Taiz city resulting from attacks by the Houthi group and the tightening of the siege during the military escalation from August to November 2026. It documents how the siege, road closures and obstruction of medical supplies and fuel, together with attacks on health facilities and ambulances, have directly threatened the lives of thousands of patients and civilians and brought the health system to the brink of collapse. The crisis is no longer confined to shortages of medicines and medical supplies. It has disrupted essential, lifesaving services, including dialysis, neonatal incubators, surgery, obstetric care, intensive care and oxygen production. At the same time, growing numbers of casualties and displaced people are increasing health and humanitarian needs, making access to treatment a daily struggle on which lives may depend, particularly those of children, women and people with chronic illnesses.

On 2 November, the Taiz Health Office announced that 120 health facilities had ceased operating entirely and 66 were functioning only partially in districts under Houthi control, while services at another 12 hospitals and 18 health centres were at risk. Earlier, the World Health Organization (WHO) warned of severe supply shortages affecting 42 facilities in the city. These figures cover different geographical areas and classifications and must not be added together to produce an artificial total.

Accounts collected by SAM from physicians, department heads and patients show that reaching a hospital has become an additional danger alongside illness itself. Daily attendance at the internal medicine clinic at Al-Thawra Hospital fell from approximately 60 patients to 12; more than 30 kidney patients were unable to reach their dialysis centre; and shipments of dialysis solutions from Aden took two to three weeks to arrive instead of one or two days. The Yemeni-Swedish Hospital also lost three quarters of its previously operational neonatal incubators.

Houthi-imposed restrictions have had particularly harsh consequences for women and children. The United Nations Population Fund (UNFPA) estimated that more than 13,100 pregnant women could not obtain essential maternal care and that more than 147,600 women and girls had their access to essential reproductive health services disrupted. On 3 November, Reuters documented a halving of daily births at the Yemeni-Swedish Hospital and warnings of miscarriages and unsafe deliveries. A case documented by SAM concerns the death of a seven-month-old infant after road closures delayed the family's arrival for a scheduled operation.

The denial of treatment cannot be separated from direct attacks. Yemen's Ministry of Health held the Houthis responsible for the attack on Al-Suqayya Health Centre in Lahj governorate on 2 November, which killed five people and injured 15, including ten medical workers among the dead and injured. In Taiz, an attack on an ambulance on 20 October killed two people and injured one, while another ambulance attack in Al-Awwat on 28 October caused extensive damage, according to official sources.

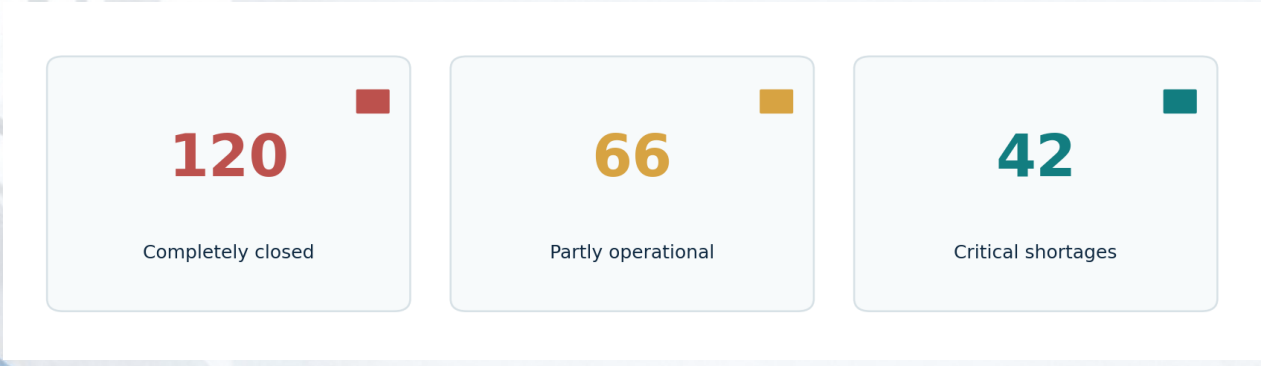
In a documented update dated 4 November, the International Committee of the Red Cross (ICRC) announced the delivery of four truckloads of medical and surgical supplies to Taiz city. Meanwhile, Al Jazeera reported a 60–70% decline in patients reaching hospitals during the second week of the siege. Together, these developments demonstrate the need for reliable, sustained humanitarian access, rather than isolated emergency deliveries.

The report holds the Houthi group responsible for the siege, road closures, obstruction of supplies and attacks carried out by its forces, and calls for these practices to end and for those responsible to be held accountable. It also distinguishes source-verified facts from allegations requiring further technical examination, such as reports of munitions suspected of containing toxic substances or competing explanations for a missile explosion in Al-Mukha'af.

By 4 November, the ICRC had documented the arrival of four truckloads of surgical supplies in Taiz city, while a UN briefing reported damage to or destruction of 27 health facilities and seven ambulances and the killing of six health workers across Yemen since August. SAM stresses that emergency assistance cannot address the underlying causes of the collapse while the Houthi siege continues to prevent regular deliveries and endanger patients and medical personnel in transit.

Figure 1 | Three Different Measures of Disruption to Health Services

120 facilities completely closed and 66 partly operational: Taiz Health Office • 42 facilities facing shortages: WHO • Categories may overlap.



1. Methodology and Scope of Documentation

The report covers the period from 1 August to 4 November 2026, focusing on Taiz and drawing on sourced comparisons with Lahj, Aden, the western coast and Marib. SAM compiled the report from accounts provided by its monitors, physicians, hospital administrators and patients, and reviewed statements from UN agencies, international medical organisations, news reports and local official sources. Data predating 2026 are used to explain the health system's pre-existing vulnerabilities, not counted as new losses during the period under review.

2. Health Indicators at a Glance — Why the Figures Must Not Be Added Together

INDICATOR	VALUE	GEOGRAPHICAL SCOPE / DATE
Facilities completely closed	120	Houthi-controlled districts of Taiz • 2 Nov
Facilities partly operational	66	Same districts • 2 Nov
Facilities facing critical shortages	42	Taiz city • WHO • 23 Oct
Facilities partly operational or closed	98	Taiz • UNICEF report • 11 Oct
Dialysis centres	Approximately 1,100 patients	Facilities covered by WHO and Health Office data
Pregnant women unable to access care	13,100+	Taiz • UNFPA • 16 Oct
Women and girls affected by service interruption	147,600+	Taiz city • UNFPA • 16 Oct
Operational incubators at Yemeni-Swedish Hospital	10 of 40	Yemeni-Swedish Hospital • October
Fuel availability	5%	Taiz Health Office • 2 Nov
Oxygen availability	2%	Taiz Health Office • 2 Nov

The UNICEF figure of 98 published on 11 October and the figures of 120 and 66 reported by the Taiz Health Office on 2 November relate to different reporting dates and potentially to different geographical areas and categories. They therefore cannot be added together, nor should the apparent increase be interpreted as proof that all additional service disruptions occurred between 11 October and 2 November, without comparable underlying datasets.

3. The Houthi Siege and the Severing of Medical Supply Routes

The Houthi siege of Taiz city, ongoing since 2015, has restricted humanitarian and commercial movement. In October 2026, the group's forces completely encircled the city and cut off its last major supply route, according to Human Rights Watch, which based its findings on interviews with five residents, four doctors and six civil society workers, as well as UN reports. On 18 October, Houthi forces blew up sections of the Hayjat al-Abd road, a major artery for transporting food, medicine and fuel from Aden to Taiz, according to the organisation's analysis of published imagery and evidence.

Niku Jafarnia, Human Rights Watch's researcher on Yemen and Bahrain, said renewed Houthi efforts to cut off food, water and medicine showed disregard for civilian lives. The organisation called for the immediate reopening of roads to the city, warning that using a siege to starve civilians could constitute a war crime if the requisite intent and legal elements were established.

According to information from the World Food Programme cited by Human Rights Watch on 14 October, more than 600,000 aid-dependent people in Taiz had become unreachable, and the city's wheat flour stocks were close to depletion. A local

organisation's representative said transport costs had risen amid fuel scarcity, while residents reported an increase of approximately 400% in cooking gas prices. These are prices and reports from specific local contexts, not an overall average across products or governorates.

For hospitals, the fuel crisis involves much more than operating generators. It endangers operating theatres, intensive care wards, oxygen production, vaccine storage and dialysis units, and prevents ambulances and staff from travelling. This chain of effects demonstrates the direct operational damage caused to health care by the Houthi siege and makes clear that lifting restrictions is inseparable from protecting patients.

3.1 A More Explicit UN Position on the Siege — 3 November

On 3 November, UN Secretary-General spokesperson Stéphane Dujarric described the siege of Taiz as evoking medieval sieges of cities. Speaking to Arab News, he said roads remained closed despite UN appeals and that humanitarian workers could not force their way through the blockade to deliver food and medicine. The previous day, UN Under-Secretary-General for Humanitarian Affairs Tom Fletcher warned of continued supply interruptions, a halving of water production and rising food prices, and called for roads to be reopened without delay.

Field reporting published by Al Jazeera on 4 November illustrated the effects of the siege on families and travel. Ahmed al-Mikhlafi said he and his family encountered approximately 20 Houthi checkpoints while attempting to return to the city and were forced to wait two additional days after being denied passage. The fare per passenger for the journey rose from 35 to 100 Saudi riyals. This is one person's account of the human cost of restrictions, not a general average for transport fares.

4. Findings from Medical Testimonies Collected by SAM

4.1 Patients Disappear from Clinic Queues, Not from the Lists of Those in Need

Dr Abdulrahman al-Maliki, an internal medicine specialist at Al-Thawra Hospital, told SAM that attendance at his clinic had fallen from an average of approximately 60 patients a day to about 12, a decline of some 80%. He attributed this to rising transport costs and restricted movement and warned that patients with heart disease, hypertension, diabetes and kidney failure, who require regular monitoring and tests, were among the first to suffer.

This testimony shows why the number of people reaching a hospital is not an accurate measure of health needs. Families unable to afford transport may disappear from consultation registers even though they still require care. Hospital managers interviewed by SAM also reported that some staff could no longer reach work because of fuel shortages and higher fares, threatening continuity of services.

These accounts are reinforced by more recent testimony carried by Al Jazeera on 4 November from Taysir al-Samei, the Taiz Health Office's media officer, who estimated that access to the city's hospitals had declined by 60–70% by the end of the siege's second week. This is a measure of reduced access to care; it must not be interpreted as a reduction in the prevalence of disease or need for treatment.

In another individual case documented in the same report, a young journalist whose identity Al Jazeera protected by publishing only his initials said he could not travel for follow-up treatment for a chronic immune disorder. He reported that liver-function tests showed enzyme levels 32 times the normal range and that his doctor advised urgent care outside Yemen. His identity was withheld to protect his privacy and avoid additional risks. The testimony alone does not establish a definitive diagnosis or clinical outcome.

4.2 Dependence on Diesel Places Every Hospital Department at Risk

Hospital administrators in Taiz explained that the prolonged loss of public electricity during the war had left hospitals almost entirely dependent on diesel generators. The equipment and services at risk include neonatal incubators, anaesthesia and ventilation machines, intensive care, vaccine storage, oxygen plants and refrigerators for medical solutions and medicines. When roads are closed, securing fuel becomes a prerequisite for keeping these services running, not merely a financial concern.

SAM documents that delayed medical shipments from Aden and the refusal of some truck drivers to enter because of checkpoints, insecurity and long delays increased the cost of delivering medicines and supplies and, in turn, the cost of treatment borne by families. This demonstrates how a military decision to close a road can deny health care even to patients who have never sustained combat-related injuries.

5. Dialysis Patients: Forced Interruptions to Treatment and Sleeping Near Hospitals

Yousef al-Zukri, director of the dialysis centre at Al-Thawra Hospital, told SAM that the centre treats more than 400 patients and performs approximately 120 dialysis sessions per day when operating. More than 30 patients from outside the city had been unable to enter in recent weeks, while others had to remain near the hospital for fear of missing their next dialysis appointment or being unable to return from their home areas.

According to al-Zukri, shipments of dialysis solutions previously reached Taiz from Aden in 24–48 hours but later took two to three weeks because of tighter restrictions and road closures. Some truck drivers refused to carry the supplies because of security risks, checkpoints and higher transport costs. Such delays threaten access to a treatment resource for which there is no substitute that patients can simply obtain at home.

Jamil Mohammed Aqlan, a dialysis patient from Al-Misrakh district, said he used to return to his village after every session. Recent restrictions, however, forced him to remain in difficult conditions near Al-Thawra Hospital because he feared he would not be able to re-enter the city. Another patient, Salah al-Hammadi, said some dialysis patients slept outdoors while others sought refuge in an overcrowded shelter. Road closures also prevented patients from reaching the centre from Al-Hawban.

At Al-Jumhouri Hospital, an Al Jazeera investigation on 24 October quoted Dr Issam Mahyoub Dahan as saying the centre had been forced to shorten some dialysis sessions from four hours to two and a half because of shortages of fuel and supplies. The report documented the experiences of 16-year-old Omar Mukhtar Hamoud and 53-year-old Abdulbadi Abdulwahab. Doctors warn that shortening sessions jeopardises the adequacy of treatment for patients who depend on it regularly.

The Taiz Health Office reported on 2 November that the two dialysis centres covered by its data deliver approximately 6,300 sessions per month for around 1,100 patients. This is a wider reporting population than Al-Thawra Hospital alone, and the figures for individual centres must be kept separate to avoid double-counting patients.

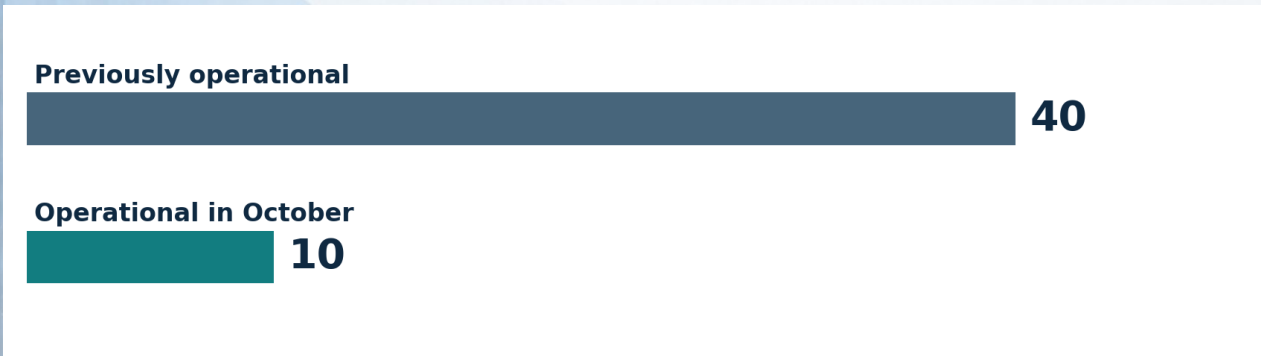
6. The Yemeni-Swedish Hospital: 75% of Neonatal Incubators Out of Service

Dr Abdulnour al-Masni, deputy director of the Yemeni-Swedish Hospital for technical affairs, told SAM that the number of incubators it could operate had fallen from 40 to just ten because of fuel and oxygen shortages, rising running costs and difficulties retaining staff. The loss of 30 incubators represents three quarters of its previous operating capacity.

His account is consistent with a Reuters report of 26 October, which documented the hospital's fuel crisis and staff fears that heating, respiratory support and specialised care for premature and newborn babies could cease. In addition, according to field material reviewed by SAM, approximately three quarters of the personnel at most government hospitals in Taiz work on a cooperative or voluntary basis without regular government salaries, further weakening the response when transport costs rise and payments are delayed.

Figure 2 | Decline in Operational Neonatal Incubator Capacity at the Yemeni-Swedish Hospital

40 incubators before the latest operational crisis • 10 operational in October • These figures do not represent child deaths.



6.1 Infant Dies After Delayed Arrival for Surgery

Dr Abdulnour al-Masni documented for SAM the case of a seven-month-old infant scheduled for surgery to repair a colostomy. The family arrived three days late because they could not reach the hospital. The infant's condition deteriorated with an intestinal infection and dehydration; the child eventually arrived in shock, was admitted to intensive care and died the following day. The account substantiates a delay in obtaining care amid road closures, but determining the immediate clinical cause of death would require examination of the medical file.

SAM stresses that this case illustrates the danger of making roads an obstacle to urgent care, particularly for infants and children needing surgical or therapeutic interventions that cannot safely be postponed. The Houthi group has a responsibility to end unlawful restrictions that deny civilians access to treatment.

7. Pregnant Women and Newborns: Denied Care That Cannot Be Deferred

UNFPA warned on 16 October that more than 147,600 women and girls of reproductive age in Taiz city had lost access to essential health care, while more than 13,100 pregnant women were unable to obtain maternity services. Of 27 hospitals designated for emergency obstetric and newborn care, only five were operating partially. These figures measure deprivation and risk, not deaths.

A Reuters report published on 3 November cited UNFPA and midwives' observations of an increase in miscarriages and unsafe deliveries. The agency estimated that 6,400 pregnant women were among displaced people and that approximately 1,500 obstetric emergencies could occur within that population. Daily deliveries at the Yemeni-Swedish Hospital had fallen from approximately ten to five as power shortages and restrictions prevented women and staff from reaching the facility.

These indicators call for immediate priority to ambulance referrals, caesarean deliveries, blood transfusion, specialised neonatal care and the provision of fuel, oxygen and staff. Restricting women's access to such services under the Houthi siege exposes them and their children to complications that could, in part, be prevented through safe passage and regular supplies.

At an official UN Geneva briefing on 3 November, UNFPA representative Francesco Galtieri said that the number of pregnant women arriving at the Yemeni-Swedish Hospital at night had fallen to almost zero because of fear of shelling and difficulties travelling. He relayed midwives' accounts of severely malnourished pregnant women surviving on one or two daily meals consisting of tea and bread or plain rice, as well as increasing miscarriages and unsafe home births. These were field observations from midwives, he stressed, not a published statistical count of miscarriages.

At the same briefing, UNFPA reported deploying 59 midwives supported by the agency in its response locations and said that women headed more than one third of displaced households. Its joint Rapid Response Mechanism had reached more than 182,000 displaced people. This measures the coverage of a humanitarian intervention; it is not a further displaced population to be added to the International Organization for Migration's figures.

Figure 3 | Women and Pregnant Women Deprived of Health Services

147,600 women and girls and 13,100 pregnant women: 16 October • 5 of 27 facilities partly operational • The 3 November update is a separate data point.



8. Collapse of Medical Supplies and the Oxygen Crisis

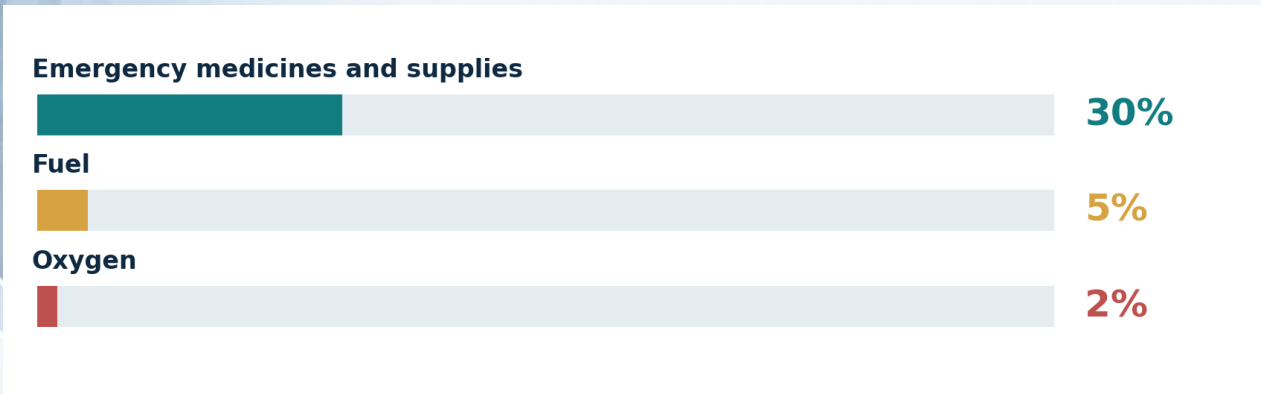
Dr Fahd al-Nadhari, director of the Public Health and Population Office in Taiz, stated in an announcement carried by Saba News Agency on 2 November that available emergency medicines and medical supplies met no more than 30% of needs, while available fuel covered just 5% and oxygen 2% of requirements. He also warned that 12 hospitals and 18 health centres were at risk of shutting down, in addition to the 120 facilities completely closed and 66 functioning partially in Houthi-controlled districts.

Earlier, in a UN briefing on 23 October, WHO reported that 42 facilities in Taiz faced critical shortages of fuel, oxygen, medicines and supplies, putting services for 192 intensive care patients, 154 newborns in incubators and more than 1,100 kidney patients at risk if deliveries failed. The health facilities and ambulances included in the briefing required more than 156,000 litres of fuel each month.

Having just 2% of the oxygen needed does not mean that every oxygen reserve has been exhausted or that all patients have stopped receiving treatment; it does, however, reveal an acute operational shortfall. SAM recommends establishing reliable and binding medical supply corridors and monitoring daily stocks of fuel, oxygen, dialysis solutions, anaesthetics and ventilation equipment to maintain lifesaving departments.

Figure 4 | Emergency Medical Supply Gap in Taiz

Data of 2 November • Availability as a percentage of total sector needs, according to the Taiz Health Office.



8.1 Update, 4 November: Four Medical Supply Trucks Enter Taiz After Weeks of Obstruction

In an official statement dated 4 November 2026, the ICRC announced that four trucks carrying essential medical supplies had reached Taiz city, including surgical kits to help hospitals treat people injured by weapons. ICRC photographs showed the trucks arriving at Al-Thawra Hospital, demonstrating that delivery is possible when safe transit arrangements are in place.

Christine Cipolla, head of the ICRC delegation in Yemen, said timely access to treatment could make the difference between life and death for people with serious illnesses or severe wounds, regardless of where they lived. The ICRC also said that in preceding weeks it had provided emergency medical supplies to facilities on or near front lines, including Al-Rahida, Al-Askari, Hayfan, Taiz Central Hospital, Dimnat Khadir, Al-Dumay al-Ahkum and the Health Office.

Reuters reported on 4 November that main roads, including the Taiz–Aden road, remained subject to Houthi restrictions and that the city had been almost isolated for about a month. SAM considers the arrival of four trucks an important step, but not proof that the siege has ended or that shortages of fuel, oxygen and medicine have been resolved. The health sector needs a continuous, transparent and safe supply route serving all facilities and patients.

On the same day, Yemen Future reported that Médecins Sans Frontières (MSF) had delivered medical supplies to Al-Thawra Hospital to support operating theatres and inpatient wards and had treated patients and casualties at Al-Qaida General Hospital in Dhi al-Sufal district during the preceding two weeks. This is a separate report about MSF's intervention and should not be conflated with the ICRC's four truckloads or assumed to concern identical supplies or quantities.

9. Attacks on Medical Facilities and Ambulances

9.1 Al-Suqayya Health Centre, Lahj — 2 November

Yemen's Ministry of Health attributed responsibility to the Houthi group for the attack on Al-Suqayya Health Centre in Al-Mudaraba district of Lahj governorate. Five people were killed, including three medical staff, and 15 were injured, including seven health workers. Thus, ten medical personnel were killed or injured in a single attack, alongside other civilian victims. SAM calls for an independent investigation to establish the strike location, type of weapon, source of the projectile and responsible commanders.

9.2 Sabr al-Shaqab — Deadly Attack on an Ambulance, 20 October

Saba News Agency documented on 20 October a Houthi mortar attack on an ambulance as it attempted to transport 18-year-old Taiba Abdulraqeeb Abdu Abdullah to hospital after she was wounded. According to the agency, the shelling killed the young woman and the ambulance driver, injured an accompanying doctor and destroyed the vehicle. SAM stresses that attacks on vehicles dedicated to medical evacuation jeopardise the special protection afforded to patients and health workers.

9.3 Al-Awwat — Another Ambulance Attacked on 28 October

On 28 October, the Yemeni Interior Ministry's security media office reported that the Houthi group had attacked an ambulance in Al-Awwat, west of Al-Shaqab in Sabr al-Mawadim district, as it travelled to evacuate a wounded civilian from villages under shelling. The strike seriously damaged the vehicle and put it out of service, according to Dr Fahd al-Nadhari. Local accounts published in news reports stated that three people, including members of the crew, were injured; these figures require verification against hospital records before being treated as final.

This incident is distinct from the 20 October attack in its date and location. The victims must not be combined incorrectly, nor should the same ambulance be counted twice without matching technical identifiers, registration details and evacuation logs.

9.4 Al-Khawkhah, Mokha, the Western Coast and Marib

On 26 October, MSF warned of three strikes near Mokha, one of which landed approximately 150 metres from Mokha General Hospital and damaged its building without injuring anyone inside. This establishes that the hospital was endangered but does not, on its own, demonstrate that it was the intended target. MSF also reported the disruption of a humanitarian flight near Aden airport because of a nearby attack, further restricting humanitarian and medical movement.

According to WHO on 23 September, ambulances were targeted on the Kahboub front in Lahj on 18 September, killing an ambulance driver and a medical first responder. WHO reported nine health facilities or assets in Taiz, Lahj and Hodeidah that had been damaged, disrupted, closed or attacked. These are different categories and do not mean that nine hospitals were completely destroyed.

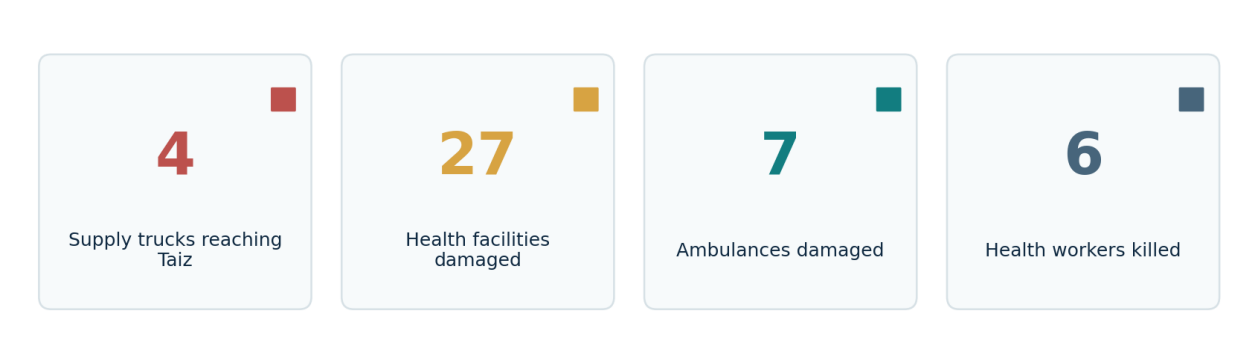
9.5 Update, 3 November: Nationwide Damage to 27 Facilities and Seven Ambulances

An Arab News report published on 3 November quoted UN spokesperson Stéphane Dujarric, citing WHO data, as saying that 27 health facilities and seven ambulances had been damaged or destroyed and six health workers killed since the latest escalation began in August 2026. These indicators refer to incidents and damage across Yemen, not to the number of facilities closed in Taiz city alone.

SAM emphasises that these figures must not be added to the 120 non-operational and 66 partly operational facilities reported by the Taiz Health Office. The former measure attacks and damage to health care at the national level; the latter describe operational status within a different administrative area. Nor can the seven ambulances be automatically added to the 15 vehicles reportedly lost or damaged according to the Taiz Health Office, since records have not been reconciled to identify any overlap.

Figure 7 | Indicators Updated to 4 November: Supply Access and Nationwide Damage to Health Care

The four supply trucks entered Taiz on 4 November. The 27 health facilities, seven ambulances and six health workers killed concern incidents recorded nationwide since August in a UN update.



UPDATED INDICATOR	VALUE	DATE / GEOGRAPHICAL SCOPE
Medical supply trucks reaching Taiz	4	ICRC • 4 Nov
Health facilities damaged or destroyed	27	Yemen • since August
Ambulances damaged or destroyed	7	Yemen • since August
Health workers killed	6	Yemen • since August
Decline in patients reaching hospitals	60–70%	Taiz • second week of siege
People reached by Rapid Response Mechanism	Over 182,000	UNFPA • 3 Nov

10. Findings from Taiz Governor Nabil Shamsan — Interview of 29 October

Taiz Governor Nabil Shamsan said in an interview for the Sana'a Center's "Yemen in International Media" programme that villages in Sabr al-Mawadim, Mashra'a wa Hadnan, Jabal Han, the Old Airport area and city entrances came under Houthi shelling every hour or less, with projectiles falling in villages and residential neighbourhoods. He described the events in Kahlan as approaching a "near-extermination" and alleged that Houthi forces targeted efforts to evacuate wounded people even after ambulances were replaced with civilian vehicles. The report presents the governor's words as his own assessment, not as a judicial finding of genocide.

Shamsan explained that the city's daily water requirement was approximately 35,000 cubic metres, while even before the latest siege it received only 5,000 cubic metres. It subsequently lost additional water sources after Houthi forces took control of Al-Dabab and major wells went out of service. He said restaurants had closed because of scarce cooking gas and that oxygen production and medical services had been disrupted. He described food conditions in the city as famine in his assessment; that characterisation does not indicate an official finding under the Integrated Food Security Phase Classification methodology.

The governor stated that 120 health facilities had stopped operating completely and another 66 partially, and that oxygen services were under threat. He cited the loss or looting of 15 ambulances and 22 intensive care beds. He also referred to approximately 33,000 displaced families inside the city and 6,400 more recently displaced families. On commercial deliveries, he said local authorities had coordinated with the Hayel Saeed Anam Group to permit limited quantities of food, fuel and water to enter after earlier negotiations faltered, while the Houthis refused to allow cooking gas shipments, according to his interview.

The governor also stated that local authorities had formed a committee to gather evidence concerning reports of shells suspected of containing toxic gases in Sabr. SAM stresses that technical and laboratory tests are needed before conclusions can be announced about the munitions or substances used. The allegations must not be treated as conclusive evidence of chemical weapons use.

11. Child Health: Malnutrition, Immunisation and Water

UNICEF said on 20 October that it had screened more than 168,000 children in Taiz during 2026 and identified more than 52,000 cases of acute malnutrition. The figure describes children screened and cannot automatically be regarded as new cases resulting from the escalation since August. UNICEF warned that interruptions to water pumping and a tripling of the cost of water delivered by tanker increased the risks of acute watery diarrhoea and cholera. The water systems it supports serve approximately three million people, including 1.6 million children.

Eleven-year-old Safaa, displaced in Taiz, told UNICEF of her fear while queuing for drinking water and of the crowds at water collection points. Her account gives the figures a human dimension: water is no longer a basic daily service that can be accessed safely, but a necessity that consumes time and causes fear among children. UNICEF provided diesel support for pumping systems, which continued to require dependable supplies.

The Taiz Health Office reported on 2 November that 186,415 children under five had been affected by the deterioration of services. Its records included 5,057 children suffering from severe acute malnutrition, 27,752 with moderate malnutrition and 9,454 infants deprived of routine immunisations. This administrative dataset differs from UNICEF's wider screening results and cannot be added to them to estimate a single total.

SAM warns that the continuation of the Houthi siege and interruptions to fuel, water, vaccination and therapeutic feeding increase the risk of preventable diseases. It calls for mobile health teams to be allowed to operate and for therapeutic food, vaccines, cold chains and family access to health facilities to be secured.

12. Pressure on Hospitals Beyond Taiz — Lahj, Aden, Mokha and Marib

In its statement of 23 September, WHO recorded 3,672 deaths and injuries associated with the escalation in Yemen between 6 August and 18 September, comprising 674 deaths and 2,998 injuries. Marib accounted for 1,690 cases, Taiz and the western coast for 1,349, and Lahj for 284 between 13 and 18 September alone. These figures include people of differing civilian or combatant status and must not be represented as civilian deaths alone.

On 29 October, Anadolu Agency reported a later WHO update indicating 1,677 deaths and 7,395 injuries as of 25 October, a combined total of 9,072 deaths and injuries. The September figure must not be added to the October figure because the series is cumulative. The latest cut-off date is used, with attribution to the reporting outlet when the original WHO statement carrying precisely these figures is unavailable.

Figure 5 | Latest Reported Cumulative Health-Related Casualties to 25 October

1,677 deaths + 7,395 injuries • Figures do not distinguish civilians from combatants • Update attributed to WHO through a news report.



On 14 October, the ICRC warned that some hospitals near front lines had treated more than 700 wounded people in a single week, according to data from particular facilities, while experiencing shortages of surgical equipment, anaesthetics and oxygen. ICRC health coordinator Firas Abu Samra said staff were under immense pressure while continuing to provide essential care for pregnant women, children and patients with chronic illnesses.

MSF recorded 567 emergency consultations and 45 deliveries at Mokha General Hospital between 10 September and 6 October. Over the same period, triage services in Al-Khawkhah received 2,122 patients. Mobile clinics in Aden and Lahj delivered 775 consultations up to 8 October, before MSF subsequently reported that they had exceeded 1,000 consultations in October. These are service activity records, not totals of people killed or injured.

13. Displacement Interrupts Treatment and Compounds Chronic Disease Risks

Displacement in western Yemen exceeded 300,000 people by early November, according to the International Organization for Migration (IOM). IOM's Displacement Tracking Matrix had recorded 286,711 people displaced between 1 August and 27 October, representing 47,779 households. The October update included 128,484 displaced people hosted in Taiz, 71,100 in Lahj and 53,016 in Aden. Because the November figure has a later cut-off date, it must not be added to the October figures.

Figure 6 | Growth in the Number of Displaced People Reported by IOM

286,711 between 1 August and 27 October • More than 300,000 by early November • Reporting cut-off dates differ.



On 21 October, MSF documented the experience of Maher, a fisherman displaced from Mokha with his family to Al-Atira camp in Lahj. He said they endured a difficult journey and had to sleep beneath trees for almost a week before receiving a tent. Medical teams described women who had received no antenatal care, others who delivered in unsuitable locations, and patients who arrived after exhausting their supplies of epilepsy, diabetes or hypertension medicine.

Fatima, a mother of eight displaced from Mokha, also spoke of the difficulty obtaining safe drinking water in the camp, while living with health problems and accompanying a child who needs a wheelchair. Her experience illustrates how displacement, disability and chronic illness intersect with shortages of water, shelter and medical transport; the danger extends beyond injuries sustained directly in fighting.

UNFPA's statement on 3 November indicated that women headed more than 33% of displaced households in the latest crisis and that women and children constituted more than half of displaced people. These circumstances heighten the need for services addressing pregnancy, disability and chronic conditions, as well as protecting girls from violence and exploitation. UNFPA also reported that the Rapid Response Mechanism had reached more than 182,000 people, although access barriers continued to threaten regular service delivery.

According to a more recent MSF field update on displacement, its mobile clinics in Lahj and Aden had provided more than 1,000 consultations since 15 September, compared with 775 consultations reported in the 8 October update. Common conditions included 245 cases of upper respiratory tract infection, 127 urinary tract infections and 79 cases of gastritis. Cases of acute watery diarrhoea in Al-Khawkhah rose from 28 to 52 in one week. The later total of more than 1,000 consultations must not be added to the earlier 775, as both concern successive updates of the same activity.

14. Public Health: Water, Waste and the Spread of Disease

In his 29 October interview, the governor of Taiz explained that the city's daily water requirement was estimated at 35,000 cubic metres, but before the latest siege only 5,000 cubic metres reached it. Additional sources were subsequently lost following Houthi control over Al-Dabab. UNICEF reported that the cost of tanker-delivered water had tripled following the escalation and that water pumping systems serving approximately three million people were at risk of stopping because of the diesel crisis.

At the same time, Houthi restrictions on access roads to landfill sites caused waste to accumulate in residential neighbourhoods and floodwater channels. The governor said the authorities had been forced to move rubbish from one street to another within the city, amid increasing reports of fevers and allergy symptoms. These conditions may increase the risk of waterborne, airborne and vector-borne diseases, particularly where sanitation and preventive health services are weakened.

SAM calls for guaranteed passage for water and fuel tankers and sanitation vehicles, independent pollution risk assessments, restoration of water pumping and sanitation services, and removal of waste away from civilian homes rather than exacerbating the crisis by burning it in residential areas.

A nationwide health update relayed by the UN spokesperson on 3 November recorded more than 22,500 suspected measles cases and approximately 130 related deaths, with around four fifths of the deaths occurring among children under five. These figures reflect the vulnerability of Yemen's infectious disease control system. They are not a death toll wholly attributable to the Taiz siege or the escalation beginning in August and must not be presented as such.

15. Legal Responsibility for the Siege and Attacks on Health Care

International humanitarian law prohibits intentional attacks on civilians, protected medical facilities and ambulances, as well as indiscriminate and disproportionate attacks, and requires all parties to a conflict to take feasible precautions to protect civilians. Wounded and sick people, medical personnel and medical facilities must be respected and protected and enabled to perform their humanitarian functions. Deliberately attacking a protected hospital or an ambulance on a medical mission may constitute a war crime when all legal elements are met.

Not every siege is inherently unlawful. However, using the starvation of civilians as a method of warfare is prohibited, as is destroying objects indispensable to their survival or arbitrarily obstructing relief. Evidence documented by Human Rights Watch and UNICEF, together with SAM's testimonies, shows that the Houthi closure of Taiz roads has had severe, foreseeable consequences for access to food, water, fuel, medicine and treatment. These consequences demand investigation into the relevant military decisions, restrictions and effects on civilian lives.

The Houthi group bears responsibility for attacks carried out by its forces and for unlawful restrictions on the city's roads and supplies. Accountability extends to those who ordered, planned or participated in the acts, and to commanders where the requirements for command responsibility are met. Incidents in which the weapon used, its source or the intended target are disputed require forensic and geospatial evidence and independent witness testimony before a final judicial determination can be reached.

16. Demands of SAM for Rights and Liberties

1. Lift the siege immediately: Reopen essential roads to Taiz for patients, ambulances, humanitarian assistance, fuel and medicines, and remove all unlawful Houthi restrictions.
2. Protect medical evacuations: End attacks on ambulances, medical teams and health workers; secure the movement of wounded people; and protect health facilities from attacks.
3. Replenish medical stocks: Supply fuel, oxygen, dialysis solutions, anaesthetics, surgical equipment and vaccine cold-chain resources, with daily stock monitoring.
4. Safeguard dialysis treatment: Secure the approximately 6,300 monthly sessions required by the centres covered by the reported data, and assist patients stranded outside the city or living near hospitals.
5. Protect mothers and infants: Provide obstetric referral services, neonatal incubators, fuel, oxygen and the necessary personnel, and support the Yemeni-Swedish Hospital and other facilities able to receive critical cases.
6. Preserve child immunisation and nutrition: Enable mobile vaccination and nutrition teams to operate in besieged areas and displacement camps, and ensure cold-chain supplies and therapeutic food.
7. Restore water and sanitation: Open roads for water tankers, pumping equipment and sanitation vehicles, and remove waste away from residential communities.
8. Tailor the response to displaced people: Provide mobile clinics, pregnancy follow-up, chronic disease care, medical referrals, safe water and adequate shelter for displaced people in Taiz, Lahj and Aden.
9. Investigate and ensure accountability: Open independent investigations into the attack on Al-Suqayya Health Centre, ambulance attacks and damage to medical facilities; preserve evidence; and identify individual and command responsibility.
10. Secure effective UN action: Call on the United Nations and influential states to guarantee humanitarian access, deliver immediate support to health facilities and monitor implementation on the ground rather than limiting their response to statements of condemnation.

11. Establish regular medical access corridors: Turn the four-truck delivery of 4 November into a permanent transit mechanism with published schedules, shipment quantities and beneficiary facilities, independently monitoring whether surgery supplies, oxygen, fuel and medical solutions reach Taiz hospitals.
12. Monitor attacks on health care: Reconcile nationwide records of 27 damaged health facilities, seven ambulances and six health workers killed with governorate-level records and WHO reports, document each incident separately and establish responsibility without double counting.

Final Conclusion

This documentation reveals an interconnected cycle affecting health care across Yemen, particularly in Taiz: shelling increases the number of people needing treatment; the Houthi siege interrupts deliveries and patient movement; shortages of fuel, oxygen and medicine then weaken lifesaving capacity; and displacement deprives patients of medication and follow-up care. The consequences are evident in the stories of children whose families could not reach hospital, dialysis patients sleeping near the machines that sustain them, and pregnant women confronting childbirth without medical care.

The developments of 4 November show that surgical supplies can reach Taiz despite restrictions, but isolated deliveries are no substitute for ending the siege and ensuring safe, daily, sustainable access for patients, health workers, medicines and fuel. The continuing decline in patients' ability to reach hospitals and mounting damage to medical facilities and ambulances require practical UN action and rigorous accountability for each attack, not merely the recording of risks.

SAM for Rights and Liberties holds the Houthi group directly responsible for the unlawful siege and attacks associated with its forces. It demands an immediate end to these violations, the reopening of roads to Taiz, protection for medical facilities and ambulances, and guaranteed supplies of essential resources to keep hospitals operating, alongside independent investigations, accountability for perpetrators, and redress for victims and their families.

Witness and Impact

SAM Rights & Liberties



SAM Rights & Liberties