



15 March 2021 – Exactly 10 years after the conflict in Syria began, new challenges have emerged, perpetuating the suffering of Syrian people already exhausted by the ongoing conflict, violence, political fragility, and the burden of unmet socioeconomic needs. COVID-19 and the regional economic crisis have brought further devastation to individuals and communities all over Syria. Given the fragility of the situation, the capacity of the health system is likely to fall short of a successful response to COVID-19 and global efforts to stop its transmission.

With over 90% of the population living below the poverty line, many people cannot afford basic social services, including health care. The conflict has had a dramatic impact on all Syrians, but especially on the most vulnerable groups, such as women and children, internally displaced people and persons with disabilities.

As the situation is turning into a protracted emergency, overall needs are increasing. Out of 20.5 million people in Syria, more than half of the population are in dire need of health services. At least 15% of the population requires mental health and psychosocial services and this has increased since COVID-19, and shortages of safe drinking-water, due in part to the deliberate targeting of water networks, have left up to 35% of the population relying on alternative and often unsafe water sources. In northwest Syria, the number of people without access to safe water is much greater.

Almost one third of all people – most of them women and children – are still internally displaced in camps or camp-like settlements across the northwest and northeast with limited access to food, shelter, safe drinking-water, health and sanitation services. Many Syrians have suffered disabilities because of the conflict, and almost half are likely to have lifelong impairments that will require specialist support. With acute shortages of orthopedic and reconstructive services to treat critically injured people, and lack of emergency surgery for trauma patients, opportunities are limited to address the needs of these vulnerable populations.

People are prematurely dying due to lack of access to life-saving procedures and lack of medicines for managing chronic diseases. Some of the greatest humanitarian needs inside Syria are a result of high prevalence of noncommunicable diseases and lack of specialized treatment facilities for cancer, chronic diseases, injuries, and disabilities among the Syrian population.

The state of health care infrastructure is a matter of major concern. Nearly a quarter of all hospitals and one third of all primary health care centres remain non-functional and unable to respond to the growing health needs. According to recent WHO data, only 1 out of 16 public hospitals is fully functioning in northeast Syria, while other hospitals are either partially functioning or not functioning at all.

Economic downturn and high rates of inflation exacerbated by the COVID-19 pandemic have a dramatic impact on livelihoods. They also have significant impact on humanitarian programmes, affecting the capacity of humanitarian actors to effectively implement their projects and programmes in support of vulnerable children, women and men. Sanctions imposed on the country continue to aggravate an already overstretched situation, affecting all people and all sectors, reducing the health sector's capacity to respond to growing needs and health threats.

In northeast Syria, with its population of around 2.6 million people, the security situation remains volatile with pockets of violence contributing to overall instability and fragility. Internally displaced people in the area are some of the most vulnerable across the entire country, and most people living in camps are children under the age of 17 and women.

In northwest Syria, over two thirds of the Region's 4.1 million population (76% of whom are women and children) are internally displaced in camps across Idlib and northern Aleppo. Ongoing conflict means that host communities and displaced populations may be forced out of their homes and be displaced for more than one time with no guarantee of safety.

### **WHO on the frontlines of the response**

Despite all challenges, WHO responded to fast-changing concerns and demands with flexibility and agility. WHO works to reach all people across Syria through its main office in Damascus and sub-offices in Syria, complemented by cross-border operations from a northeast Syria and 5 subnational health sector groups. From Gaziantep, Turkey, WHO coordinates cross-border operations with more than 70 partners.

A network of more than 1700 health facilities across the country report to the WHO-supported disease surveillance system. This is critical to detect and respond to outbreaks quickly, especially in a country whose population is so vulnerable to infectious diseases.

Against the backdrop of a larger humanitarian emergency, WHO is working closely with other United Nations agencies and nongovernmental partners to implement a consolidated response to COVID-19. WHO is working with UNICEF and partners across all 14 governorates in Syria to bring vaccines to cover 20% of the high-risk population against COVID-19 through the COVAX Facility, including the northwest and northeast.

In 2020, together with donors, national, international, and local communities, WHO supported over 1 million medical procedures, more 8 million treatment courses, 700,000 outpatient consultations, including consultations/treatments related to mental health, psychosocial support, and trauma. In 2020, more than 2.6 million children were vaccinated against measles and polio.

WHO worked hand-in-hand with health care professionals to provide over 10 000 physical rehabilitation sessions; 1500 pregnant women received access to skilled birth attendant for

normal and emergency delivery; 12 000 patients were referred for specialized treatment; and thousands of health professionals were trained, including on COVID-19 clinical management, infection prevention and control, and surveillance and response.

People in Syria are caught up in a crisis that needs a political solution, and while these solutions are sought on the political level, WHO remains committed to continue its support to Syrian people, by protecting public health and serving the vulnerable people . Under our Regional vision, we are working to ensure “Health for All, by All” – including for the people of Syria.

On this anniversary date, let us remember that we must live up to our responsibilities in supporting the Syrian people; we must let them know that there is hope. Let us all, partners, donors, supporters make sure that we are rallying millions of generous people to provide ongoing relief.

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