

Primary Health Care

FACT SHEET | 2022

WHO Syria is working with partners to restore primary health care services and to foster capacity to better serve all Syrians' health needs going forward.

THE ISSUE

Eleven years of crisis and displacement have compromised the delivery of essential health services.

- Only about half of the country's fixed public health care facilities are fully functioning, forcing many Syrians to travel long distances to obtain basic medical care or to go without.
- Shortages of life-saving medications, essential supplies and elementary equipment ranging from x-ray machines and simple fetal monitors persist.
- More than 50% of experienced medical professionals have fled the country over the past decade, further limiting the capacity to respond to people's health needs.
- As a result, millions of Syrians do not have access to essential health services, which worsens health outcomes, shortens life expectancy and contributes to poverty.

HOW WHO HELPS

By getting primary health care (PHC) centers back up and running:

- In 2020-2021 nine PHC centers have been rehabilitated and equipped, with five more in the pipeline.
- Around 2,000 health facilities provide essential PHC services.
- Last year we delivered more than 42,000 outpatient consultations and over 2,2 million courses of life-saving medications.

By filling gaps in service delivery:

- Through partner NGOs twenty mobile clinics are now bringing care to people in areas of heightened need across the country.
- Last year we provided over 1,200 medical supplies and equipment as well as over half a million PPEs.
- We have signed partnership agreements with 44 non-state actors to provide essential services in areas with no other access to health care.



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What is primary health care?

Primary health care addresses the majority of a person's health needs throughout their lifetime. This includes physical, mental and social well-being and it is people-centred rather than disease-centred. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care.

A primary health care approach includes three components:

- Meeting people's health needs throughout their lives;
- Addressing the broader determinants of health through multisectoral policy and action; and
- Empowering individuals, families and communities to take charge of their own health.

The principles of PHC were first outlined in the Declaration of Alma-Ata in 1978, a seminal milestone in global health.

PHC, because it is about how best to provide health care and services to everyone, everywhere, is the most efficient and effective way to achieve health for all.

By building capacity to improve outcomes:

- In 2021 we've educated over 1,800 health staff on different PHC related topics and supported campaigns aimed at preventing diseases.
- We're supporting training of health workers on the use of donated equipment and of engineers on the ongoing maintenance to keep the equipment proper functioning.
- Training for school health educators focused on prevention of COVID-19 transmission among students taking national exams.



PRIMARY HEALTH CARE COMPONENTS

Source: WHO website

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

Cultivating a broadly functioning, resilient health care system in Syria takes investment, but will pay immediate dividends for individuals, families and communities.

Here are some ways to contribute:

- Sponsoring a primary health care center and nurturing its capabilities through financial support, staff training and supply provision
- Becoming the champion of a health condition treated under the PHC umbrella, providing expertise and/or funding for improving awareness and standards of care
- Contributing basic equipment and medications

These and other projects emphasize the value of health as a public good — one that is essential to post-crisis rebuilding.

Secondary health care

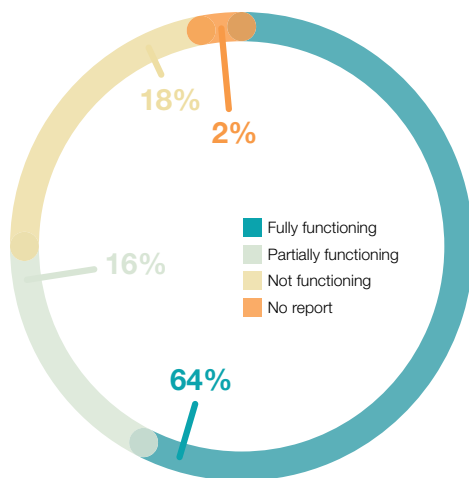
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Rebuilding hospitals is a prerequisite to improving health care quality, expanding access, and supporting system resilience.

THE ISSUE

Too many people in Syria die of preventable illnesses and injuries due to lack of beds, medicine and supply shortages, non-functioning equipment, weakened health system and overworked and undertrained staff.

- After 11 years of crisis, 40% of Syria's public hospitals are functioning only partially or not at all.
- Some hospitals have demonstrated remarkable resilience in continuing to provide services despite heavy damage, but others have become unusable.
- Fully functioning hospitals are not evenly distributed across the population. In the three governorates that comprise North-east Syria, for example, only 0.1-4.9 beds per 10,000 people are available while the international standards for emergency contexts are 18 beds per 10,000 population.
- All governorates, to varying degrees, do not have enough hospital capacity to address COVID-19 patients; in six governorates, the ratio of hospital beds to population falls short of even emergency standards.



**OPERATIONAL
STATUS OF SYRIA'S
208 HOSPITALS IN 2021**

- This shortage of beds has resulted in limited provision of certain health services, including but not limited to trauma services, intensive care, emergency obstetric care, cancer treatment, burn care and ICU.
- Even fully functioning hospitals have severe shortages of staff, medicines, equipment and supplies.
- More than half of Syria's health care workforce has left the country over the past decade.



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What is secondary health care?

Secondary health care encompasses treatment of acute illnesses, injuries or other health conditions, often in a hospital setting.

Secondary care includes hospital emergency department care, surgery, intensive care, skilled attendance in childbirth, and medical imaging services such as x-rays, CT scans and magnetic resonance imaging (MRI).

Major elements of a well-functioning secondary health care system or network include:

- Structures — the physical locations in which secondary care is available
- Equipment, from large machinery to small surgical tools
- Medicines and supplies, such as bandages and disinfectants
- Human resources
- Health information management system
- Funding

HOW WHO HELPS

By building capacity of health care workers:

- WHO continuously delivers training workshops to bolster capacity at all levels of health care.
- In 2021, various IPC workshops were attended both in person and virtually by 816 health care workers. Topics covered included IPC standards in the context of COVID-19, triage, hospital waste management, patient safety, monitoring sterilization standards, AMR and infectious disease surveillance, lab quality control, PPE donning and doffing.

By providing lifesaving medicines, equipment and treatment:

- Throughout 2021, 113 WHO-supported hospitals nationwide provided both outpatient consultations and treatments, including medical procedures and inpatient services, as well as the admission of patients to ICU. A total of 956,815 secondary and tertiary treatments were provided across the whole of Syria in 2021.
- Secondary health care in North-west Syria was supported at nine specialized hospitals. Although only one of the 16 hospitals in North-east Syria is under the administration of the Ministry of Health, we supported the delivery of supplies to all hospitals to ensure equitable provision of health care across the region.
- Supplies were delivered to upwards of 166 public, private and NGO hospitals across the country, including partners and contracted private hospitals receiving patients from IDP camps in North-east Syria.

By supporting administrative systems:

- Hospital administrators and clinicians need access to reliable health indicators to know what's going well, what needs to be strengthened, and to drive performance improvement.
- We provided the infrastructure for hospital information systems at seven public hospitals in 2021. An additional 13 hospitals were supplied with various ICT equipment.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

There have been bright spots of resilience in Syria's secondary health care sector, as well as examples of valiant personal commitment on the part of hospital workers. However, much work remains to be done to ensure quality and equity of access to secondary care across Syria. Needs are both urgent and long-range. Here are several suggestions for helping:

- Providing funding for hospital rebuilding and re-equipping in the most underserved areas
- Contributing advanced medical equipment, such as oxygen stations, diagnostic and x-ray machines, patient monitors, defibrillators, incubators, blood bank refrigerators) coupled with ancillary supplies and training on its use and long-term maintenance
- Contributing in-kind donations of masks, PPE, life-saving medicines, antibiotics, IV fluids, ICU and NCD medicines, dialysis supplies and other medical consumables.
- Designing and offering learning modules that can be put into immediate practice to improve standards of care
- Adopting a focal area such as trauma care, burn care or cancer treatment and fund a programme to elevate practice and results in that area

Your support will help ensure better outcomes for patients, for health care workers, and for the Syrian people collectively.

Non-Communicable Diseases

FACT SHEET | 2022

Innovative and flexible initiatives are easing some of the burdens that non-communicable diseases place on Syrian individuals and families, the broader society and the rebuilding effort. With sustained focus and funding, further progress is within reach.

THE ISSUE

Non-communicable diseases (NCDs) impose a heavy burden of death, disability and poverty in Syria:

- NCDs cause an estimated 45% of deaths in Syria. Cardiovascular disease alone accounts for 25% of all deaths.
- NCDs are increasingly prevalent among younger Syrians, raising the risk of premature death.
- Early detection, timely treatment and continuity of care are made even more difficult by the precarious state of the health care system.
- Delayed diagnosis, medication and staff shortages, and inconsistent treatment are some of the challenges being addressed by WHO and its partners.

HOW WHO HELPS

By delivering NCD interventions to tens of thousands of Syrians through primary health care (PHC):

- In an emergency situation with limited resources and widespread travel difficulties, linking NCDs to primary health care rather than to specialty care speeds diagnosis and improves access to treatment.
- We provide ongoing support to maintain continuity of NCD care at the PHC level by providing medications and technologies as part of an NCD package. In 2021, WHO supported the Ministry of Health (MOH) and NGOs with NCD medicines, including 232,948 insulin vials and 37 NCD kits with an estimated 100,000 treatment courses.
- WHO renovated 8 PHCs and 4 public hospitals in Homs, Aleppo, Qunitera and rural Damascus to enhance access coverage with essential health care at primary, secondary and tertiary levels.
- The country office in cooperation with the MOH strengthened the health information systems (HIS) at health district levels to collect data relevant to NCDs.
- In north-west Syria, we pioneered integration of NCD care at 16 public health clinics through on-the-job training, supervision and monitoring, addressing more than 26,000 individual NCD patients.
- We extended this approach to a second round of 48 clinics across north-west Syria, serving an additional 66,971 NCD patients and screening nearly 62,000 people for cardiovascular disease.



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By cultivating clinical skills in delivering consistent, patient-centered care:

- The Package of Essential Noncommunicable Disease (PEN) protocols establish screening standards, structured medication protocols, and consistent monitoring for NCDs in resource-limited settings.
- We trained more than 240 health workers in the PEN protocols; these new “NCD champions” in turn trained their colleagues in the nine pilot facilities. With our partner, we provided remote mentoring and support as the pilot facilities gained experience diagnosing and treating NCDs.
- We delivered specialized training in cancer care to 232 cancer registrars and oncologists at Ministry of Health and Higher Education (MoH/MoHE) facilities.
- More than 300 MOH and NGO staff across the country, including in north-east Syria, were trained on risk approaches, early detection, screening and management of NCDs as part of the Essential Package of Health Services.

By providing essential medications, equipment and systems to treat NCDs:

- We designed, built and delivered kits of 22 essential medicines to treat NCDs, tailoring their contents to the specific needs and context of the Syrian Arab Republic. Each kit contains a three-month supply of medicine to treat 90,000 people, along with field guides to treatment protocols.
- We supported MoH/MoHE oncology departments with medicines to treat cancer, supported the implementation of a Cancer Registry Automated System, and facilitated installation of a new CT scanner to enhance diagnostic capacity at Al Bairony oncology hospital (MOHE) located in rural Damascus.
- We supported the BASMA Children with Cancer Support Association, working at Al Bairony hospital, with medicines and equipment to enhance capacity to treat 400 children with cancer.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

More support is needed to continue to plug resource gaps and build capacity to address the prevalence of NCDs in Syria. There are several ways to join the effort:

- Supporting highly cost-effective public health campaigns for awareness and behaviour change around modifiable risk factors;
- Encouraging the integration of NCD risk-reducing strategies across public sectors, from health to education to transportation to agricultural policy and more;
- Helping to promote healthy lifestyles including regular practice of sport to prevent obesity, especially among children and youth, avoiding smoking and alcohol consumption, and following healthy diets;
- Ensuring adequate disease screening and management that, when delivered in a timely manner, can reduce the need for more expensive treatment in the future;
- Ensuring access to coverage at public and private health facilities; and
- Contributing life-saving medicines and equipment.

Your support saves people from suffering impoverished lives of chronic disease and premature death.

What are non-communicable diseases and why are they a priority?

Non-communicable diseases (NCDs) are chronic diseases that don't pass from person to person, such as cardiovascular disease, cancer, chronic respiratory, kidney illnesses and diabetes.

NCDs cause more than 40 million deaths each year, accounting for 71% of all deaths globally.

NCDs tend to be of longer duration. NCDs can make it difficult for people to earn a living, and the often punishing costs of obtaining treatment can drain household resources, forcing families into poverty.

The risk factors for NCDs include some forces outside an individual's control, such as family history and air and water pollution, but also behaviors that can be modified, such as tobacco and alcohol use, diet and physical activity.

Communicable diseases

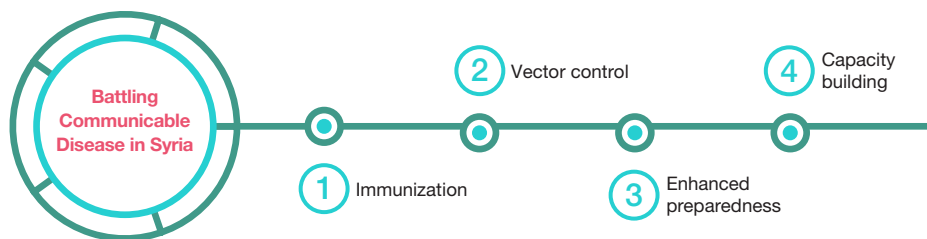
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WHO initiatives are reinforcing critical capabilities and bringing adaptability to the complex multi-front battle against communicable diseases in Syria.

THE ISSUE

The challenges to preventing and managing outbreaks of communicable disease in a humanitarian crisis like that in Syria are acute:

- Millions of displaced people—the world's largest internally displaced population—are living in dire conditions that facilitate the transmission of disease.
- The health care system cannot reliably meet the population's needs.
- Population movement and issues of access can delay or interrupt disease surveillance, diagnosis and treatment.
- Immunization rates for vaccine-preventable diseases are declining, resulting in periodic outbreaks. The COVID-19 pandemic has throttled back vaccinations further.
- Essential medicines are chronically in short supply, compounded by procurement and logistics challenges even when funds are available to purchase them.
- Reports from northern Syria describe high rates of communicable diseases, acute diarrhoea and influenza-like illnesses among the newly displaced.



HOW WHO HELPS

By strengthening disease prevention through immunization activities and targeted campaigns:

- We are providing technical and financial support to health authorities as they re-intensify vaccination activities with an Expanded Programme of Immunization (EPI).



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Communicable diseases in Syria

Rates of infectious disease are often elevated in conflict settings. People in Syria are at high risk of many different infectious diseases.

The immunization rate for **measles** remains too low at 71% in 2021; 95% coverage is required to eliminate the threat of outbreak.

Cholera remains an ever-present risk in overcrowded settings with limited supplies of safe water and sanitation.

Tuberculosis (TB) can become dangerously drug-resistant when treatment is interrupted. A person with active TB can infect 10-15 others over a year.

While Syria is on track to eradicate **polio**, wild poliovirus and outbreaks of vaccine-derived poliovirus in neighboring countries are a persistent concern.

Neglected tropical diseases are also widespread in Syria; in particular, **cutaneous leishmaniasis** is endemic.

Interrupted access to safe water supplies has compounded the threat of waterborne diseases such as **typhoid, hepatitis A** and **acute diarrhoea**.

- With partner financial support, we have provided induction and refresher training, and personal protective equipment (PPE) to vaccinators and surveillance staff.
- Outreach is key to the fight against vaccine-preventable diseases. We've procured mobile clinics equipped with x-ray machines to provide continuous tuberculosis (TB) services in remote areas.

By planning for and preventing worst-case scenarios:

- With our sustained support, the Early Warning and Response System (EWARS) has been expanded with new sentinel sites, reaching the total number of 1,386 sites and equipped with immediate notification capacity for disease alerts. The EWARS reporting is 84% complete.
- Left untreated, cholera can kill within hours so we're ready for fast action in case of an outbreak. We've trained health staff and pre-positioned contingency stocks of medicines and supplies.

By treating active infections:

- We've worked to ensure deliveries of TB and HIV medicines in non-government-controlled areas.
- We're supporting the TB programme in all Syrian governorates, as well as in North-east and North-west Syria by providing diagnostic services and treatment regimens for individuals with drug-susceptible TB.
- Several successful interventions have brought down rates of cutaneous leishmaniasis.

By safeguarding against polio:

- We supported complex supplementary polio campaigns targeting children under five in Syria.
- With WHO's support through training and provision of supplies and equipment, the National Polio Laboratory has become a sophisticated referral lab that meets global indicators for adequate AFP surveillance.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

Many Syrians have benefitted from these initiatives to prevent and address communicable diseases, but this is a battle that never ends. Outbreaks are a constant threat, especially in the context of protracted emergency. Donor support is essential to continue to prevent and alleviate suffering caused by infectious diseases.

Ways to support this work include:

- Funding for mobile facilities that can adapt to the movement of displaced people;
- Donations of essential medicines and supplies to treat communicable diseases;
- Support for further capacity building that strengthens disease surveillance, facilitates immunization campaigns, and accelerates response to outbreaks; and
- Contributions of PPE that keeps local and humanitarian staff safe as they immunize against and treat infectious diseases.

Mental Health and Psycho-social Support

FACT SHEET | 2022

In a setting brimming with stressors, WHO Syria and its partners are implementing resourceful strategies to dismantle barriers to treatment for people needing mental health care, reducing the suffering and promoting the well-being.

THE ISSUE

More than a decade of being exposed to the crisis, displacement, and economic hardship, compounded by the COVID-19 pandemic and other natural disasters, have inflicted extraordinary pressure on Syrian population's mental health and psychological wellbeing.

- An estimated 1 in 10 people in Syria are living with a mild to moderate mental health condition; 1 in 30 is likely to suffer from a more severe condition.
- 75% of people with mental health conditions in Syria receive no treatment at all.
- 1 out of 10 school age children need professional psychological help.
- Mental health conditions and gender-based violence are stigmatized, and people living with them often face discrimination.
- Shortages of qualified health care workers to address mental, neurological and substance use disorders is a critical barrier to deliver professional services for the people in need.

HOW WHO HELPS

By mainstreaming mental health concerns into the health system:

Why?	Results
It expands the range of settings in which people can seek and receive help.	Integrated mental health care is now provided in over 584 public health care facilities across Syria. 140,255 mhGAP consultations and 127,596 basic psychological interventions were delivered in 2021, and 7,052 advanced psychological counselling sessions were supported at public health centres.
It integrates mental health and physical concerns into a unified view of health and well-being.	WHO also distributed 280,848 treatment courses to over 50 health partners across the country, to support the provision of pharmaceutical therapeutic interventions for persons suffering from mental health conditions.
	Mental health concerns were included in COVID-19 response training underwent by more than 6,000 humanitarian personnel.



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By expanding the pool of professionals who can offer help and change attitudes:

Why?	Results
There is a widely held but mistaken impression that all mental health interventions can only be delivered by highly specialized staff like psychiatrists and psychologists. In fact, different evidence-based mental health interventions could be delivered by health care and community workers trained and supervised in consistent manner.	5,630 health and community workers got trained in a total of 264 workshops and courses delivered in partnership with the Ministry of Health, Ministry of Education, INGOs, and NGOs across the country. Topics addressed included depression, psychosis, bipolar disorder, suicide, stress disorders, epilepsy, and pharmaceutical and non-pharmaceutical interventions, including low intensity psychological, and counselling packages, self-care and psychological first aid., as well as first-line support for survivors of gender-based violence. The school mental health programme trained educators, counsellors and social workers on how to detect mental health disorders among children and to refer them for treatment. Training for journalists on communication around mental health and psychosocial support services and suicide prevention aimed at destigmatizing mental health conditions.

By scaling up the services provided:

Why?	Results
Building capacity for community-based and other innovative approaches ensures more help for individuals.	180,538 MHPSS consultations and services were delivered through 16 implementing partners operating in 234 locations across the country, including in hard-to-reach and emergency response areas. COVID-19 response continued to build on the achievements and lessons of 2021 with a new series of community campaigns focused on mental health and psychosocial support (MHPSS) key messages and disseminated under the risk communication and community engagement umbrella. Awareness raising sessions were delivered to combat stigma; help children, elderly and caregivers cope with stress; and enhance understanding of women's health, particularly as it relates to prevention of gender-based violence. Up to 287,700 unique services were delivered in Rural Damascus, Aleppo, Homs, Hama and Deir-ez-Zor through more than 18,000 different sessions and activities, including remote MHPSS consultations.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

These initiatives are changing thousands lives for the better and demonstrate that progress is possible even when conditions on the ground are increasing the prevalence of mental, neurological and substance use disorders. But the need for mental health care still goes far beyond what is being provided.

It will take commitment and determination — and financial and in-kind support from other countries and organizations — to ensure that people can get the care they need, and that systemic change takes root. Ways to help include:

- Support for induction, refresher, and advanced training of health care and community workers on evidence-based interventions for mental health spectrum conditions.
- Donations of psychotropic medications to treat conditions such as anxiety, depression, bipolar disorder, and psychosis.
- Support for awareness raising campaigns aimed at destigmatization, which will help further break down barriers to treatment for individuals with mental health conditions.

Why is mental health a priority?

Mental health is a state of well-being that enables people to cope with the normal stresses of life, to work productively and to contribute to their communities.

Mental health status and the overall wellbeing is determined by biological, psychological and social factors. Stressors beyond a person's control, especially when prolonged, increase the risk of mental health and physical problems such as anxiety and depression, substance use, post-traumatic stress disorder (PTSD), sleep problems and pain.

Mental, neurological and substance use disorders are substantially undertreated, particularly in low-income countries.

Mental health is often thought of as distinct from physical health, but they are interlinked components of overall health and should be addressed in an integrated way.

At a societal level, mental health policy should encompass both the treatment of disorders and prevention and promotion of mental health, with involvement from all sectors that touch on people's lives, from labour and education to housing and justice.

Trauma and Disability

FACT SHEET | 2022

Tens of thousands of Syrian children and adults have experienced traumatic injuries and are living with consequent disabilities. WHO Syria initiatives are helping to save and rebuild their lives.

THE ISSUE

Syria has a distinct trauma profile shaped by hostilities and a staggering prevalence of post-trauma disability:

- Firearms, explosives and shrapnel have caused tens of thousands of injuries to civilians in the decade since the conflict began.
- Disabilities are extraordinarily widespread in Syria. A 2019 national survey found that more than half of all households included at least one member living with a disability.
- Disabilities are affecting people of all ages; nearly one in three (27%) of people aged 12 and older were living with a disability.
- A significant proportion of the population, therefore, is in need of ongoing interventions to heal from injury and to recover function and independence.



HOW WHO HELPS

By strengthening acute care for traumatic injuries:

- We have supported the provision of specialized trauma and surgical kits, along with life-saving medicines and devices, to public health facilities. In 2020, these provisions delivered more than 1.7 million treatments to nearly 250,000 individuals.
- By 2021, we provided more than 60 ambulances to health partners, accelerating triage and treatment and improving accessibility to essential services for the most vulnerable populations.



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Why is trauma a priority issue?

Trauma is a bodily wound or shock produced by a sudden physical injury caused by accidents or violence. Trauma is characterized by the severity and location of the injury.

Traumatic injuries impose enormous burdens on individuals, families and society. The costs of emergency and speciality care are high. Trauma can also have significant long-term economic consequences, particularly if physical rehabilitation and other interventions to restore function (such as prosthetic devices) are unavailable, rendering an individual unable to work or in need of long-term care.

Exposure to trauma is pervasive in Syria, but 11 years of conflict have left the country insufficiently equipped to address the explicit costs and implicit toll of widespread exposure without assistance from WHO and other humanitarian organizations.

- We supported five field surgical units in rural Hama governorate that stabilized more than 4000 patients, including 3,547 who required immediate surgical intervention before being referred to other hospitals.
- We've covered the costs of more than 4,600 patients admitted for trauma and emergency care at three hospitals in North-east Syria.
- In North-west Syria, we worked with implementing partners to support two emergency trauma care hospitals that treated more than 10,000 trauma cases, including 1,195 hostility-related trauma consultations.

By supporting post-acute care and rehabilitation:

- We helped nearly 7,000 people with disabilities by providing a range of assistive devices.
- We supported 22,000 physiotherapy sessions aimed at restoring function.

By building capacity to treat trauma and disability:

- More than 2,500 health care workers received training on trauma care, mass casualty events, war wounds, spinal cord injuries, prostheses, and other relevant topics.
- Training for 575 physical therapists enhanced their skills in treating people with disabilities.
- Syrian physicians have been trained on the latest techniques in laparoscopy, intensive care, and other trauma-related procedures.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

Syria is in the midst of an epidemic of trauma. Emergency scenarios remain unfortunately frequent, and the lasting effects of traumatic injuries are inflicting a heavy burden on individuals, families and communities. More help is needed to ensure that people who have suffered a traumatic injury can receive immediate emergency care, specialized treatment, and rehabilitative services.

Furthermore, explosive remnants of war will continue to be a threat, especially to children, long after active hostilities cease, so building enduring capacity is essential.

Some ways to help include:

- Contributing surgical equipment and supplies that can be used to deliver life-saving care;
- Underwriting operational costs for services such as the transport of injured people to referral hospitals or the operation of a rehabilitation clinic;
- Donating assistive devices that help restore function and independence; and
- Facilitating knowledge transfer so that Syrian health care workers stay on the cutting edge of trauma and disability care.

COVID-19 Response

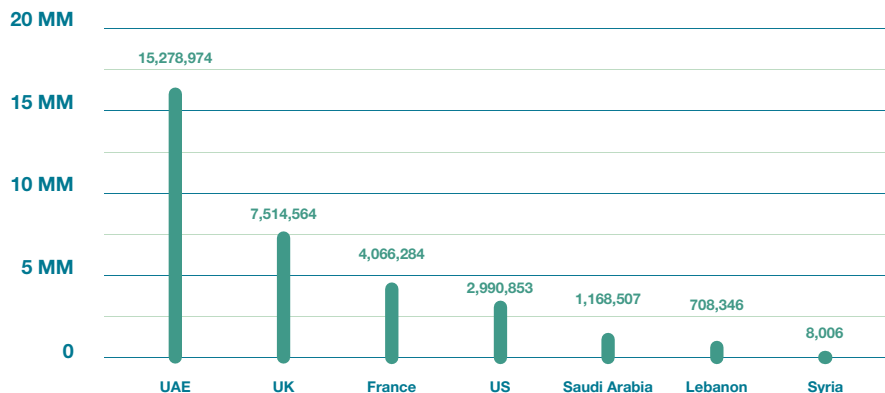
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Two years into the pandemic, Syria has already endured three waves of COVID-19 cases, and multiple variants have circulated. Strengthening testing capacity is essential to containing the spread and preventing more deaths.

THE ISSUE

The COVID-19 virus arrived in Syria at a time when there are few resources available to fight it.

- The testing rate is far below global public health guidelines. As of September 2021, around 2,000 of COVID-19 tests per 100,000 have been conducted on average throughout all governorates of Syria.
- There is no yet national capacity for SARS-COV-2 genome sequencing in Syria. WHO initiated the process of establishing genome sequencing capacity at the Central Public Health Laboratory in Damascus.
- The positivity rate, on the other hand, is high, which reinforces that surveillance is inadequate. Under WHO guidelines, broad surveillance would be expected to return a positivity rate between 3% and 12%. In some governorates in Syria, the positivity rate has exceeded 30% at the national level and 60% in some governorates.
- The limited number of COVID-19 vaccines were available only in April 2021 whereas other countries in the region received their vaccines much earlier.



**COVID-19 TESTS
PER 1 MILLION
POPULATION
AS OF 24/04/2022**

SOURCE: WORLDOMETERS



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Why strengthening testing is important

Robust testing capacity is essential in the most vulnerable places like Syria because:

- More than one-third of the population are internally displaced, and many live in conditions that both foster exposure and in which social distancing is practically impossible.
- Perilous economic conditions and rising food insecurity make some other measures such as lockdowns untenable.
- Seventy percent of the population is forecast to be vaccinated against COVID-19 by end 2022, so testing will remain an essential tool to protect those unvaccinated.

Rapid, accurate testing also provides data to evaluate risks and take action to prevent or slow the spread of the virus. Without data, communities can be affected by outbreaks.

HOW WHO HELPS

By building laboratory capacity:

- WHO has supported the national health authorities by providing testing kits, polymerase chain reaction (PCR) machines, and supplies. We outfitted the Central Public Health Laboratory in Damascus with PCR machines, air conditioners, refrigerators and a generator so that it is fully compliant with safety measures.
- By the end of 2021, WHO had helped establish 14 new testing labs nationwide, equipping them with PCR and GeneXpert machines, testing kits and other supplies. As a result, testing capacity rose dramatically between the onset of the pandemic.
- WHO provided MOH and health partners with SARS-COV-2 Ag-RDTs as a complementary method for diagnostic confirmation. WHO distributed 50,000 Ag RDTs to primary health care centres in all 14 governorates, in addition to 90,000 Ag-RDTs through school health directorates, and 30,000 tests in the north-east. The use of Ag-RDTs enabled to improve the detection of mild and moderate cases of COVID-19.

By strengthening surveillance:

- To bolster data-gathering, WHO prioritized the physical expansion of the EWARS system with the addition of 150 new sentinel sites in 2021, mostly in remote areas.
- Strengthening capacity on the human resource side was important as well. Surveillance and rapid response team officers receive training on case definition, reporting, case investigation, specimen collection and referral pathways. We also facilitated the development of an electronic interface to eliminate the delays that resulted from the previous use of paper-based formats.
- We are now supporting multi-page online dashboards with robust information on cases, ICU beds, quarantine centers, laboratories and more, organized by governorates.
- We have supported points of test care with Ag-RDTs of SARS-COV-2 at 88 health facilities.

HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

Expanded testing capacity will help refine epidemiological and infection control interventions and improve the safety of health care workers.

Vital support includes:

- Funding or contributing specimen collection, transport and PCR testing supplies, including nasopharyngeal swabs, tubes, PCR machines and reagents
- Support of Rapid Response Teams' capacity building and operational cost for timely investigation and sample collection
- Funding or contributing rapid diagnostic tests
- Supporting clinical outreach teams that communicate positive results and advise on next steps
- Contributing personal protective equipment (PPE) to keep specimen collectors and laboratory workers safe

COVID-19 vaccination

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WHO Syria is protecting the health and well-being of the Syrian people through working to bring more vaccines into the country and to broaden vaccine demand and administration capacity.

THE ISSUE

The COVID-19 pandemic has intensified Syria's health challenges and worsened its humanitarian crises. Widespread vaccination is one of the keys to alleviating the emergency caused by the pandemic and to strengthening Syria's fragile systems. But as of year-end 2021, just 4.1% of the population was fully vaccinated due to late and unpredictable delivery of vaccines.

Building trust in the vaccines and facilitating vaccine operations across Syria are top priorities in urgent need of additional funding. Significantly broader vaccination is essential to reduce deaths and hospitalizations, ease pressure on overwhelmed health care workers, and support sustainable rebuilding of health services.

HOW WHO HELPS

Executing a broad vaccination campaign is especially complex in the Syrian context, given its devastated health infrastructure and physical and political challenges. WHO Syria is using every tool to address the complexity: capacity, resources, supplies, persistent advocacy, adaptability and diplomacy.

Our work to date includes:

- Collaborating with the Ministry of Health and UNICEF on a comprehensive national strategy to enhance demand for the vaccine and to overcome vaccine hesitancy;
- Developing vaccine delivery strategies tailored to regional specifics and with special focus on protecting those most at risk of contracting, transmitting and suffering from COVID-19;
- Facilitating negotiations among different authorities to secure vaccine delivery and vaccination teams' access to camps, informal settlements and hard-to-reach areas;
- Coordinating with local, regional and international partners to minimise duplicative effort and maximise impact; and
- Developing solutions that address hurdles to uptake, such as a paper-based recordkeeping system that satisfied privacy concerns.



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HOW YOU CAN HELP SUSTAIN AND ACCELERATE PROGRESS

As of early 2022 Syria had received 8.3 million doses of COVID-19 vaccines through COVAX facility, in addition to 2.7 million doses received through bilateral agreements. These allocations are enough to cover 38% of the population. In the nearest future, over 3.7 million doses of vaccines are expected to be delivered through COVAX and will be sufficient to cover additional 18.2% of the population.

While the cost of the vaccines is covered by the COVAX initiative, the costs of administration and operations are not. Funding is a key part of addressing the many technical challenges, and WHO Syria is actively exploring innovative approaches with donors.

Some ways to help include:



- Supporting the operational costs of vaccine administration;



- Providing funding for expanded risk communication and community engagement initiatives that broaden vaccine demand;



- Donating or underwriting supplies used in the vaccination campaign, such as syringes with retractable needles, safety disposal bins for used sharps and refrigerated containers;



- Underwriting the costs of mobile vaccination teams; and



- Contributing personal protective equipment (PPE) to keep vaccinators safe.

COVID-19 VACCINATION TARGETS

As per updated National Deployment and Vaccination Plan



20% by end of
March 2022

40% by end of
June 2022

70% by end of
December 2022

North-east Syria

FACT SHEET | 2022

WHO Syria is delivering life-saving and life-sustaining services and supplies in North-east Syria, where the health of millions of people is in jeopardy.

THE ISSUE

Conditions in North-east Syria are increasing the vulnerability of millions of people:

- 697,106 people are internally displaced, and 260,433 are living in informal settlements and camps;
- Children's health is a major concern, with nearly 50% of reported morbidities among children under five;
- There are no fully functioning primary health centres and only one of the 16 public hospitals is fully functioning;
- There is a critical shortage of healthcare workers throughout North-east Syria, deepening existing health inequalities and vulnerabilities;
- The water crisis in North-east Syria continues having a long-lasting impact on health, leading to a sharp increase in the number of water-borne diseases.

At the same time needs are increasing, healthcare delivery is constrained by extensive damage to North-east Syria's health infrastructure and by ongoing violence and instability. Services are suspended and the referral system is significantly disrupted. Healthcare staff is unavailable and critical consignments of vital supplies are blocked or delayed. Environmental issues, lack of clean water and the COVID-19 pandemic compound the challenges.

The result of these complex problems is that hundreds of thousands of people are living without much-needed care, which further amplifies their vulnerability and puts them at risk of avoidable illnesses and deaths.

HOW WHO IS HELPING

WHO is coordinating the efforts of health sector partners to respond to the dire needs in North-east Syria, making the best use of available resources. Our interventions during 2021 included:

- The delivery and distribution of 414 tons of medical supplies by road and air;
- Activation of 27 health service provision points (mobile and static clinics);
- Reaching 191 clinics and 17 hospitals with pharmaceutical supplies;



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- Maintaining 4 nutrition stabilization centres;
- Support for 248 sites in 2021 in the communicable disease surveillance network;
- Coordinating and contributing to all COVID-19 response pillars, including the provision of hospital beds, mechanical ventilators, medicines for case management, and other vital equipment and more than 600,000 PEE items.
- Successful facilitation of the roll out of COVID-19 vaccination campaign across NES.
- Regular monitoring of water quality and distribution of 3,570,000 chlorin (water purification tablets) to WASH partners.

HOW YOU CAN HELP

The situation in North-east Syria has never been more challenging. Your support is essential to ensure that people can receive much-needed healthcare.

At present, there are simply not enough resources in North-east Syria to save people from avoidable adverse health outcomes. Staff, equipment, and supplies are all limited. The extremely limited access to secondary healthcare is putting the lives of thousands of people with medical and surgical emergencies at risk across North-east Syria.

WHO and its health sector partners need additional resources and financial support to protect the vulnerable communities in North-east Syria through:



- Enhancing the supply chain and ensuring its continuity;



- Expanding health provision points and increasing health coverage;



- Supporting hospitals to provide advanced secondary and tertiary healthcare services;



- Strengthening preparedness and response to outbreaks; and



- Increasing COVID-19 vaccine coverage.

North-west Syria

FACT SHEET | 2022

WHO is working to respond to the pressing health needs of people in North-west Syria, where service delivery is severely constrained by lack of capacity, funding gaps and restricted access.

THE ISSUE

Seventy percent of the people in North-west Syria—3.1 million out of a population of 4.4 million—are in acute need of health assistance.

By virtually every measure, circumstances in North-west Syria are grim. Civilians have endured a decade of crisis, violence and multiple displacements due to ongoing hostilities. Attacks on health facilities and the destruction of health infrastructure are constraining the delivery of health services. The additional blow of the COVID-19 pandemic has further restricted access and delayed the importation of essential goods from the WHO Field Office in Gaziantep, Turkey.

People in North-west Syria are not able to reliably meet their own basic needs, which are extensive. In the chaos of displacement, immediate needs—food, shelter, winterization and cash—take priority. As displacement slows and people settle into camps, the ongoing needs of the displaced and of the communities hosting them come into focus. In North-west Syria, those needs are projected to include:

- Care for non-communicable illnesses;
- Maternal care; and
- Immunization against life-threatening vaccine-preventable illnesses.

HOW WHO IS HELPING

There are many opportunities to improve health services in North-west Syria. The health system is fragmented; many communities are underserved while others are overserved, and there are discrepancies between urban and rural areas, so rationalizing coverage is a priority. An inadequate transport system compounds the difficulties created by uneven coverage. Syria's heroic healthcare workers would benefit from further capacity building, and enhanced infection control measures in healthcare settings would be beneficial to all.



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WHO's work to address these issues includes:

- Taking steps to improve continuity of care across health facilities;
- Improving access to good-quality primary and secondary health care services for underserved people;
- Identifying high-priority readiness gaps in the event of increased hostilities and renewed displacement; and
- Hiring 100 more paramedics and nurses and procuring an additional 20 transport vehicles.



HOW YOU CAN HELP

Reading about the humanitarian needs in North-west Syria may feel overwhelming—because the needs are in fact staggering. For the last two years budgeted needs far outstripped available funds. The pandemic worsened the situation by forcing partners to redirect funds from planned projects into the pandemic response. Many partners have depleted all available resources.

Imagine witnessing these needs in person, but lacking funds to respond. Imagine watching predictable disasters unfold in real time, knowing that funding could have changed the outcome.

Financial support for budgeted needs in North-west Syria can change this trajectory. Financial donation can ensure that a measles outbreak isn't inevitable; that high blood pressure doesn't result in an incapacitating stroke; that a mother doesn't die during childbirth; that a saveable patient can be transported to a higher level of care; that health care workers aren't exposed to life-threatening illnesses by the patients they care for.

Millions of people in North-west Syria have lost almost everything. Health care is imperative to helping them rebuild shattered lives.

Current health threats in northwest Syria

Children are under-vaccinated, heightening the risk of outbreaks in crowded settings such as camps, where the risk of transmission is higher.

Cases of multidrug-resistant tuberculosis, which requires treatment and care capacity that does not exist in North-west Syria, have also been identified.

Incidence of life-threatening visceral leishmaniasis doubled in 2020.

The use of antibiotics is haphazard and unmonitored, increasing the risk of antimicrobial resistance.