Syrian Arab Republic

Country Cooperation Strategy

HEALTH SITUATION

Syria has been affected by six years of conflict, characterized by continued deterioration of the health situation. There are currently 13.5 million people in need of humanitarian aid within Syria, including over 6 million who have been internally displaced. Another 5 million people have sought shelter in neighboring countries and beyond. Over one third of the 13.5 million people in need inside Syria reside in hard-to-reach areas, including more than 643,000 people who live in besieged areas. 12.8 million people are in need of health care services. More than 300,000 people have been killed and over 1.5 million have been injured since the crisis began. A significant number of those injured who do not receive timely medical care will suffer lifelong disabilities. Nearly 300,000 pregnant women are not receiving care they need. There have been frequent outbreaks of diseases such as measles, pertussis and cutaneous leishmaniasis. There is an increased risk of cholera and other waterborne diseases due to poor water and sanitation conditions, frequent population movements, and the poor health status of the population. Around half the country’s children are missing out on life-saving vaccinations. One in 30 Syrians is estimated to be suffering from severe depression, psychosis or a disabling form of anxiety. More than 50% of public hospitals and primary health care centres are either out of service or functioning only partially. The health facilities that remain open are overloaded and suffer from shortages of staff, medicines, equipment and supplies, with additional challenges such as lack of safe water and frequent power cuts. Continuous attacks on health facilities have threatened the lives of healthcare workers and patients and resulted in major disruptions of referral services for ill and injured patients. Almost 60% of health professionals have left the country. Local production of medicines has been reduced to one third of pre-crisis levels. Many life-saving treatments are simply not available. Access to people in need of health services in hard-to-reach and besieged areas constitutes the main impediment to WHO’s emergency response operations.

HEALTH POLICIES AND SYSTEMS

The disruption of the health system throughout the Syrian Arab Republic has had a direct impact on the provision of primary, tertiary and secondary health care, including referral services, maternal and child health services, vaccination and nutrition programmes as well as health care for communicable and noncommunicable diseases. Before the crisis began, these services were provided free of charge by primary health care centres run by the Ministry of Health. In 2009, 95% of the rural population had access to primary health care services and 70% had access to secondary health care services. This crisis has devastated the health system and resulted in severely reduced access to health care.

The economic and financial sanctions on the country have indirectly exacerbated the health situation. Most health care facilities report shortages of medicines and supplies due to a weakened pharmaceutical industry and disrupted supply chains. Problems of maintenance and repair of medical equipment are common. Challenges to health care delivery include damaged operating theatres, emergency units and hospital wards and shortages of medical specialists, medicines and medical equipment. The public health issues facing the country include communicable diseases (tuberculosis, hepatitis A, and vaccine-preventable diseases), noncommunicable diseases (diabetes, hypertension, heart disease, and cancer), mental health and substance abuse, injuries, disabilities and rehabilitation, nutrition; reproductive, maternal, newborn, child and adolescent health.

In 2017, under the Humanitarian Response Plan for 2017 and the Strategic Framework for 2016–17 WHO will work in a coordinated manner to restore and expand essential health services and infrastructure, including the national Health Information System and immunization programmes. WHO’s interventions will aim to expand vaccination and health care delivery, improve the quality and functioning of health facilities. The Organization will also support the small-scale rehabilitation of health facilities to improve access for people in underserved areas. Moreover, WHO will donate medical equipment to health facilities and train engineers on maintenance. WHO will also donate medicines and medical supplies to primary and secondary health care facilities and will provide on-the-job supervision and monitoring of service delivery.

COOPERATION FOR HEALTH

WHO uses a multi-pronged approach to manage its strategic partnerships with a wide range of stakeholders including implementing partners. WHO works to expand access to government- and opposition-controlled areas according to needs. The Ministry of Health (MoH) leads the health sector in Syria. The Ministry of Higher Education (MoHE), with its network of teaching hospitals, is also an important health care provider. The Syrian Arab Red Crescent (SARC) provides specialized medical care. WHO works with the Ministry of Health to expand vaccination and health care delivery. WHO and its partners (and joint committees) improved information sharing, and strengthened cross-line and cross-border operations. WHO worked closely with the UN country team led by the Humanitarian Coordinator and with the Water, Sanitation and Hygiene, Nutrition and Logistics clusters to plan operations and pool resources.

On behalf of all health partners, WHO has consistently advocated for unhindered access to all areas in the country. The Organization maintains close links with the International Syria Support Group, the Office of the Special Envoy for Syria, the Syrian Arab Red Crescent (SARC), the International Committee of the Red Cross, and community and religious leaders across the country. The UN Security Council (UNSC) has played a key role in facilitating WHO’s interventions in Syria. WHO has strongly supported the work of the International Syria Support Group (ISSG) whose mandate is to find a diplomatic solution to the Syria crisis.

Sources of data:
- Global Health Observatory, May 2016
- http://apps.who.int/gho/data/node.ecco
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** | • Humanitarian Response Plan (HRP): Provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need.  
• Strategic Framework: Restore and expand more responsive essential services and infrastructure. |
| **STRATEGIC PRIORITY 2:** | • HRP: Strengthen health sector coordination and health information systems to improve the effectiveness of life-saving health response for people-in-need, with an emphasis on enhancing protection and increasing access for health.  
• Strategic Framework: Build capacity and support institutions to develop, implement and monitor evidence-based policies, strategies, plans and resilience programmes. |
| **STRATEGIC PRIORITY 3:** | • HRP: Improve access to health services and livelihoods by supporting community resilience, institutional and response capacity.  
• Strategic Framework: Improve socio-economic resilience of the Syrian people, including economic recovery and social inclusion. |