

# Turning Hopes Into Realities



# Hope requires actions to grow

By improving access to better health care facilities, WHO continues to turn the hopes of Syria's women, men, girls and boys into realities.





**Sarah**  
**was unable**  
**to go back to**  
**school**

Because she needed  
to heal from the  
wounds of conflict and  
displacement

**Ammar**  
needs  
more than  
just a toy



Ammar also needs  
vaccinations to prevent  
infectious diseases

**Haj Omar**  
was unable  
to get a  
desk for his  
daughter

He also couldn't  
obtain the medication  
she needed to  
overcome cancer



# Message of Hope

The humanitarian situation in Syria remains severe, however, we must not forget that we have been able to save countless lives, families, and communities. This should motivate us to build upon our work and continue supporting the most vulnerable groups.

The humanitarian situation in Syria remains severe. Syrians witness crisis upon crisis with ongoing hostilities, socio-economic deterioration, growing inequalities, and an unrelenting pandemic. In 2022, 12.2 million people are in need of health services, of which over 6 million people are displaced.

However, we must not forget that countless lives have been saved, families healed, and communities supported through the efforts of national and international partners. Through WHO-led efforts, the health services are not only maintaining functioning but also sustainably expanding their capacity. In 2021, almost 10 million treatment courses

were provided through WHO-supported health providers, nearly 3 million medical procedures were delivered, more than 2 million doses of COVID-19 vaccination were administered, and more than 3,000 tonnes of medical supplies were provided.

The international community has not forgotten about the Syrian people. The Syrian Humanitarian Response Plan is one of the biggest in the world and has one of the world's most complex humanitarian operations, which gives us an opportunity to build upon our work and continue supporting the most vulnerable groups – girls, boys, women and men of Syria.



# Forward

WHO continues to support health service provision through innovative and flexible initiatives to address the increased health needs of the Syrian population and ease the health-related burden on Syrians.

Syria is experiencing a protracted political and socio-economic crisis that has resulted in a severe deterioration of living conditions. The already fragile health system is overstretched with additional strain from the COVID-19 pandemic.

Over six million people are internally displaced and 5.6 million people have fled the country as refugees. At

least 12.2 million people are in need of health assistance. The essential health service infrastructure such as hospitals and health centers are in a state of disrepair. There is a chronic shortage of health care staff as up to 50% of the health workforce is estimated to have left the country.

These gaps can only be addressed with long-term investments as WHO continues to support health service provision using a Whole of Syria coordination and response approach, targeting people in need by using the most direct route.

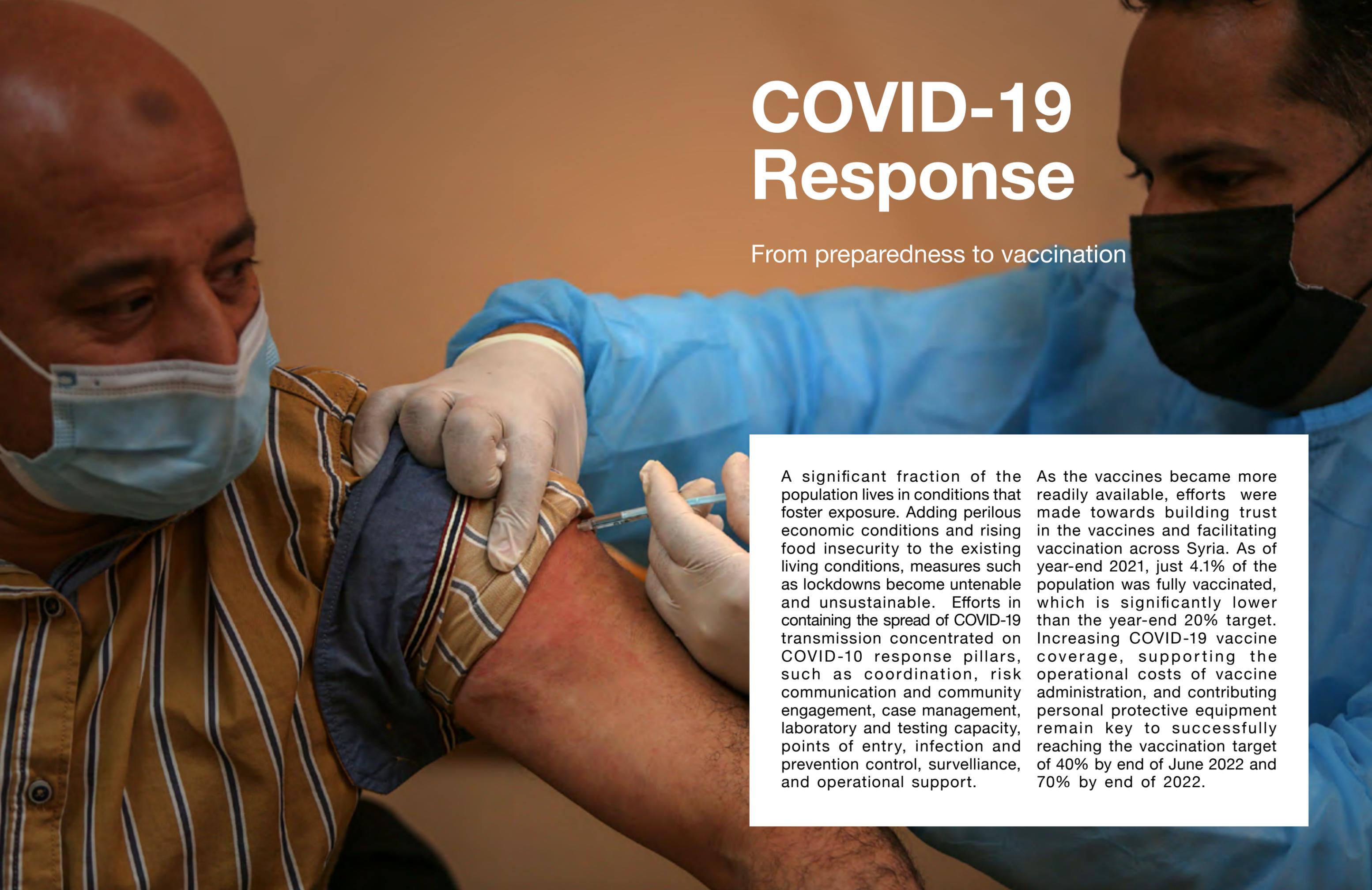


# Leading the Health Response

WHO remains the leading organization coordinating health-related activities within and across different geographic zones. WHO strives to ensure delivery of health services equitably throughout the country through a Whole of Syria approach, optimize the delivery of health care and avoid duplication of efforts and waste of resources. To this end, the Organization supports service provision through diverse

actors and acts in coordination with various NGOs, national authorities and UN agencies not only in Syria but also across the borders. The Organization works particularly closely with the national health authorities to set the priorities and required strategies to achieve delivery of much-needed health capacity and services equitably throughout the country.





# COVID-19 Response

From preparedness to vaccination

A significant fraction of the population lives in conditions that foster exposure. Adding perilous economic conditions and rising food insecurity to the existing living conditions, measures such as lockdowns become untenable and unsustainable. Efforts in containing the spread of COVID-19 transmission concentrated on COVID-10 response pillars, such as coordination, risk communication and community engagement, case management, laboratory and testing capacity, points of entry, infection and prevention control, surveillance, and operational support.

As the vaccines became more readily available, efforts were made towards building trust in the vaccines and facilitating vaccination across Syria. As of year-end 2021, just 4.1% of the population was fully vaccinated, which is significantly lower than the year-end 20% target. Increasing COVID-19 vaccine coverage, supporting the operational costs of vaccine administration, and contributing personal protective equipment remain key to successfully reaching the vaccination target of 40% by end of June 2022 and 70% by end of 2022.

# Universal Health Coverage

The provision of quality health services to everybody without discrimination of any kind and without exposing people to financial hardship is one of the targets of SDG 3. Achieving UHC means ensuring healthy lives and promoting well-being for all.

The provision of quality health services to everybody without discrimination of any kind and without exposing people to financial hardship would be one of the greatest achievements for the Syrian population. To this end, WHO initiated an assessment study of the private health care sector in Syria to assess the current and potential role of the private sector in ensuring universal health coverage (UHC). Furthermore, all WHO interventions aim not only

at responding to the immediate needs of the Syrian people but also enhancing the sustainability of the health sector with a view to facilitating UHC. This is well documented in WHO's efforts to support the rehabilitation of health care facilities in order to enhance the long-term capacity of primary health centres to provide UHC, or in the Organisation's role in strengthening the referral system, which is a key to the achievement of UHC.

# Cross-line and Cross-border Support



WHO is addressing the pressing health needs of people in northeast and northwest Syria, which are out of the control of the Government of Syria, through its cross-line and cross-border activities.

To date, almost all WHO supplies to northwest Syria have been delivered cross-border from Turkey and coordinated by the WHO field presence in Gaziantep. In 2021, over 1,360 metric tonnes of medical supplies were transported from Turkey.

Since early 2020, access to territories in the northeast through the border with Iraq had been revoked, meaning that WHO has

to support the millions of people in northeast Syria from its base in Damascus through a cross-line approach. In 2021, WHO was among the UN agencies to send a cross-line convoy of supplies cross-line, which was only the second such cross-line delivery of humanitarian assistance into northwest Syria since 2017. In total, 414 tonnes of medical supplies were delivered in 2021.

# Primary Health Care

WHO supports restoring primary health care services to serve health needs of all people in Syria.

About half of the fixed public healthcare facilities are fully functioning, more than 50% of the experienced medical professionals have left the country, and there is huge shortage of life-saving medications. As a result, millions of Syrians have no access to essential health services.

This situation forces many Syrians to travel long distances in search of basic medical care or they go without it. This further worsens health outcomes, shortens life expectancy, and contributes to poverty.

By restoring primary health care services, WHO aims to meet people's health needs, address the

broader determinants of health, and empower individuals, families and communities to take charge of their own health. In achieving these goals, nine PHC centers have been rehabilitated and equipped, and more than 42,000 outpatient consultations and over 2.2 million courses of life-saving medications were delivered in 2021-2022.

In addition, WHO aims to fill gaps in service delivery and build capacity to improve outcomes by partnering with NGOs, providing medical supplies and equipment, or training and educating persons working in the health sector.



# Secondary Health Care

Rebuilding hospitals to improve health care quality, expand access to services and support health system resilience

Too many people in Syria die of preventable illnesses and injuries. Even though some hospitals have demonstrated remarkable resilience, the health care system remains stressed due to lack of beds, medicine and supply shortages, non-functioning equipment, and overworked and undertrained staff. COVID-19 pandemic is further aggravating the situation as not all governorates have enough hospital capacity to address COVID-19 patients.

By building the capacity of health care workers, providing lifesaving medicines or equipment, and by supporting administrative systems, WHO aims to strengthen the major elements of a well-functioning secondary health care system. In 2021, 20 hospitals

were provided with infrastructure for hospital information systems or were supplied with various information and communications technology equipment. Infection prevention and control workshops were attended by 816 health care workers and 113 WHO-supported hospitals provided outpatient consultations and treatments (secondary and tertiary treatments reached almost 1 million).

However, more remains to be done to ensure quality and equity of access to secondary care across Syria in terms of providing funding for hospital rebuilding and re-equipping or designing and offering learning modules that can be put into immediate practice to improve standards of care.

# Noncommunicable Diseases

Innovative and flexible initiatives easing some of the burdens caused by noncommunicable diseases

NCDs cause an estimated 45% of deaths in Syrians and are increasingly prevalent among younger population. 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.

Priority is given to delivering NCD interventions to tens of thousands of Syrians through primary health care, cultivating clinical skills in delivering consistent patient-

centered care, and providing essential medications, equipment and systems. More than 700 persons were trained in various issues related to medication protocols or early detection, screening and management of NCDs.

Nevertheless, more can be done to support highly cost-effective public health campaigns, promote healthy lifestyles or ensure adequate disease screening and management.

# Communicable Diseases

Reinforcing critical capabilities and bringing adaptability to the complex multi-front battle against communicable diseases in Syria

Rates of infectious diseases are often elevated in crisis settings. People in Syria are at high risk of many different infectious diseases and the challenges to preventing and managing outbreaks of communicable disease in a humanitarian crisis are acute.

Through WHO and its partners' efforts, vaccinators and surveillance staff have been provided with induction and refresher training, mobile clinics equipped with x-ray machines and vaccination activities are re-intensified. These and other projects serve to strengthen disease prevention through

immunization activities, treat active infections, safeguard against polio, and plan for and prevent worst-case scenarios.

Despite these efforts, the immunization rate for measles remained low at 71% in 2021, the risk of catching Cholera remained ever-present, tropical diseases such as cutaneous leishmaniasis remained endemic, and the threat of waterborne diseases has increased. That is why additional funding for mobile facilities and essential medicines and supplies is still needed.

# Routine Immunization

WHO continues to strengthen public health programmes and implement a variety of immunization activities in Syria.



The Vaccine Alliance Gavi, with the backing of WHO, allocated over 16 million USD towards the enhancement of immunization activities in the country in 2021-2023. Across all governorates, WHO financially and technically supports supervisory visits, distribution of vaccines, surveillance activities. The Organization utilizes three tactics to ensure expanded reach. First is establishing fixed vaccination sites - approximately 986 immunization centres currently function in Government

of Syria controlled areas including northeast Syria, while 93 teams and centres are active in northwest Syria. The second is targeting unimmunized children through two seven-day Expanded Programme of Immunization vaccination initiatives in Government-controlled areas and northeast Syria. Finally, periodic intensification of routine immunization was conducted every quarter of 2021 in areas with a deficiency in fixed sites, each time targeting up to 65,000 children below 5 years of age.

# Mental Health and Psycho-Social Support

Dismantling barriers for mental health care treatment

More than a decade of the crisis matched with the COVID-19 pandemic have inflicted extraordinary pressure on the Syrian population's mental health and psychological wellbeing. It is estimated that 75% of people with mental health conditions in Syria receive no treatment at all and that 1 in 10 people in Syria are living with a mild to moderate mental health condition. Through its projects, WHO expands the range of settings in which people can seek and receive help and

integrates mental health and physical concerns into a unified view of health and well-being. In addition to educators, counselors and social workers and journalists working on these issues, 5,630 health and community workers received relevant training in 2021 in partnership with various actors to expand the pool of professionals. Additionally, with the aim to scale up the services provided, 180,538 MHPSS consultations and services were delivered across 234 locations in the country.

# Gender-Based Violence

The prevention of and response to gender-based violence (GBV) across the health sector in Syria was institutionalized by WHO in 2018. Health services can provide critical, time-sensitive interventions that prevent, mitigate and treat some of the health consequences of GBV and connect survivors to services that improve their wellbeing. Mental health and psychosocial support services (MHPSS) are a critical entry point for helping GBV survivors and, as such, WHO has gradually introduced GBV services into health and community facilities in recent years rather than presenting them as isolated projects.

WHO plans and implements an intense series of GBV activities every year during the '16 Days of

Activism.' The year 2021 was no exception - three WHO-supported campaigns addressed women's health and GBV. Activities were administered by 130 health and community workers who also received training and were supported by WHO technical teams.

The campaign ran for 35 days and activities included engagement with the community through social listening, focus group discussions and individual consultations. Some of the aims of the campaign were to raise awareness about violence against women, promote gender equality, women's human rights and women's right to health, and provide the community with stress coping skills and self-care strategies.



# Trauma and Disability

A person is seen from behind, sitting in a wheelchair and walking on a grassy hill. The sun is low on the horizon, creating a strong lens flare and casting a warm, golden light over the scene. The person's hands are on the wheelchair's handles, and their legs are visible in the foreground. The background shows a hazy, mountainous landscape under a bright sky.

Tens of thousands of Syrian children and adults have experienced traumatic injuries and live with consequent disabilities. The country is insufficiently equipped to address the explicit costs and implicit toll of widespread exposure without external assistance. 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.

Understanding the gravity of the situation, WHO is strengthening acute and post-acute care for traumatic injuries by providing specialized trauma and surgical kits, along with life-saving medicines and devices, to public health facilities. In addition, WHO and partners implemented various training programs to build capacity to treat trauma and disability.

# Reproductive, Maternal, Newborn, Child and Adolescent Health

Improving reproductive, maternal, newborn, child and adolescent health is one of WHO key priorities, grounded in a human rights approach.

The fertility rate in Syria remains significantly high for a country with limited health capacity and severely depleted health care. As no less than 50% of medical professionals have fled the country, child health care is in limited access.

However, in 2021 alone, at WHO-supported non-governmental hospitals, a total of 457 normal deliveries and 774 cesarean section deliveries were carried out. Furthermore, WHO supported primary health care facilities include fixed sites and mobile clinics that address reproductive and child health.

In addition, WHO has been supporting capacity building for medical professionals responsible for the delivery of prenatal and postpartum care, in addition to the high-level capacity building training in safe maternal and newborn care for renowned university professors and health professionals. WHO has also been coordinating the development of a capacity-building workshop for midwives focused on essential interventions for noncommunicable diseases.

# Nutrition

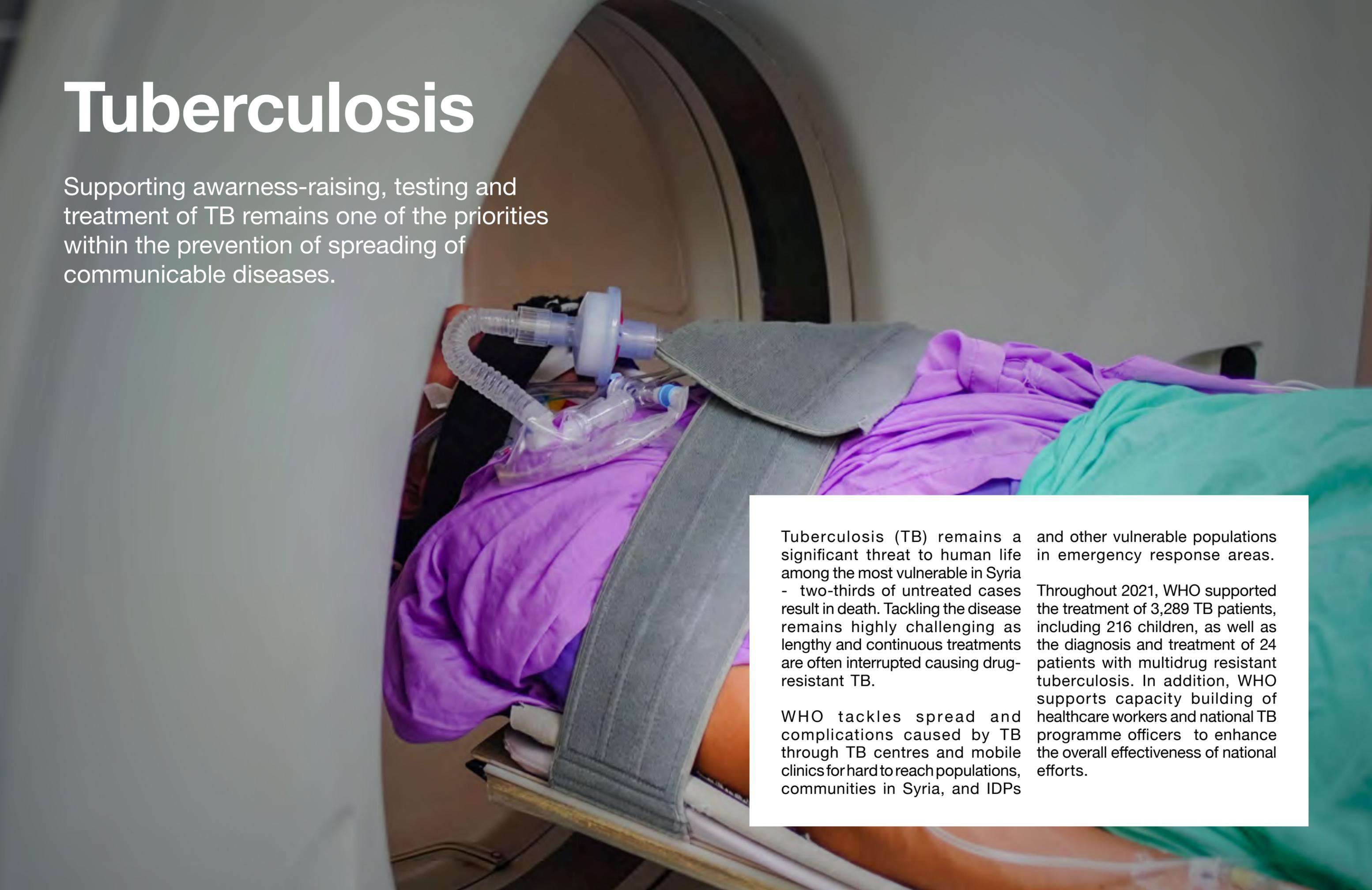
Through the WHO-implemented Integrated Management of Childhood Illness (IMCI) programme, more than 1 million children were screened by health care workers and over 1 million nutrition-related services were delivered.

WHO expanded its Integrated Management of Childhood Illness programme which is currently implemented in 538 health care centres and adopts an integrated approach to child health in order to reduce instances of death, illness and disability and to promote improved growth and development. Similarly, nutrition surveillance was also expanded in 2021 to include

968 health centers and over a million nutrition-related delivered services.

Additionally, WHO supports various capacity workshops related to malnutrition and participated in the development of the Syrian Nutrition Action Plan for 2022-2025.

# Tuberculosis

A photograph of a patient lying in a hospital bed. The patient is covered with a purple blanket and a grey blanket. Medical equipment, including a clear plastic oxygen mask and various tubes, is connected to the patient's face. The background shows the head of the bed and a white wall.

Supporting awareness-raising, testing and treatment of TB remains one of the priorities within the prevention of spreading of communicable diseases.

Tuberculosis (TB) remains a significant threat to human life among the most vulnerable in Syria - two-thirds of untreated cases result in death. Tackling the disease remains highly challenging as lengthy and continuous treatments are often interrupted causing drug-resistant TB.

WHO tackles spread and complications caused by TB through TB centres and mobile clinics for hard to reach populations, communities in Syria, and IDPs

and other vulnerable populations in emergency response areas.

Throughout 2021, WHO supported the treatment of 3,289 TB patients, including 216 children, as well as the diagnosis and treatment of 24 patients with multidrug resistant tuberculosis. In addition, WHO supports capacity building of healthcare workers and national TB programme officers to enhance the overall effectiveness of national efforts.

# Human Immunodeficiency Virus

In Syria, a total of 39 people were diagnosed with HIV.

To support the ongoing detection of cases, WHO delivered 19,968 HIV testing kits and 30,000 HIV rapid diagnostic kits to the National AIDS Programme (NAP), run by national health authorities. Together with partner NGOs, WHO delivered a series of awareness-raising sessions testing in 2021. In addition, a series of WHO-delivered

workshops throughout the year addressed a variety of topics, such as partner notification guidelines, updated treatment protocols, voluntary counseling and testing, and prevention of mother to child infection transmission, and were attended by 360 health workers and officers from NAP.

# Environmental Health

Environmental health is a cross-cutting concern that demands collaboration between various authorities in the design and implementation of measures relating to water safety, medical waste management, and food safety.

WHO enhances the provision of quality water and mitigates the impact of water-borne diseases through regular monitoring and testing of water for bacterial, chemical, or biological contamination, provision of sanitation supplies and awareness-raising sessions for more than 85,000 beneficiaries.

WHO continues its work in enhancing and promoting concepts of personal hygiene, environmental sanitation

and the importance of rational and safe use of drinking water. As part of the Environmental Day campaign in 2021, the Organization donated more than 500 waste containers, three pumps and 2,500 masks to local authorities to better implement measures relating to water safety, medical waste management, and food safety.



# Essential Medicines and Supplies

WHO has been supporting the provision of the Essential List of Medicines to health authorities across Whole of Syria.

Before the crisis, Syria boasted 78 operational pharmaceutical factories that exported to 54 countries. Now, local production is not sufficient to meet domestic needs for essential medicines and the country is highly dependent on external supplies.

The purchasing power of people deteriorated incredibly. Prior to 2011, the Syrian family spent some of 1.5% of a family's average household expenditure on medicines.

Nowadays, this can reach up to 50% for a normal noncommunicable disease prescription.

WHO delivers medicines, medical equipment and supplies for diagnosis and treatment of cancer, TB, kidney failures, and other diseases. The Organization supports the country with developing and supplying an essential list of medicines.

# Health Information Systems

WHO supports the enhancement of information systems through collecting and analysing health data through its network of partners; the provision of infrastructure supplies and specialized training workshops.



Despite WHO's efforts in supporting the enhancement of information systems through the provision of infrastructure supplies and specialized training workshops, the fragmented information system of Syria's hospitals significantly challenges access to reliable data related to public hospitals and health indicators. Northwest and northeast Syria remain the areas most affected and most in need of assistance.

WHO continues to produce and disseminate several products and maintain several information platforms to ensure information is shared with partners nationwide. At the same time,

WHO representatives attend several regular and ad-hoc meetings throughout the year to enhance coordination and share information with local NGOs about procedural developments and train them in the use of information management platforms.

The Organization also develops its own data gathering tools, such as online questionnaire assessments for mental health supplies required by partners providing MH services. A blood bank survey was also created to map out the current services available and to identify any gaps.

# Health Promotion



Health promotion is the process of enabling people to improve their health and increase their control over it.

WHO's core mission is to promote health, alongside keeping the world safe and serving the vulnerable. Beyond fighting disease, we will work to ensure healthy lives and promote well-being for all at all ages, leaving no-one behind.

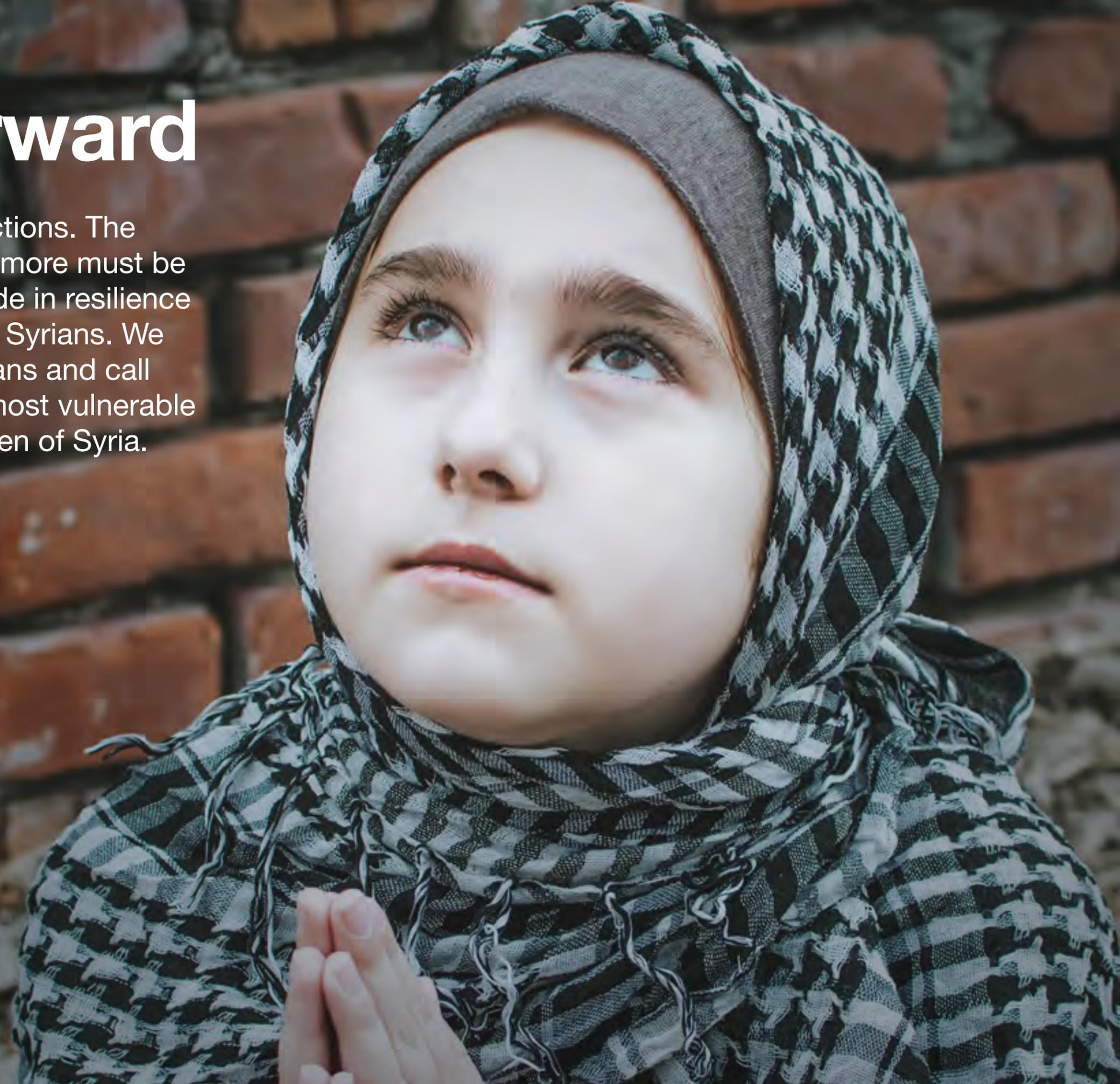
WHO promotes health and healthy practices in Syria through various means and forms. In addition to promoting healthy hygiene practices, awareness campaigns and informative workplace aids, WHO promoted the COVID-19 vaccine, and advocated for compliance with public health and social measures, such as mask-wearing and social distancing during the COVID-19 outbreak.

Additionally, WHO supported the consolidation of a series of oral health activities regarding preventive and health promotion sessions, together with campaigns and workshops against smoking.

Throughout the year 2021, WHO also worked to enhance and promote concepts of personal hygiene, environmental sanitation and the importance of rational and safe use of drinking water. Similarly, volunteers were trained in the promotion of hand washing, food safety practice, and water treatment before visiting households individually to deliver key messages and distribute brochures and chlorine tablets.

# Looking Forward

Great hopes are fulfilled by great actions. The progress to date is substantial, but more must be done and investments must be made in resilience activities to ensure the wellbeing of Syrians. We continue our actions to fulfill our plans and call others to continue supporting the most vulnerable groups – girls, boys, women and men of Syria.





The trap of hope is time. Don't let him stay longer.

**ACT NOW**

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