

# ANNUAL REPORT 2020

World Health Organization  
Syrian Arab Republic



World Health  
Organization

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# CONTENTS

4 FOREWORD

7 OVERVIEW

10 LEADING THE HEALTH RESPONSE

10 Coordinating the health response

12 Working with partners

13 COVID-19 RESPONSE

18 PUBLIC HEALTH AREAS OF RESPONSE

18 Primary health care

21 Secondary health care

24 Trauma care

25 Referrals

26 Haemodialysis services

28 Gender-based violence

29 Reproductive health

29 Mental health

34 Communicable diseases

34 Routine immunization

36 Measles

38 Polio

40 Tuberculosis and HIV

42 Neglected tropical diseases

44 Acute diarrhoea

45 Disease early warning and response

47 Noncommunicable diseases

48 Nutrition

49 Environmental health

50 Medical waste management

50 Health diplomacy and health for peace initiatives

51 Training

52 Information management

53 Third party monitoring

54 MAIN GEOGRAPHICAL AREAS OF FOCUS

54 Northwest Syria

56 Northeast Syria

59 Southern Syria

61 LOOKING AHEAD

61 Priorities and funding requirements for 2021

64 Funds received in 2020

65 ANNEX: Summary of Key Performance Indicators for Whole of Syria in 2020





## FOREWORD

**Dr Akjemal Magtymova**

Head of Mission and WHO Representative in Syria

Twenty twenty was a year of tragic loss during which we were collectively and emphatically reminded of the importance of investing in public health and standing united for global health security. March 2021 marks one year since the first case of COVID-19 was reported in Syria. It also marks the tenth anniversary of the ongoing crisis that, long before the pandemic, placed immense strain and suffering on the people of Syria. The extraordinary resilience of the millions affected by the conflict - many displaced and most struggling with extreme physical and mental health challenges - is on the brink of exhaustion.

WHO assumed technical leadership and coordination for the COVID-19 response in Syria, directly handling six of the nine response pillars, enhancing laboratory and surveillance capacity, points of entry, infection prevention and control case management and maintaining essential health services. The response has been especially challenging given the fragility of the national health system. Little over half of health facilities are functioning and the ranks of health care professionals are severely depleted.

While WHO made the fight against COVID-19 its main priority across the globe in 2020, activities in response to the pandemic were run in addition to the work of the Organization in Syria as a provider of last resort and a responder to an exacerbated humanitarian emergency. Though maintaining delivery of and access to basic health services became evermore challenging as a result of measures taken to avert the pandemic, the Organization continued to deliver basic services and programmes undeterred.

These include the WHO's support to the routine immunization programme, first rolled out in Syria in 1978, which remains one of the strongest public health programmes. Vaccine preventable diseases have long been a top priority and as such WHO continued to support immunization activities throughout lockdown, giving special attention to deprived groups accessed through mobile clinics.

While non-communicable diseases remain the major cause of morbidity and mortality in Syria, COVID-19 increases the vulnerability of people with chronic

diseases. One result of the compounded economic hardship brought on by the pandemic was a reduction in the availability of medicines and medical supplies. WHO shouldered the burden to provide critical lifesaving medicines for patients with diabetes, kidney failure, and cancer, distributing supplies through the Ministries of Health and Higher Education, the Syrian Arab Red Crescent and local NGOs.

Mental and psychosocial well-being have also been heavily impacted by the pandemic, throughout which WHO has sustained mental health related activities, including the provision of psychosocial services and treatments, medicines, and training on integration of mental health services at various facilities and schools.

Despite the pandemic, WHO prioritized other programmes to address a multitude of challenges and continued to support the provision of services and supplies related to nutrition and tuberculosis as well as disability, trauma, burns and injury.

WHO continued throughout 2020 to advocate as widely as possible to facilitate access for humanitarian assistance nationwide, especially to the most vulnerable communities. Using our Whole-of-Syria approach, WHO and our invaluable partners continued providing humanitarian health assistance and delivering medicines and medical supplies. The Organization continued to work on the front lines to prevent, detect and respond to epidemic-prone diseases, to maintain basic health services, and to provide routine vaccinations for children. As a result of these dedicated efforts, not a single outbreak of vaccine preventable disease was detected across Syria in 2020.

Throughout the year, WHO supported the delivery of over two and a half million medical procedures<sup>1</sup>, (including 1.9 million outpatient consultations) and over 12 million treatment courses<sup>2</sup>; training of over 30,000 health care workers; and the work of 53 mobile

medical teams. The achievements were made possible through collaboration with donors; local, national and international communities; and 45 NGOs that served as implementing partners.

As we enter 2021, we cherish the same hopes and aspirations as the people of Syria: we want to see our collective efforts end the pandemic; we want to see peace in Syria; and we want a better future for its people.

COVID-19 vaccines offer hope that the first of these goals may be achieved and WHO will spare no effort to make vaccines available throughout Syria, prioritizing high risk groups and ensuring that equity, transparency and solidarity are paramount.

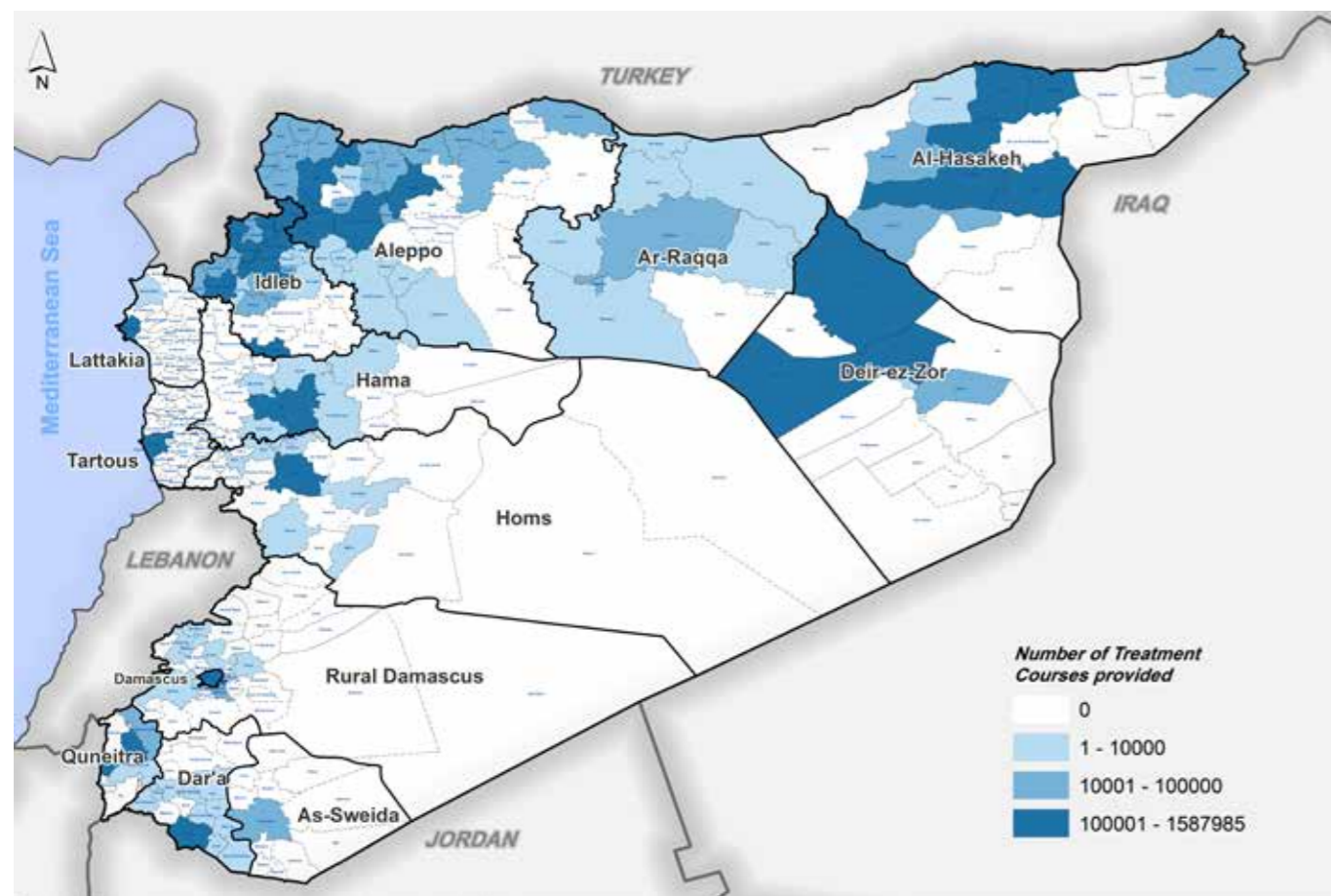
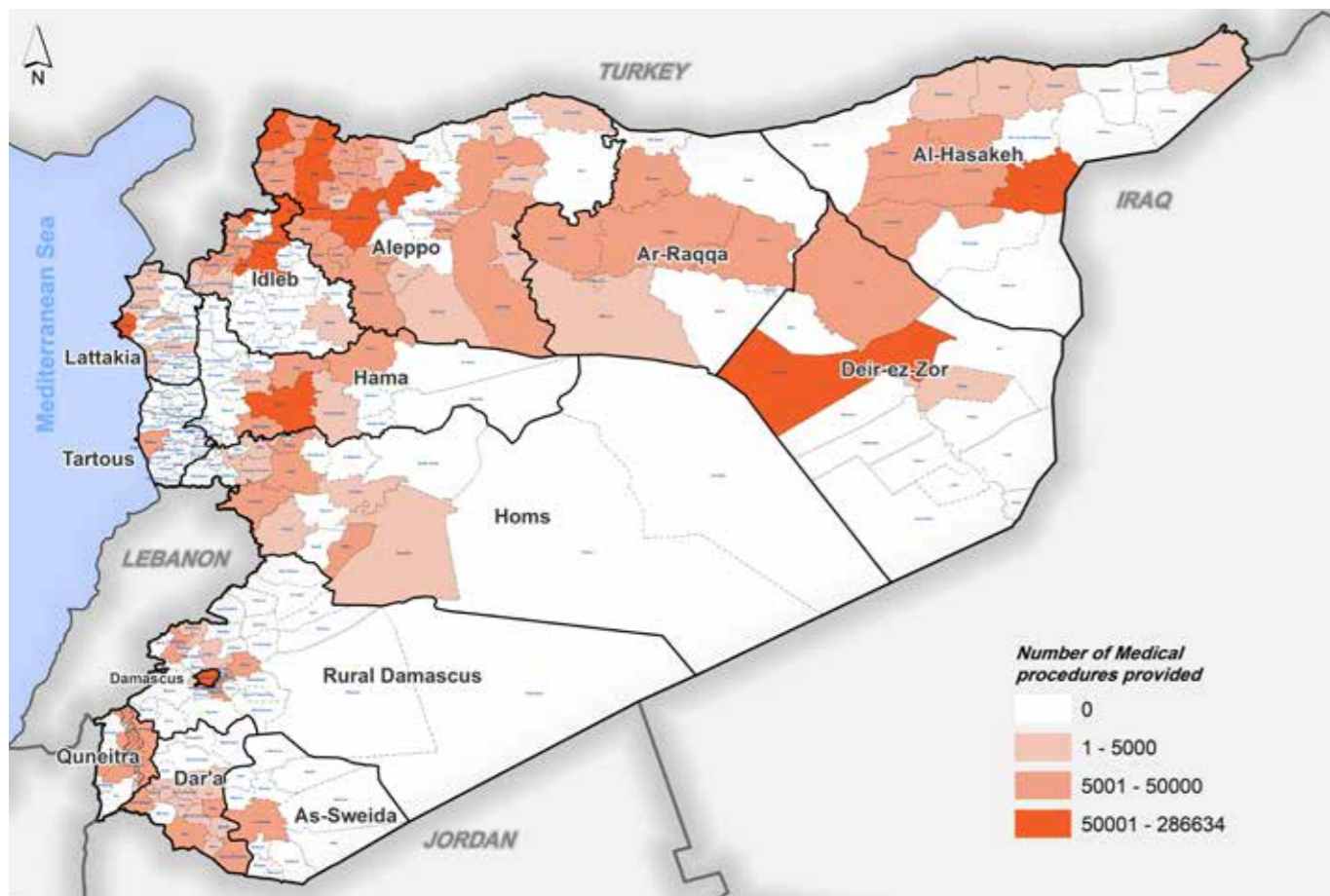
To help build a better future, WHO is committed not only to supporting medical responses to COVID-19, but also to addressing its socioeconomic impact by, for example, continuing to expand services to survivors of gender-based violence and providing free, quality essential health services. With 12.4 million Syrians in need of humanitarian health services in 2021, the urgency of increasing funding to meet their growing humanitarian requirements and of establishing new and better partnerships to ensure health coverage for all cannot be overemphasised.

We thank the many partners and donors who have already supported WHO's work in Syria throughout very challenging years. Their solidarity and partnership have been an essential part of the successes WHO has achieved in the face of sustained and compounded adversities. This report emphasizes the crucial role they have played and stands as a call for more and stronger partnership in 2021 and beyond.

As we turn again to face the ongoing pandemic and Syria's growing humanitarian emergency, WHO stands ready to apply that strength in partnership, re-double efforts to stop COVID-19 transmission, and protect the health and wellbeing of the Syrian people.

<sup>1</sup> These include outpatient consultations, trauma consultations, mental health consultations, physical rehabilitation sessions, vaginal deliveries, caesarian sections, and cases referred for treatment

<sup>2</sup> A treatment consists of a single drug treatment, medical procedure or round of dialysis

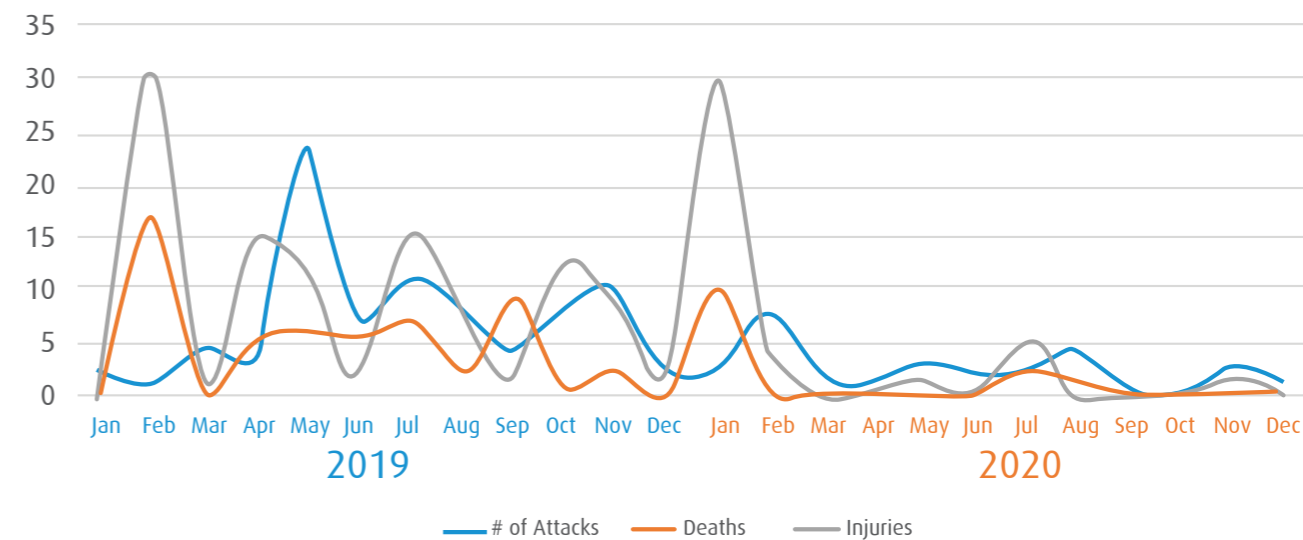


WHO Regional Director Dr Ahmed Al-Mandhari speaks with a mother whose child is being treated at a WHO-supported hospital in Homs

# OVERVIEW

Ongoing conflict coupled with the many challenges brought on by the COVID-19 pandemic and its economic impact increased strain and suffering among Syria's population in 2020. Years of conflict have left the health care system incredibly fragile and weak and, though attacks on health care facilities decreased in 2020 (to 28 from 85 the year before<sup>3</sup>), the COVID-19 pandemic blighted the system further, stretching it to new extremes.

Number of attacks, deaths, and injuries by month (2019-2020)



<sup>3</sup> WHO's Surveillance System on Attacks on Health Care

As the need for public health care services increased in response to the physical, social and economic impacts of COVID-19, the health system remained mired by a lack of infrastructure and a shortage of health care professionals. The number of confirmed coronavirus cases nationwide surpassed 35,000 by the end of the year. Many hospitals and public health centres remained closed while those functioning were stretched to 100% capacity when cases of the virus peaked in August and December. Those that are operational require extensive repair and rehabilitation simply to provide a minimum level of service. The availability of trained health care workers has halved since the crisis began a decade ago and the financial resources needed to manage health care facilities properly are not sustained.

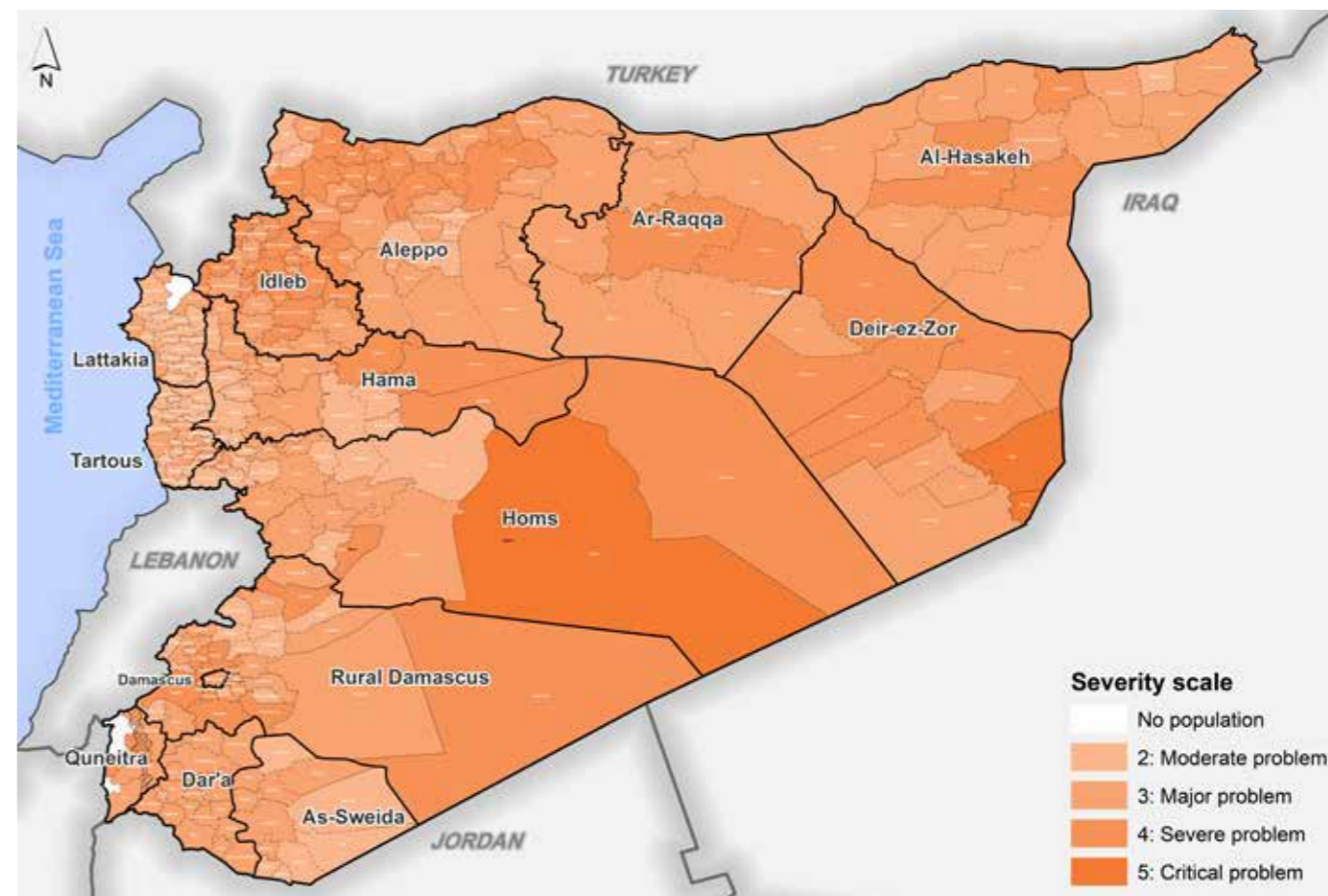
The impact of the pandemic on the already weak system has therefore been severe. In many parts of Syria, hospitals have insufficient beds, ventilators and other supplies to handle increased demand; isolation facilities are unable to handle their caseloads; triage of suspected and confirmed COVID-19 cases is inappropriate; the capacity of public health laboratories has deteriorated; and the availability of reagents and necessary equipment is severely limited.

Medical supplies to Syria were limited as a result of overwhelmed global markets unable to meet demand; disrupted international air and shipping conveyance; and sanctions, particularly following the enforcement of the Caesar Act (June 2020). The provisioning of medicines for critical care and sophisticated medical equipment was particularly affected. The number of vendors able and willing to ship essential supplies to Syria has decreased due to complex administrative procedures and increased risk. Discontinuation of the Yaroubia border crossing

(January 2020) and the Bab Al Salam border crossing (July 2020) as humanitarian corridors reduced the number of access points through which UN support during the global pandemic could be delivered to those in need in Syria to just one (Bab Al Hawa).

Procurement has been extensively delayed, particularly of items needed for the COVID-19 response, yet WHO continues to make every effort to meet the high demand for lifesaving medicines, medical supplies and equipment in Syria. The “chilling effect” of sanctions on suppliers in the context of the global market deficits, devaluation of the Syrian pound and cash flow challenges are however severely affecting WHO operations and causing extensive delays in the provision of services and supply of medicines, pharmaceuticals and medical equipment. This has adversely impacted diagnostic capacity and continues to challenge efforts at rehabilitating the national health care system.

These challenges heighten the vulnerability of communities nationwide to epidemic prone diseases. 12 million people are in need in Syria. Of them five million are living in areas of high severity of need. These include parts of eastern Aleppo city that are still affected by high levels of destruction of housing and infrastructure and where basic goods and services are in high demand; northern rural Homs, eastern Hama and southern Aleppo, which are affected by remote access and poor physical and social infrastructure; areas in the northeast of Syria (in Al-Hasakeh, Eastern Deir-ez-Zor and Ar-Raqqa); and others in the southwest (Eastern Ghouta and Damascus, including Yarmouk). Over a third (38%) of people with the highest severity of need are in the southwest governorates of Damascus, Rural Damascus, Dar’a and Quneitra.



Throughout 2020, WHO continued to lead the Health Sector in Syria (from its office in Damascus); the Health Cluster (from Gaziantep); and the Whole of Syria Health Cluster, including the humanitarian programme cycle (from Amman). The health sector includes regions and facilities managed by the Ministry of Health, covering southern Syria and much of the northeast, while the health cluster engages various actors providing health care services in the northwest. The WHO office in Amman coordinates efforts and collates data across the whole of the country.

WHO and its partners have been able to achieve a great deal despite the extreme challenges of 2020. The recent socioeconomic downturn in Syria is however likely to exacerbate an already substantial humanitarian crisis. Today, an estimated 12.4 million people in Syria are food insecure. That figure is 1.4 million higher than a year ago and higher than at any other time during the crisis. 1.3 million people are considered severely food insecure. Though that figure is twice as high as the previous year, it is expected to continue increasing. The insecurity is exasperated by the looming threat of hostilities, particularly in the northeast and northwest of the country, and the still high transmission of COVID-19.

## LEADING THE HEALTH RESPONSE

### Coordinating the health response

WHO's Office in Damascus leads the health sector in Syria, which comprises over 70 members including national authorities, national and international NGOs, and observers engaged in areas serviced by the Ministry of Health, namely southern Syria and much of the northeast. Five sub-national sectors are active in Aleppo, Deir-ez-Zor, Homs, Latakia and Qamishli. The sector led the COVID-19 response throughout 2020, utilized an online tracking tool to monitor COVID supplies sector-wide, and continued to hold national and sub-national level meetings with increased frequency in response to the pandemic to support the coordinated response and delivery of health care to those in need. In addition to managing the technical coordination of the COVID-19 response, WHO leads strategic planning, information management and health advocacy efforts on behalf of the entire health sector and coordinates the development of joint preparedness and response plans for displacements and disease outbreaks.

WHO's hub in Gaziantep, Turkey leads 133 health cluster partners active in the northwest (up from 113 last year) and coordinates the work of 11 working

groups and task forces, including those working on advocacy and communication, MHPSS, NCDs, trauma and disabilities, community health workers, dialysis, tuberculosis, referrals, sexual and reproductive health (led by UNFPA) and health information systems. Despite the many challenges, end of year indicators reflect positive achievements of collaborative efforts, including the creation of the COVID-19 Taskforce, by WHO and other key health agencies, and the expansion of WHO's immunization programme.

The WHO Whole of Syria Health Cluster in Amman, Jordan leads health cluster coordination at the Whole of Syria (WoS) level and the humanitarian programme cycle for the sector. This includes developing the sector severity scale, the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP). The Amman office also consolidates data on disease surveillance and response, the Health Resources and Services Availability Monitoring System (HeRAMS), attacks on health care, and the 'Who Does What, Where and When' (4Ws) matrix, and produces and disseminates regular reports.



Despite the many challenges posed by restrictions to movement, WHO made best use of technology to follow up with partners

The health sector managed in 2020 to deliver assistance to people in need across Syria without duplication, as well as to ensure continuity of essential health care during the COVID-19 crisis, thanks to the dedication of partners working under extremely difficult circumstances. An online survey of health partners was carried out with WHO support in April 2020 in a bid to assess the impact of early COVID-19 prevention measures on health operations in areas under the jurisdiction of the Ministry of Health. Responses indicate that 26.5% of health sector organizations had suspended group activities, 14.7% had continued with only specialized services for vulnerable and high-risk cases, and only 2.9% organizations had suspended all assistance and services.

The COVID-19 Preparedness and Response plan was developed within each of the coordination hubs alongside a monitoring framework to guide measurement of the pandemic response on a monthly basis. COVID-19 Response Dashboards at both the Syria Country Office and the Gaziantep hub were produced and shared with all stakeholders from April 2020 onwards, as was an online COVID-19 Supplies Tracking System that monitors planned, procured, and distributed supplies for operations within Syria. Coordination was facilitated throughout the year through fortnightly health sector meetings in Damascus and monthly subnational meetings. More than 24 central coordination meetings took place in 2020. Cluster Coordination Performance Monitoring was carried out with WHO support, in February and March 2020, through an online survey that garnered a 100% response rate from active health partners, all of whom were kept informed through monthly bulletins produced and disseminated by the health sector.

WoS health cluster leadership continued in 2020, resulting in the successful finalization and articulation of the health chapter within the 2020 Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), in which it was allocated a budget envelope of 443.2 million

USD. The WoS team also led the development of the 2020 health sector severity scale. It remains the foundation of a principled, humanitarian response in line with international standards and helps to identify areas of greatest need according to population trends, crisis impacts, and availability of and access to health services. In 2020, the health sector collectively targeted sub-districts with severity score 3 and higher in an effort to reach those most vulnerable and in need. The WoS Health Cluster also worked to strengthen the quality and rigour of projects within the 2020 HRP by introducing health sector guidance for project preparation, including specific requirements for budget details and a scoring methodology. Building on the global OCHA methodology used to score humanitarian pool fund projects, the health projects scoring methodology was utilized by health coordinators for Syria, Turkey cross-border, northeast Syria and Whole of Syria to evaluate projects based on: (a) strategic relevance, partner capacity and cluster participation; (b) project narrative (e.g. implementation plan, analysis, and integrated approaches to health, including protection, nutrition, mental health and gender based violence); (c) indicators and monitoring; and (d) budget, including compliance with health cluster budget guidance and cost effectiveness.

At the start of the year, the WoS convened a quarterly meeting of health cluster coordinators and information management officers from each of the hubs to focus on Humanitarian Program Cycle achievements for 2019 and the finalization of components of HPC 2020. These included key challenges for the cluster; annual work planning for 2020; and key information management components, including HeRAMS, the Early Warning and Response System (EWARS) and the Early Warning Alert and Response Network (EWARN), as well as the introduction of sex and age disaggregation across health sector 4Ws reporting. Subsequent inter-hub meetings took place remotely in line with COVID-19 precautions and included reviews of 2020 activities and achievements, ensuring alignment of all elements of the Humanitarian Programme Cycle for 2021.

The WoS Health Cluster continued to publish regular information products throughout 2020, including monthly 4Ws reports on achievements against 2020 HRP indicators, monthly infographics presenting attacks on health care, and HeRAMS quarterly and annual outputs<sup>4</sup>.

Much like the WHO offices in Gaziantep and Damascus, the focus of the Whole of Syria humanitarian health response and coordination in 2020 was dominated

by COVID-19 preparedness and response planning. The WoS Health Cluster supported the creation of a COVID-19 resources dropbox for all Syria hubs and clusters and provided continuous technical and coordination support to hubs developing response plans. The cluster also provided back-stop support to the northeast cross-border COVID-19 response and ensured information was shared regularly between stakeholders in the northeast Syria response.

## Working with partners



WHO partners with NGOs to deliver health services to vulnerable communities nationwide

To ensure improved access to health care across Syria, WHO signed agreements in 2020 with a total of 45 NGOs providing essential health care services in areas where people would otherwise have restricted or no access to care. Through these partnerships, fixed and outreach teams carried out a total of 2,181,689 medical procedures and provided 4,517,485 courses of treatment. 17,073 resulted in advanced surgical intervention under secondary and trauma care and at no cost, based on referral to specialized health facilities. 3,433 persons with disability received assistive devices, and 243,951 people received mental health and psychosocial support (MHPSS) services from community social workers trained in the use of WHO tools, guidelines and evidence-based protocols. The MHPSS services offered included group

sessions, individual sessions and awareness raising on gender-based and domestic violence.

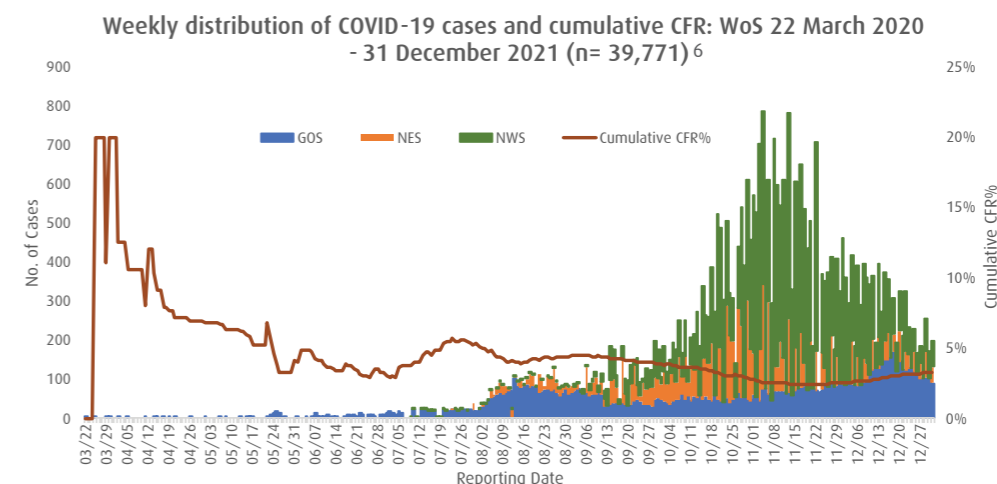
This partnership approach demands continuous investment in partner capacity building, not only in topics pertaining to health systems and service delivery, but also in related essential skills such as project writing and management. Within areas under the jurisdiction of the MoH, lengthy approval processes can delay responses to emergency health needs on the ground. In 2020, WHO conducted training workshops for 10 implementing partners on project writing and management skills and advocated at all levels to expedite approval processes and ensure timely access to essential health care services for all those in need.

## COVID-19 RESPONSE

Syria declared its first case of COVID-19 on 22 March 2020. The number of cases peaked in November and a total of 36,251 were confirmed by the end of 2020.<sup>5</sup> While the testing rate was significantly lower than WHO guidelines, the positivity rate was significantly higher, likely due to testing of those in severe need of medical attention as opposed to a broader sample.

Insufficient testing and surveillance capacity and the limited availability of trained health workers prevented the MoH from deploying more than 507 rapid response teams (RRP) throughout areas under its jurisdiction. By the end of the year only 306 in every

100,000 persons had been tested, well below the average of one per thousand per week recommended by WHO. On average, one in four (25.6%) of those swabbed throughout 2020 tested positive. In some governorates the rate was significantly higher (e.g. As-Sweida: 65.3%, Tartous: 60%, Homs: 57%). These figures are far higher than the 3-12% outlined in WHO guidelines and highlights the lack of testing capacity for comprehensive surveillance. The positivity rate for 2020 in the northwest stands at 27.5% following testing of over 70,000 in Aleppo and Idlib combined. 382 of the 20,270 people who tested positive in the northwest died, resulting in a fatality rate of 1.9%.



At the end of 2020, WHO and the Syrian Ministry of Health (MoH) conducted an intra-action review of the first 10 months of the COVID-19 response that was coordinated and implemented by the government of Syria (GoS) and its partners. The review concluded that all collective endeavours must be elevated, in order to build on existing efforts and harness opportunities to implement a response geared to achieving sustainable development gains. Reflecting the recommendations and action points of the review in the National Action Plan for 2021 will enhance

streamlining of the response and monitoring of activity implementation.

While the Ministry of Health and its partners made significant achievements responding to the pandemic in areas under its jurisdiction in 2020, a more collaborative organizational culture would significantly improve the response to the pandemic as well as strengthen many other areas of the health system. Such a shift would require the MoH to demonstrate strong leadership and commitment to the necessary coordination mechanisms and platforms.

<sup>4</sup> All of these products are published on the WoS Health Cluster page of Humanitarian Response: <https://www.humanitarianresponse.info/en/operations/whole-of-syria/health>

<sup>5</sup> World Health Organization. WHO Syria internal bi-weekly situation report. No.1

<sup>6</sup> WHO, MoH, Syrian Arab Republic COVID-19 Inter-Action Review, February 2021



## 2020 pillars of the COVID-19 response:

- |  |   |
|--|---|
| 1 Leadership, coordination, planning, and monitoring   | 6 Infection prevention and control      |
| 2 Risk communication and community engagement          | 7 Case management and therapeutics      |
| 3 Surveillance, case investigation and contact tracing | 8 Operational support and logistics     |
| 4 Travel, trade and points of entry                    | 9 Essential health systems and services |
| 5 Diagnostics and testing                              |   |

Two pillars related to vaccination and research were added in 2021

Taking up the role of the Incident Manager, WHO led COVID-19 response coordination efforts across the country by organizing and being part of national and subnational meetings; developing various strategies, among them the inter-ministerial and multisectoral joint response plan; advising non-health authorities in adaptation; and consolidating and rapidly disseminating data.

WHO was responsible for seven of the nine pillars of the COVID-19 response plan, taking the lead in leadership, coordination, planning and monitoring; surveillance, case investigation and contact tracing; travel, trade and points of entry (PoE); diagnostics and testing (the national laboratory system); infection prevention and control (IPC); case management and therapeutics; and essential health systems and services. The Organization also actively supported initiative related to risk communication and community engagement (RCCE) and operational support and logistics.

UNICEF took the lead in RCCE, while WHO was co-lead. Media training, evidence generation, message development, social media campaigns, rumour management collaboration with the Ministry of Information were all essential components of efforts to ensure effective, consistent and impactful communication with people in Syria. A traditional media campaign reached 12.4 million people nationwide, while a community engagement initiative actively engaged 800,000 people in the COVID-19 response. This was made possible through collaboration with local communities, media, organisations, schools and local governments as well

as actors in all sectors, including business and travel, with particular attention being paid to reaching people in camps and underserved communities.

In a bid to enhance surveillance capacity, WHO supported the expansion of the existing national disease surveillance system, facilitating the launch of 150 new sites in nine governorates (mostly in remote areas) and taking the number of sentinel sites to 1,359. Physical expansion was complemented by capacity building of surveillance and rapid response team (RRT) officers across Syria. By year's end, 507 had received training on case definition, reporting, case investigation, specimen collection and referral pathways.



A technical team of WHO Regional Office visits The Central Public Health Laboratory during a country support mission to strengthen COVID-19 response in July 2020



WHO supplies new PCR machines in support of the Central Public Health Laboratory

WHO also facilitated the development of an electronic interface that will be rolled out in 2021 to mitigate delays in reporting resulting from the use of handwritten paper-based formats that has to date been delivered by hand, fax or electronic imaging. COVID-19 data is currently shared in both Arabic and English on two online dashboards supported by WHO, presenting information on quarantine, isolation hospitals, and laboratories.

Throughout 2020, WHO worked with the MoH to reduce the risk of imported cases through early detection, isolation of suspected cases, and infection prevention at points of entry (PoE), of which there are 15 around Syria: four airports in Damascus, Aleppo, Qamishli and Latakia; three seaports, one in Latakia, and two in Tartous; and eight ground-crossings with Lebanon, Turkey, Jordan, and Iraq.

Monitoring of travellers began in January 2020 as part of the national preparedness and response plan, and WHO actively supported the establishment of facilities, provision of medical supplies, including PPE and portable x-ray machines, and training of PoE officers and clinical staff.

Rapid, accurate laboratory diagnosis for early isolation and management of confirmed cases is vital to slow and control the spread of COVID-19. WHO has supported the MoH enhance and expand national laboratory capacity by providing testing kits, polymerase chain reaction (PCR) machines and laboratory supplies, and supporting a sustainable workforce. The Organization rehabilitated a section of the Central Public Health Laboratory in Damascus, furnishing it with PCR machines, air-conditioners, refrigerators and a generator so that it may serve as a designated COVID-19 laboratory compliant with proper safety measures.

WHO also conducted training workshops and covered incentive payments to ensure availability of qualified technicians at the laboratory. Another PCR-equipped laboratory was established in the northwest of Syria in January 2020. Another two followed in September and by year's end the three labs – run by local NGOs contracted by WHO - had collectively carried out over 70,000 tests in the northwest. Procurement and training in the use of rapid diagnostic tests is also underway.



WHO partners with NGOs to deliver health services to vulnerable communities nationwide

The provision of safe water, proper medical waste management, and environmental cleaning infrastructure are essential components of infection prevention and control (IPC). So too is the availability of trained health care workers and adherence to precautions and guidelines. Syria faces challenges in all these areas, in addition to a lack of appropriate physical infrastructure. WHO supported efforts to control the transmission of COVID-19 among the public, patients and health care workers through the development of national IPC protocols, the adaptation of existing IPC and waste management guidelines, the production of protocols for safe return to schools and the delivery of over five million IPC/PPE items nationwide.

Training of 3,776 health care workers, 172 school doctors and 13,200 school health staff across 13 of the country's 14 governorates strengthened understanding of and capacity to work effectively towards preventing and controlling infection. Additional training of trainers sessions on COVID-19 IPC and triage were conducted by WHO contracted NGOs in 310 health facilities across the northwest, engaging 2,657 health workers.

Intensive care units at hospitals in Syria are not equipped to treat infectious disease in general, let alone at the capacity required following the COVID-19 pandemic. WHO supported the establishment of designated isolation facilities across the country, the development of guidelines on ICU management, the delivery of three million treatments of lifesaving medicines, and the training of 2,000 health workers in case management and 630 midwives in the provision of reproductive health services during a pandemic.

To support the prevention of transmission and the treatment of cases with mild cases in northwest Syria, where most people live in IDP camps and cannot self-isolate, WHO worked with local partners to establish three community treatment centres comprising 150 beds. These are in addition to the 142 ICU beds and 310 ward beds supported by the Organizations at COVID-19 designated hospitals in the region.

With IPC/PPE equipment in short supply in the northwest despite the delivery by WHO of 128 truckloads containing more than 1,200 metric tonnes of medicines, supplies and equipment, the Organization developed a system to monitor stocks and consumption at health facility level and led the distribution of supplies to over 200 facilities per month, mobilising the Health Cluster and other UN agencies to help fill the gap in supply.

Medical kits, medicines, and personal protective equipment requisitioned by WHO to support healthcare workers in Syria arrive at Damascus airport



School children engage in awareness raising activities on COVID-19 prevention and demonstrate proper hand washing techniques

Syria is one of the 92 countries eligible for COVID-19 vaccines under the Advanced Market Commitment of the COVAX Facility, a partnership between WHO, CEPI and GAVI. This platform allows equitable access to vaccines for countries worldwide as part of the global response to the pandemic. The cost of administration and operations will however need to be covered, and funding remains, as always, a key part of all technical challenges across all pillars, both in order to meet increased demand for services and to sustain implementation of existing aspects of the response. Exploring different approaches with donors is now a matter of urgency as increased funding will be critical to reinvigorating already exhausted national capacities through the development of more efficient, systematic, and sustainable operational mechanisms. This includes, where appropriate, greater digitization, capacity building, and task shifting.



WHO supports the capacity of the Central Public Health Laboratory in Damascus

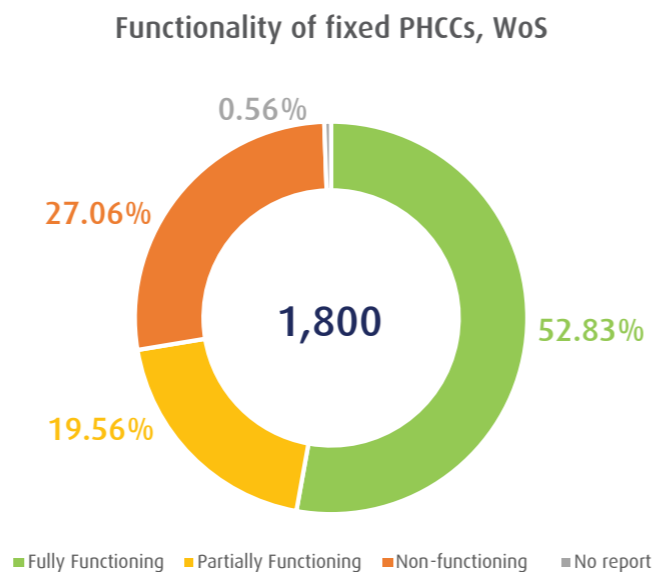
# PUBLIC HEALTH AREAS OF RESPONSE

## Primary health care



WHO monitors the provision of health services at Al-Razi Hospital in Aleppo

53% of the 1,800 fixed primary health care centres monitored in 2020 were reported as fully functioning, while 28% were reported as completely non-functioning. In addition to an extreme lack of appropriate infrastructure, health workers in Syria struggle due to a shortage of essential medicines and working medical equipment, despite continued WHO health sector support through medical shipments. The provision of quality essential health services is also limited due to a shortage in qualified health workers. Fifty percent of medical professionals fled the country over the past decade<sup>7</sup>, resulting in limited access to medical services for child health, nutrition, communicable and non-communicable diseases, sexual and reproductive health, and mental health.



<sup>7</sup> WHO, Health care a casualty of 6 years of war in the Syrian Arab Republic. Available at: <https://www.who.int/en/news-room/detail/15-03-2017-health-care-a-casualty-of-6-years-of-war-in-the-syrian-arab-republic>

It is therefore essential that long-term investment is secured to rehabilitate public health facilities, with a focus on providing Universal Health Coverage (UHC), and rebuilding essential capacity in the health workforce.

Towards achieving this goal, WHO continues to restore functionality to primary health care centres. Rehabilitation of six centres in northern rural Homs and two in Aleppo is complete and another three are in process in the governorates of Dar'a and Quneitra. Medical equipment and furniture are also in the pipeline. To enhance access to basic care and diagnostic services, the WHO office in Damascus has provided lifesaving medicines, NCD kits and guidelines, facilitating a total of 841,907 treatment courses. This has been supplemented by 157 pieces of basic medical equipment, six electricity generators, a vehicle for transporting vaccines, dental health supplies and instruments to support an oral health project in schools, and a universal power supply (UPS) for a GeneXpert device for the COVID-19 lab at Qamishli National Hospital to ensure uninterrupted supply of electricity.

WHO has also supported PHC outreach services by meeting the operational costs of mobile medical teams deployed to enhance coverage and access to basic PHC services, servicing people in need at locations with a health sector severity scale score of 3 and above. In 2020, four mobile medical teams provided PHC services to approximately 187,800 individuals from over 37,500 households of returnees and IDPs residing in different areas or travelling along one of two humanitarian corridors set up for civilians to move from areas controlled by non-state armed groups (NSAGs) to areas controlled by the GoS.

WHO-supported mobile clinics also offered much needed oral health services in the first quarter of 2020. The MoE run clinics offered 22,595 dental examinations as well as prevention and treatment measures to 6,079 students at five schools, and ran health promotion sessions for both students and 118 teachers before COVID-19 related restrictions forced a suspension of activities in March 2020.



WHO-supported mobile clinics offer dental health services to students at school

WHO has supported the piloting of a PHC information system at district level since December 2019 and the MoH is currently working to complete phase one of the national PHC Measurement and Improvement Initiative, following which national health indicators will be shared with the WHO Eastern Mediterranean

Regional Office. Meanwhile WHO's office in Damascus continues to coordinate with the Ministry to implement a study of private sector engagement with service delivery at national level, using WHO protocols, with a view to achieving UHC.

WHO has supported capacity building of primary health care providers through the provision of training for 345 professionals working with public sector and NGO partners. Workshops focused on NCD priority topics, including: early detection, prevention and management approaches; data entry and monthly reporting for diabetes using an electronic registry; the Essential Health Services Package; tobacco cessation; and home care for the elderly.

WHO and key health partners continue to support the COVID-19 response at national level. A series of 20 national workshops was launched by the MoE in June 2020 to enhance the capacity of 500 school health educators as part of WHO initiatives aimed at preventing the transmission of COVID-19 among students taking national exams for basic and secondary education. Meanwhile WHO supported an awareness campaign run by the MoH to improve tobacco control in the context of the pandemic.



WHO-trained facilitators conduct awareness sessions to highlight the negative health impacts of tobacco within the context of COVID-19

Through its Gaziantep hub, WHO provides staff salaries, medical supplies, and funds to cover operating costs of 20 mobile primary care clinics (supported within the integrated health service delivery PHC networks) and 25 PHCs (run by implementing partners) in northwest Syria. Each PHC provides between 2,000 and 2,500 consultations per month addressing, among other needs, reproductive and child health and management of communicable and noncommunicable diseases. These PHCs are supported through a collaborative process - involving technical officers, IMOs and the Health Cluster - that analyses various parameters (including population size, access to and availability of services, and caseload) to determine allocation of support.

WHO has been supporting the provision of the Essential Package of Health Services (EPHS) through integrated service delivery and PHC networks since 2017. The PHC networks ensure a common standard of care and enable coordination between participating providers to increase efficiency of service delivery and access to health services for displaced and host populations in the northwest. WHO's Gaziantep office currently supports three such networks, with 70 participating facilities serving a combined catchment population of around 2.7 million. The network approach is designed to improve integration of services across all levels of care and focuses on expanding the referral system and increasing outreach through last-mile coverage of PHC units and mobile teams in remote locations with high concentrations of IDPs.

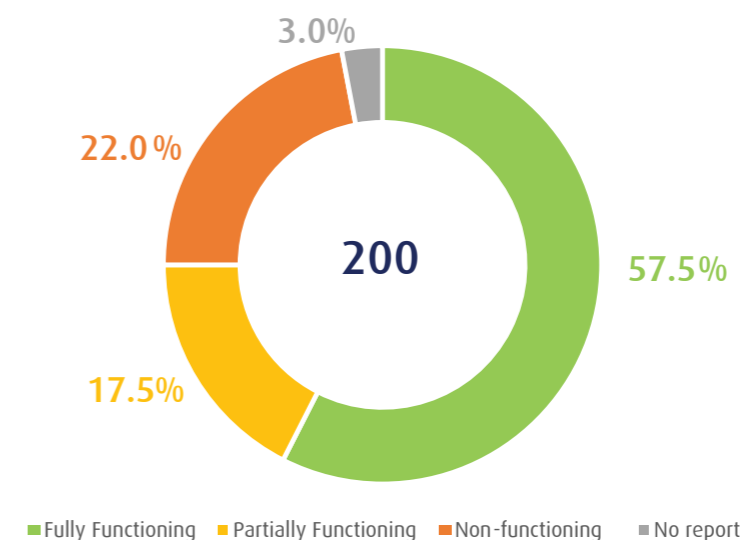
## Secondary health care



WHO supports children battling cancer at Al Biruni Hospital in Damascus

The fragmented information system of Syria's hospital sector results in limited access to reliable data related to public hospitals and health indicators. However, based on WoS KPIs for 2020, 115 (57.5%) of the 200 hospitals across Syria are fully functioning, 35 (17.5%) are partially functioning, and 44 (22%) are completely out of service. The northwest and northeast of Syria are most affected and WHO continues to support efforts to reinstitute and sustain functionality, including through the provision of medical equipment, with the aim of restoring or enhancing quality coverage of secondary and tertiary care. The provision of medical equipment and medicines is a high priority for WHO, having identified needs and gaps for medicines and consumables at functional hospitals. These include cancer medicines and hepatitis and tetanus vaccines.

Functionality of hospitals, WoS



Hospital density reflects the total number of hospitals relative to population, a measure that assesses physical access to outpatient health care services. Five governorates (Aleppo, Ar-Raqqa, Rural Damascus, Hama, and Al-Hasakeh) fall short of emergency standards, the number of functioning public hospitals in each insufficient for their population sizes. Some hospitals have shown remarkable resilience in continuing to provide services despite sustaining heavy damage to buildings. They have optimized the use of intact parts of buildings and, in some cases, operated from other facilities.

All governorates, to varying degrees, suffer from a shortage of beds. The 2020 HeRAMS report noted limited provision of certain health services across all governorates. In public hospitals classified as functional, the shortfalls relate to (though are not limited to) the provision of trauma services, diabetes management, ICU services, comprehensive emergency obstetric care, communicable diseases services, burn management and cancer care.



Paediatric health workers at a Damascus hospital receive capacity building training in COVID-19 prevention

WHO has continued to support the introduction of services at public hospitals, helping to re-establish functionality of certain services, rehabilitating buildings, and providing medical equipment to hospitals across the country, among them a children's hospital in Aleppo. The Organization has supported health partners through the provision of lifesaving medicines, anaesthetics, intravenous fluids, antiseptic solutions, snake venom antiserum, dialysis sessions and machines, and other supplies specific to the IPC interventions introduced as part of the pandemic response in southwest, northwest and northeast Syria. A total of 563,718 secondary and tertiary treatments

lockdowns in force as part of the pandemic response resulted in significant further decline at public laboratories and for elective surgery, imaging and outpatient services. A widespread shortage of qualified health care workers remains a constant blight on the sector.

In response to these challenges, WHO works to strengthen the capacity of health care workers in the provision of priority secondary and tertiary health care and the prevention and treatment of COVID-19 through the delivery of training courses. 1,476 health care workers active at 22 isolation hospitals, 16 university hospitals, public health laboratories, and facilities run by health partners in areas under the jurisdiction of the MoH, have been trained on: patient safety protocols to prevent hospital-acquired infections; IPC measures and waste management; quality control; rational use of medicines; pharmaceutical control; COVID-19 response, with focus on epidemiological analysis; IPC guidelines; use of PPE; and case management for SARI in those suspected of contracting COVID-19.

were provided in 2020. Supplies were delivered to upwards of 38 public, private and NGO hospitals across the country, including partners and contracted private hospitals in IDP camps in northeast Syria. They included over 385 pieces of medical equipment, among them equipment for ICU and operation theatres, portable and fixed ventilators for adults and infants, patient monitors, and portable oxygen concentrators. WHO will continue to supply further lifesaving medicines, with haemodialysis sessions and a second batch of essential medical equipment for Harasta National Hospital and the Children's hospital in Aleppo in the pipeline.



WHO delivers haemodialysis units across the country

WHO provided infrastructure supplies for hospital information systems at two public hospitals in 2020 in a bid to counter the lack of access to reliable information pertaining to health indicators. In light of the pandemic, WHO also adapted the HeRAMS checklist tool and conducted training in its use at isolation hospitals. Work is ongoing to expand these initiatives to all hospitals.

Six key referral hospitals in northwest Syria provided secondary and tertiary care services to 536,911 beneficiaries in 2020 with the support of WHO. They included 307,478 medical consultations and treatments, 187,701 medical procedures, and 24,534 hospital admissions. Skilled maternal, newborn and child health care personnel at these hospitals facilitated 4,992 normal deliveries and 1,505 caesarean sections. Across 25 hospitals, 39 paediatricians benefited from ICU training delivered by WHO, 40 senior obstetricians and paediatricians attended essential training-of-trainers sessions on new-born care, and 89 midwives and nurses were trained in evidence based clinical care practices. Additional capacity building at the hospitals was facilitated through training, mentoring and follow-up activities, including IPC training and technical support for 120 health workers, basic cardiovascular life support (ACLS) courses for 52 nurses and ICU technicians, and advanced ACLS training for 18 physicians.



WHO supports the work of oncology specialists at Al Biruni University Hospital for Cancer Treatment in rural Damascus

## Trauma care



WHO supplies six ambulances in support of the emergency and ambulatory services in a bid to improve health conditions in IDP camps and local communities

Protracted conflict has severely disrupted referral services across Syria. Both the public and private health sectors have been adversely affected and have limited capacity to treat referred patients and emergency cases. In order to facilitate trauma and emergency care services for patients in need, WHO provided 318 medical devices to public health facilities and supported the provision of specialized trauma and surgical kits and lifesaving medicines. 1,706,903 treatments were able to tend to 249,833 trauma cases as a result in 2020. The provision of nine ambulances by WHO Country Office to strengthen the emergency referral system has significantly helped triage and treatment of injuries and improved accessibility to essential health care services for the most vulnerable populations, including IDPs.

In the northeast, WHO renewed its agreement with Al-Hikma hospital in Al-Hasakeh and maintained previous agreements with two other hospitals, Al-Hayat in Al-Hasakeh governorate and Al-Tob Al-Hadeeth in Ar-Raqqa, to cover the costs of treating patients admitted for trauma and emergency care. By the end of 2020 these hospitals had provided emergency and trauma care for 4,613 referred cases.

The Organization continues to deliver training workshops to enhance the capacity of health workers to respond effectively to emergency scenarios that unfortunately remain frequent in Syria. 377 health workers from Hama, Damascus, Rural Damascus, Dar'a, Tartous, Homs, and Lattakia received specialised trauma care training in 2020. Skills addressed included the management of hazardous materials and evacuation of buildings, response to chemical attacks, treatment of injuries and war wounds.

To improve disability and physical rehabilitation services, WHO delivered a range of assistive devices to health partners and public health facilities nationwide, aiding over 6,945 persons with disability. The Organization also ran training workshops focused on disability care attended by 575 physical therapists, technicians and health workers, and supported the MoH in designing and printing related guidelines - one addressing the management of cerebral palsy and another on hearing loss - that were distributed to relevant health centres and NGOs.



A health worker offers physical rehabilitation at the WHO supported Ibn Al Nafees Hospital in Damascus

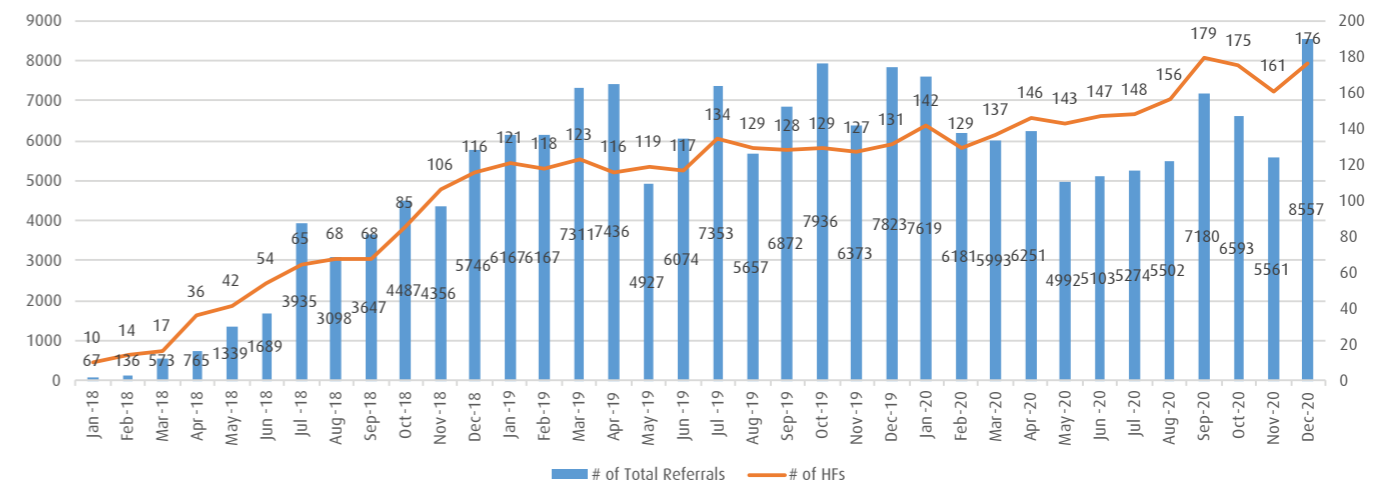
Through implementing partners in northwest Syria, WHO was able to support two emergency trauma care hospitals that treated a total of 10,711 trauma cases, comprising 7,491 consultations and follow-ups, 2,025 major elective and emergency surgeries, and 1,195 hostility related trauma consultations.

## Referrals

WHO-contracted NGOs in southern Syria provided 17,073 advanced surgical interventions in secondary and trauma care to specialized health facilities free of charge in 2020 based on referrals. The Organization was also able to support the trauma care of 4,613 cases referred to three hospitals in the northeast and provide training, both remotely and through its implementing partners, to four referral teams in the northwest. Each team consists of a field medical officer, an M&E officer, a field assistant, and a social mobilizer. These teams provide supervision and on-the-job training and coaching in support of partners and health facilities in northwest Syria as they follow

WHO procedures and use WHO tools to implement the referral system. A total of 183 health facilities are implementing the referral system across Idlib (89 facilities), Afrin (35) and North Aleppo (59), providing an average of 7,000 referrals per month. Of these, 23% are emergency referrals and 77% are referrals for diagnostic support, laboratory work, x-rays, and further care. WHO has also strengthened the referral system by increasing the human resources of implementing partners (employing over 100 additional paramedics, nurses, and decontamination workers), deploying 20 additional vehicles, and providing equipment and supplies including PPE.

WHO-supported referrals and providers (2018-20)



## Haemodialysis services



EMRO Regional Director  
Dr Ahmed Al-Mandhari visits a  
WHO supported health facility in  
Hama

Provision of health services is limited even in hospitals classed as ‘functioning’. Based on the 2020 HeRAMS report, availability of end stage kidney disease treatment is only at 79% of functional public hospitals, and coverage across the country is inconsistent. Securing haemodialysis treatments for health facilities caring for patients suffering from kidney failure remains a major challenge, particularly as the provision of such treatments in a timely fashion is key to avoiding severe medical complications and premature death.

According to MoH estimates, 4,200 registered patients in areas under its jurisdiction require over 500,000 sessions of haemodialysis annually. WHO continues to support the public and NGO sectors by providing haemodialysis sessions and machines so that they may sustain lifesaving services for patients with kidney failure. 76,500 haemodialysis sessions were completed with WHO support in 2020, during which the organization delivered 14 machines, two water treatment units, and relevant IPC supplies to various haemodialysis treatment centres. Health professionals at the centres also engaged in WHO led training on IPC best practices.

Securing dialysis kits and medication and maintaining machines to avoid interruption to vital services is also challenging in the northwest. Gaps in coordination between partners providing dialysis services and widespread shortages of haemodialysis facilities has resulted in a lack of access to lifesaving services for thousands of people. In this context, WHO established a dialysis task force to coordinate efforts and provide a central management body for dialysis services. 36,000 dialysis kits were procured in 2020 to cover the needs of 500 haemodialysis patients in northwest Syria over seven months, and a referral network was activated to assist displaced patients in need of dialysis. A comprehensive needs assessment by specialized consultants is however very much called for in the northwest. Essential to the provision of quality care in this area will be: the development and implementation of dialysis SOPs and protocols applicable in the Syrian context; implementation of a training programme for staff in dialysis centres; review of the registration system and establishment of a central electronic system linking the centres; regular monitoring and evaluation of service provision in dialysis units; and strengthened coordination with Turkish health authorities in those areas supported by Turkey.



Patients young and old benefit from  
lifesaving haemodialysis treatment  
supported by WHO at facilities nationwide

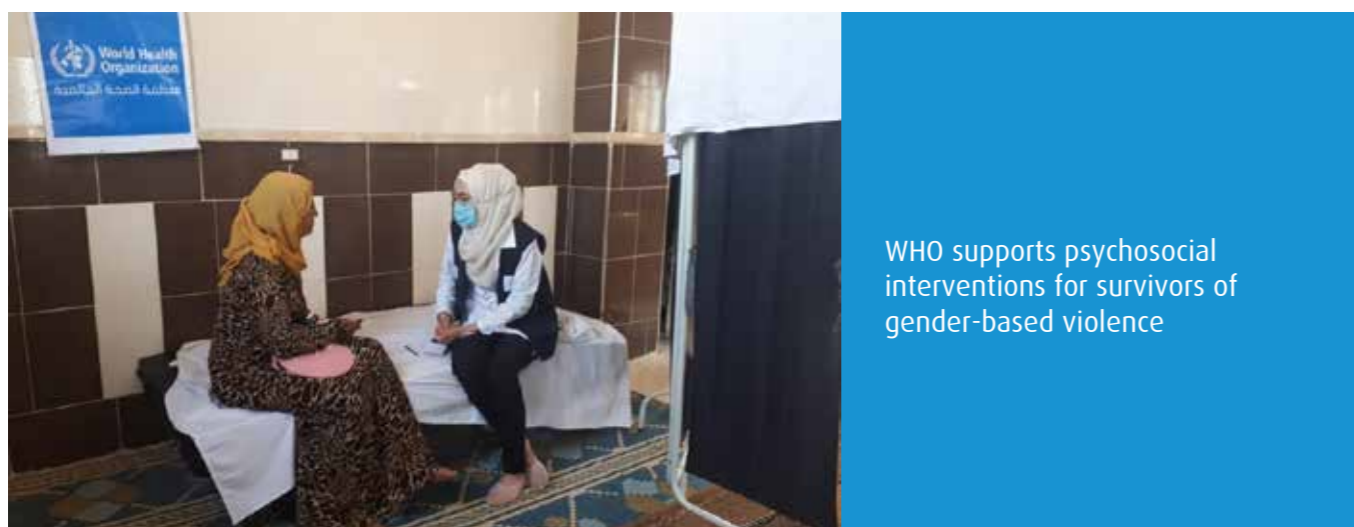
Ahmad, a young nine-year-old boy from Al-Hasakeh governorate, suffers from polycystic kidney disease and needs three haemodialysis sessions every week to survive. “Last year we were displaced more than 3 times and had to travel very long distances to reach Al-Ihsan haemodialysis centre in Aleppo,” said his mother. “And if it were not for this centre treating my son, I would have lost him years ago. I have already lost my husband and will do everything in my power to keep my son safe, despite all the hardships he has been through.”

Al-Ihsan haemodialysis centre is one of many WHO-supported facilities that continue to function despite the many challenges. The Organization provides medicines, supplies and equipment to support the lifesaving work of health workers at the centre.

“We appreciate WHO’s immense support for the provision of haemodialysis sessions, among other lifesaving treatments,” said Dr Mohamad, who works at Al-Ihsan. “WHO’s support to our centre has contributed greatly to fulfilling our mission as doctors and helped us save more lives. Despite all the challenges each one of us is facing, saving the lives of people like Ahmad is what matters at the end of the day.”

Norway has been among WHO’s key partners throughout the crisis in Syria. Its generous contributions enabled WHO to continue providing health facilities with needed medicines, medical supplies and equipment, as well as mobile clinics and ambulances, facilitating the provision of health care services to patients across the country,” said Dr Nima Abid, acting WHO Representative in Syria.

## Gender-based violence



WHO supports psychosocial interventions for survivors of gender-based violence

834 doctors, health workers and community volunteers across the country have attended online mental health and psychosocial support (MHPSS) training sessions aimed at strengthening basic gender-based violence (GBV) interventions and raising awareness. Through collaboration with local implementing partners, integrated MHPSS services are provided at community level through wellbeing centres and mobile outreach teams in 248 sub-districts across nine governorates. 48,222 beneficiaries have attended awareness raising sessions on MHPSS/GBV and 7,337 have received individual support, first line support, psychological first aid, advanced individual psychological counselling sessions and/or referral to other services where needed.

Awareness campaigns under the RCCE pillar of the COVID-19 response have been expanded to different locations in six governorates. These are being implemented by trained volunteers from local communities using a participatory approach, and are mainstreaming mental health messages, GBV prevention and basic services such as first line support, while combating stigma attached not only to COVID-19 but also to GBV and mental health. GBV was included in HNO and HRP 2021, marking progress towards mainstreaming GBV concerns within the health system. Specific indicators for GBV will be added in 2021, further enhancing data collection established through HerAMS in 2020.

## Reproductive health

As part of its commitment to the health of women and children, and in light of the wide ranging and devastating consequences of conflict, WHO has supported the MoH in developing a national strategy for reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) in Syria for 2020-2025. UN partners (UNICEF and UNFPA) and other stakeholders in the country were part of the planning process. Due to the protracted crisis and its effects on health information systems, data on RMNCAH is lacking. WHO therefore supported surveys to assess the needs of women and children throughout the country and conducted a situational analysis for reproductive and child health services in order to inform strategy development. Analysis of existing

data is challenging, due to the lack of denominators for catchment populations of specific health facilities, and difficulties in integrating the efforts of the separate multiple national stakeholders and programmes.

623 normal deliveries and 856 caesarean section deliveries were carried out in 2020 at non-governmental hospitals in areas under the jurisdiction of the Ministry of Health. 216 of them were performed through WHO-contracted hospitals in northeast Syria. 630 midwives were trained on subjects related to the provision of reproductive health services during the pandemic in 12 governorates, with the aim of improving skills necessary to boost the COVID-19 response.

## Mental health



Children in rural Hama receive mental health and psychosocial support through play

Approximately one in 10 people in Syria is expected to be living with a mild to moderate mental health condition, and one in 30 is likely to suffer from a more severe condition. Prolonged exposure to conflict increases the prevalence of mental health illnesses, while stigma and a shortage of trained health workers create barriers to treatment.

WHO's mental health (MH) unit worked to strengthen effective leadership for MH in 2020, enhancing coordination between key MHPSS players throughout the country. This resulted in the development of an online referral pathway for MHPSS services. Ensuring mental health is well recognized is an imperative part of emergency response, and as such MH concerns were mainstreamed into COVID-19 response training received by up to 6,429 humanitarian personnel.



Systemic change is unlikely in the absence of leadership. The Mental Health Gap Action programme (mhGAP) and the process of mainstreaming MH into the health system and at community level cannot be implemented by a single organization. Building on mhGAP operational guidelines, the WHO MH unit has supported the initiation of a national mhGAP Operations Team tasked with harmonizing efforts to integrate and implement mhGAP, facilitate participation of all stakeholders, contribute to mhGAP planning, and maintain oversight of all mhGAP activities. Increased participation of key community members and people suffering from mental, neurological and substance use disorders is key to building MHPSS interventions that integrate person-centred and human-rights approaches and will be prioritised in 2021.

Providing comprehensive, integrated, responsive mental health and social care services in community-based settings, WHO supported delivery of 221,951 MHPSS services in areas under the jurisdiction of the MoH, mostly in areas of health sector severity scale 3 and above, in partnership with 17 NGOs. Management of mental health disorders was delivered by specialised and/or trained and supervised non-specialized health care providers during 44,292 consultations, in close collaboration with the MoH Mental Health Directorate and in accordance with the mhGAP Intervention Guide. Psychosocial support services for distressed people, including through

psychological first aid and by linking vulnerable individuals and families with resources, were provided by trained and supervised health workers and psychologists during 74,921 consultations in 2020. The total number of reported psychiatric cases receiving inpatient care for management of mental disorders from specialized health care providers was 8,017 in the same year, while the total number of treatment courses of psychotropic medicines delivered was 149,058. The total number of health facilities with integrated mental health services rose to 580 (in addition to facilities at 1,470 schools). WHO aims to increase coverage by a further 15% in 2021.

Enhancing laboratory systems in mental health specialized hospitals, WHO supported the procurement of three automated biochemistry analysers and two 3-part differential haematology analysers. One has been delivered to Ibn Sina hospital, in addition to the technical support necessary to ensure smooth running of the equipment, while the remaining units will be delivered during the first quarter of 2021.

In response to the challenges imposed by COVID-19 related lockdowns and curfews, WHO launched a pilot project in Aleppo, in partnership with Ibn Khaldoun Mental Health Hospital, through which 1,550 mental health services were delivered in people's homes. They included MH consultations and delivery of psychotropic drugs and family psychosocial support.



WHO-supported mental health and psychosocial support teams conduct regular at-home visits in collaboration with Ibn Khaldoun Mental Health Hospital, providing mental health consultations and, when required, medication

As heavy fires erupted across forests and agricultural land in Syria, the Directorate of Health (DoH) in Homs, the governorate most impacted, requested support for the delivery of psychological first aid interventions in 13 affected villages. WHO supported three mental health outreach teams of trained doctors in providing psychological first aid to 466 people in affected communities.



A referral mechanism was developed with 16 health partners in northeast Syria, through which 706 cases were referred. Up to 30% of the 628 IDPs who received specialized consultations were diagnosed with depression. Specialized mental health has been integrated into the field hospital at Al-Hol Camp so that patients there can receive the treatment and management they need, in addition to psychosocial support.

WHO and partners continued to offer much need psychosocial support to those in need throughout 2020

The information system for mental health is constantly being developed to ensure all MHPSS interventions are recorded. WHO has supported various training sessions for data collection focal points. Data from mental health hospitals, outpatient clinics, and PHCs is integrated with the HeRAMS system on a quarterly basis.

Mental health promotion and prevention activities are carried out at community level, with full participation of community members throughout all phases of projects from design to implementation. WHO has supported awareness-raising sessions in partnership with partner NGOs, and a large-scale community engagement effort under the RCCE pillar of the COVID-19 response was launched to strengthen stress-coping mechanisms for community members and counter stigmas associated with COVID-19 and mental health as well discrimination that prevents health-seeking behaviour. Such interventions were staged in schools, homes, community health settings,

IDP camps and camp-like settings, and neighbourhood and community groups, reaching 130,304 people across six governorates.

The content of technical materials, teaching methods, and training and presentation techniques were adjusted to facilitate the delivery, by WHO MH unit, of training through online platforms ensuring knowledge, skills, and key messages continued to be shared across emergency response areas. This methodology aims to enhance accessibility, flexibility, mobility and cost effectiveness for capacity development and enabled delivery of MHPSS training to up to 2,000 humanitarian workers, as well as the provision of technical support for remote MHPSS services offered by UNDP. A plan for expansion in 2021 is in place which includes the possibility of partnership with UNDP and other qualified partners in a bid to scale up remote MHPSS and improve data management, technical reporting, and indicators that measure service provision and effectiveness.

An MHPSS component has also been integrated into the UN safety plan in alignment with the Inter-Agency Standing Committee (IASC) MHPSS multi-layered pyramid of interventions and in accordance with the UN general plan for UN staff. A workshop on mental health in the workplace, peer support, self-care, and stress management for humanitarian workers in emergency settings was held in Aleppo in partnership with a faith-based organization and a staff care plan was developed during several follow-up sessions with the aim of building a policy for mental health in the workplace in 2021.

In coordination with other partners in the MHPSS technical working group, WHO supported the adaptation of the IASC COVID-19 related children's storybook 'My Hero Is You' into a colouring book in both Arabic and English, and supported the development of Arabic puppet theatre based on the same book.

People in northwest Syria are particularly and severely impacted in terms of mental health and psychosocial wellbeing as a result of protracted conflict, ongoing displacement and economic hardship, which in 2020 was compounded by the many consequences of the COVID-19 pandemic. Mental health consultations increased during the pandemic. By August the number of consultations had risen to 9,851, compared to 6,969 the previous month, and the numbers continued to rise. In partnership with the MHPSS Technical Working Group, WHO conducted a survey related to suicide between October 2019 to September 2020, using an online questionnaire and gathering 534 responses in northwest Syria. Results suggest that 1,748 individuals in the region had attempted suicide during the survey period, 246 of them successfully. 76% of those who had attempted suicide during the survey period, resulting in 246 deaths and 86.6% of those who attempted it were internally displaced persons. This highlights a severe need for better response mechanisms for mental health.

WHO continues to provide support to all 169 facilities in northwest Syria offering MHPSS services by providing technical support and regular supplies of medication in 74 communities and 29 sub-districts. The Organization has also provided training to 2,413 PHC doctors, nurses and field

supervisors and, in response to increasing rates of suicide, created a Suicide Prevention Manual adapted to COVID-19 and provided mhGAP training to 602 key health workers across the region who are now suicide prevention helpers. A further 460 midwives received training and supervision through the Thinking Healthy Programme in a bid to counter the risk of pregnant and post-partum women developing perinatal depression.

WHO met the running costs of the community-based Sarmada Mental Health Care Centre in Idlib in 2020, providing specialized mental health care to 4,544 beneficiaries through 9,137 consultations and receiving 391 referral cases. WHO also supported six non-specialized MHPSS facilities across northwest Syria (through which 12,245 beneficiaries were reached in 2020) and seven mental health mobile clinics and rapid response teams that reached 6,729 beneficiaries, among them those in far-flung communities without any other access to MHPSS. As of August 2020, WHO has been supporting online MHPSS counselling services for COVID-19 patients and frontline workers in the region, reaching 515 beneficiaries by year's end. A further 1,194 people received in-person psychosocial support counselling at COVID-19 facilities. 488 psychosocial workers in the region were providing psychosocial support services by the end of 2020. Among them were the only 16 psychologists remaining in northwest Syria. A total of 57 health facilities with mhGAP-trained doctors are also providing quality MHPSS services and follow-up.



WHO supports mental health inpatient care at the Sarmada Centre in northern, rural Idlib

## Mobile medical teams and widespread training ensure mental health treatment remains a priority in the northwest

Restrictions to movement and lockdowns in response to the COVID-19 pandemic can have as much of a negative impact on people's health as the virus itself. Patients in need of mental health services are most affected, particularly those struggling to access treatment at a health care facility. 75% of people with mental health conditions in Syria receive no treatment at all, and the pandemic has further aggravated the situation.

"There is no health without mental health. We live in an environment where mental health needs are greater than in any other place. WHO works with health partners across the whole of Syria to ensure the medicines and services needed to care for mental health patients are available, while reducing their risk of exposure to COVID-19," said Dr Akjemal Magtymova, WHO Representative in the Syrian Arab Republic.

"My mother, sister and two brothers suffer from schizophrenia and my 9-year-old younger brother is always in seclusion," explains 30-year-old Kawthar. "During the COVID-19 lockdown earlier this year, there was no public transportation, and I couldn't get to the hospital, which is quite far away, to buy medicines. As a result, their symptoms started worsening; they started hallucinating, their speech was largely disorganized, and they started having bizarre visions."

In a bid to reach and help thousands like Kawthar and her family, WHO supported mobile medical teams to ensure patients of the WHO-supported Mental Health Hospital were not neglected and continued to receive medical attention. The mobile teams serve more than 1,500 people in different areas across Aleppo with a wide range of health services such as nursing, mental health and psychosocial sessions, as well as COVID-19 awareness sessions. Medication is also provided on a needs basis.

"Mental health is of particular importance in northwest Syria, where a fragile context has placed additional stress on a vulnerable population who have been living in a dire situation for the last 10 years," said Dr Mahmoud Daher, head of the WHO Emergency Field Programme in Gaziantep, Turkey.

Four psychiatrists were serving a population of over 4 million in 2016. WHO has since supported the training of over 160 doctors and nearly 450 psychosocial workers to provide non-specialized mental health and psychosocial support services in primary health care centres across northwest Syria. Now, over 20 local organizations in the northwest are operating over 160 facilities to provide mental health care and psychosocial services to 71 communities and 29 sub-districts across the region.

## Communicable diseases

Among the main challenges in the management of communicable diseases in Syria is a shortage of medicines to tackle those identified as requiring priority consideration. Despite a lack of funds and long lead times for procurement and logistics, WHO was able in 2020 to secure medicines to manage 4,200 cases of brucellosis, 13,500 cases of typhoid, 3,200 cases of severe respiratory infection, and 500 cases of meningitis. 45 cholera kits (five central, 10 peripheral and 30 community kits) were also prepositioned to address potential outbreaks of cholera.

### Routine immunization

Syria's Routine Immunization Programme, launched in 1978, was among the strongest in the Eastern Mediterranean Region before the onset of the Syria crisis in 2011, when destruction of infrastructure, including vaccination centres, and a severe "brain drain" led to a sharp decline in the availability of trained technical manpower. This resulted in a drop in vaccination coverage and the eruption of outbreaks of vaccine-preventable diseases, including polio (2013 and 2017) and measles (2017 and 2018). Approximately 986 immunization centres are functioning in Syria, around half the number active prior to 2011. They are supplemented by outreach and mobile vaccination activities in all 14 governorates. GAVI declared Syria eligible for support in 2019 and allocated over 16 million USD towards the enhancement of immunization activities in Syria in 2021-2023. WHO supported the development of a comprehensive multi-year plan for 2021-2023 and the Programme Support Rationale (PSR) that secured GAVI support.



WHO and partners run an immunization campaign in Hama

Through the Expanded Programme of Immunization (EPI), the Primary Health Care Department at the MoH combats ten deadly and debilitating diseases of infancy and adopts special strategies to maintain high population immunity and prevent outbreaks of vaccine preventable diseases. MoH plans cover high-risk areas and those newly under its jurisdiction following a change in control, adopting Periodic Intensification of Routine Immunization (PIRI) for rapid closure of immunity gaps and mitigation of risk. WHO supports the MoH technically and financially to implement different EPI activities, targeted campaigns and surveillance. Prior to lockdown measures resulting from the COVID-19 pandemic, the MoH planned and executed a series of targeted routine immunization activities to boost immunity among children in their first year of life, and in February 2020 a nationwide polio vaccination drive targeted 2.8 million children under the age of five in all accessible villages in Syria.

The MoH contracted mass immunization drives following the first confirmed case of COVID-19 in Syria in March 2020 for fear of exposing children and service providers to unwanted risk but chose to maintain EPI routine fixed vaccination sites with special emphasis on physical distancing for staff and the use of infection prevention and control measures. With the financial support of GAVI, WHO has provided PPE (masks, gloves and disinfectant) for EPI vaccinators. The lockdown affected EPI coverage due to limitations on movement, cessation of all mobile routine immunization activities, and suspension of mass campaigns. Vaccine coverage for all antigens dropped in 2020 compared to 2019, resulting primarily from the pandemic. Priority was however maintained for the vaccination of deprived and high-risk individuals, who were accessed through mobile clinics.

Year	BCG	DPT-Hib1	DPT-Hib3	DPT-Hib4	Hep1	Hep2	Hep3	IPV1	IPV2	MMR1	MMR2	OPV0	OPV1	OPV2	OPV3
2020	76%	76%	68%	69%	73%	70%	65%	76%	72%	76%	70%	69%	69%	75%	69%
2019	85%	82%	72%	69%	76%	81%	72%	81%	76%	81%	70%	80%	75%	79%	70%
Variance	-9%	-5%	-4%	0%	-3%	-11%	-7%	-5%	-4%	-4%	0%	-11%	-5%	-4%	-1%

Reported vaccine coverage (2019 and 2020)

With the relaxation of lockdown measures in late May, the MoH implemented an intensified plan of action to strengthen EPI activities through a series of training workshops, two rounds of National Immunization Weeks (NIW) for multiple antigens, and two polio campaigns, one national and one sub-national. EPI vaccination activities were intensified with special emphasis placed on high-risk communities, including camp residents and nomads. The first of the National Immunization Weeks was carried out through functioning fixed EPI centres in June. 872,865 children visited vaccination sites, of whom 79,039 qualified for vaccination. The second round took place in November. In addition to repeating the multi-antigen approach of the previous round, additional Injectable Polio Vaccines (IPV) were provided for all children

aged between three and 23 months, irrespective of vaccination history, to protect against vaccine derived polio. 926,698 children under the age of five visited the vaccination sites, of whom 64,293 qualified.

Training is key to improving the quality of EPI services. WHO supported the delivery of induction and refresher training workshops for vaccinators in all governorates as well as training in surveillance of vaccine preventable diseases in a bid to boost early detection and response. Core staff were trained in COVID-19 case identification, investigation, reporting and follow up and training on the Vaccine Management System (vSSM) was given in December to central and governorate EPI staff and the MoH information management department.

WHO also supported the re-establishment of EPI services in northwest Syria and, following initial suspension of activities due to COVID-19, increased the number of active vaccination centres to 93 by the end of 2020 (up from five in March 2017). WHO supports the operational costs of 40 of the centres, facilitating 62 of a total of 134 vaccination teams. Vaccination efforts have been impeded by security issues that led to mass population movements in early 2020 and a loss of accessibility to some areas. In response, 23 EPI centres were reallocated to new areas to serve displaced populations. The pandemic has strained operations further.

Remapping of communities and new settlements is conducted regularly in order to follow population movement. The vaccination plan for northwest Syria includes: mapping of high risk areas with low routine immunization performance, in order to develop special strategies to close gaps; training new vaccinators and providing on-the-job refresher

courses for existing ones; and outreach activities, primarily targeting nomadic populations, IDPs and hard-to-reach communities.

Routine immunization administered in northwest Syria in 2020 included 577,002 doses of the pentavalent vaccine, 271,302 doses of IPV and 290,533 doses of MMR. All EPI teams and their 622 members were trained in COVID-19 awareness, physical distancing and protective measures, and a monitoring tool was developed to measure their adherence to WHO guidelines on distancing, use of PPE and raising awareness around COVID-19. Governorate and district supervisors submit daily reports that are discussed in virtual daily meetings.

The MoH conducted four rounds of PIRI in Deir-ez-Zor governorate in 2020 (three of which post-lockdown) and three special activities for nomadic populations. All adopted the multi-antigen strategy and were supported, both technically and financially, by WHO.

### Measles

EWARS data across 13 governorates indicates a significant decline in the number of suspected cases of measles reported in 2020, with figures down 60% compared to the previous year. The highest number of suspected cases reported were from Deir-ez-Zor, Ar-Raqqa, and Aleppo governorates. In line with the decline in suspected cases, there was also a significant reduction in the number of positive cases, with only 14 cases of measles confirmed in 2020, compared to 738, 329, and 27 cases in each of 2017, 2018, and 2019 respectively. The 14 cases identified in 2020 were detected in Rural Damascus (3), Damascus (3), Aleppo (2), Al-Hasakeh (2), Dar'a (2), Lattakia (1), and Hama (1).

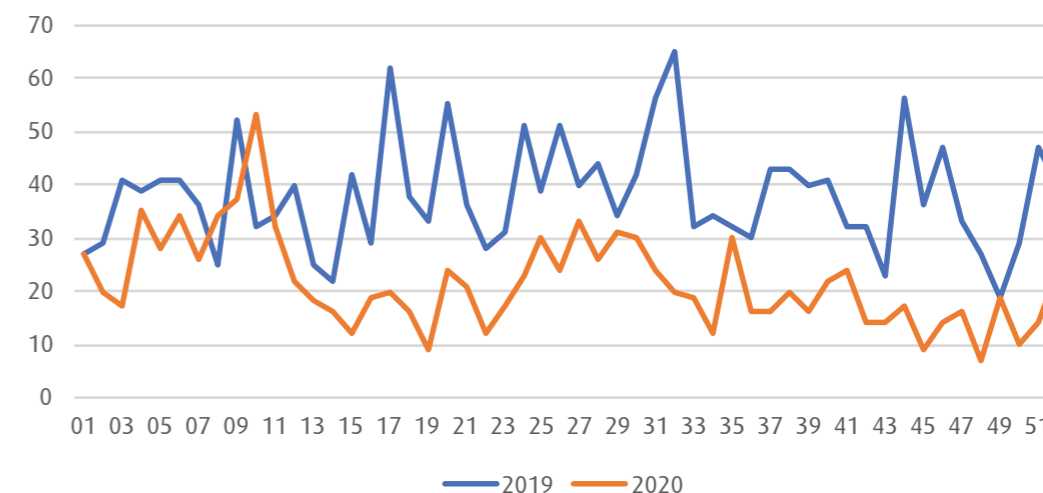
The decline in measles case rates may be linked to the pandemic, which added a great burden on the health system and impeded surveillance activities by rapid response teams due to restrictions on movement. Consequent to limited movement, demand for services at primary health centres fell, with the number of recorded PHC consultations down by 14% in 2020 compared to 2019 (EWARS) despite an increase in the number of EWARS reporting sites

in 2020. The MOH is preparing for a nationwide drive of measles and rubella vaccinations in 2022 in anticipation of a rise in case numbers as a result of an accumulation in susceptibility since the last MR campaign, run in 2018. This is in line with expectations of a surge of cases in Syria every 2-3 years. The last one was detected in 2017.

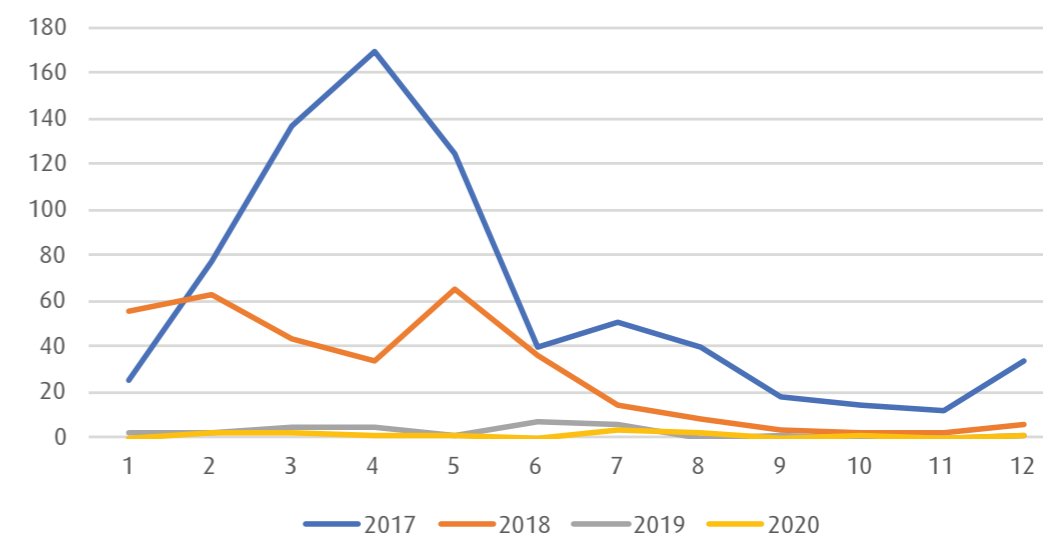


WHO and partners support immunization campaigns in Rural Damascus

Suspected cases of measles reported per week (2019-2020)



Confirmed cases of measles by month (2017-2020)



288 suspected cases of measles were reported in northwest Syria in 2020, compared to 716 and 17,931 in 2019 and 2018 respectively. 42% of 185 samples were sent to laboratories tested positive.

The highest numbers of suspected cases were in Idleb, Aleppo and Ar-Raqqa. The fall in the number may be attributable to the two measles campaigns conducted in 2018 and the intensification of routine immunization services through 93 EPI centres in northwest Syria by end of 2020.

## Polio

While Syria is on track to eradicate polio, neighbouring countries pose extensive risks given their ongoing circulation of wild poliovirus and/or outbreaks of vaccine-derived poliovirus, type 2 (cVDPV2) in particular. Maintaining high immunity barriers in children aged 0-59 months in Syria is therefore critical. Polio campaigns in Syria use oral polio vaccine (OPV) to guard against wild poliovirus, and National Immunization Weeks cover high-risk ages using injectable polio vaccine (IPV) to guard against cVDPV2.



WHO provides support to national partners providing immunization services in Rural Hama

Date of Polio Campaign (OPV)	Targeted U5 Children	U5 Vaccinated	Reported Coverage	Post-Campaign Monitoring
1620- February NID	2,804,279	2,652,471	95%	89%
1923- July 2020 Sub-NID	948,381	972,984	102,6%	89%
1115- October NID	2,804,279	2,553,658	91.1%	92%

Coverage of the three rounds of oral polio vaccine delivered in 2020  
Post-campaign monitoring is carried out by personnel from academia and local NGOs in order to assess vaccination coverage.

Syria has a robust polio surveillance system that includes environmental sampling and can track deviations and guide responses. Stool specimens are sent to the WHO-accredited National Polio Laboratory (NPL) in Damascus for analysis and the Organization supports technical reviews of all detected AFP cases. To strengthen case detection and early reporting, WHO also supports training for acute flaccid paralysis (AFP) surveillance for its staff, partners, academic researchers and the private sector. WHO support in strengthening capacity at the NPL has enabled it to become a referral laboratory capable of performing the most sophisticated polio tests and has included funding of all necessary supplies, equipment, and capacity building of senior staff through internal and external workshops coordinated with WHO EMRO. The NPL passed the annual WHO accreditation exercise in 2019, confirming that the laboratory has the capability and the capacity to detect, identify and promptly report wild and vaccine-derived polioviruses in clinical and environmental specimens. While the MoH is responsible for training and managing surveillance staff, WHO provides financial support for transport, incentives for timely collection and analysis, and capacity building.

Syria has met the global set of indicators for adequate AFP surveillance, in particular rates related to case detection and sample adequacy. The NPL has also met the global set of indicators for adequate testing and as a result has extended its support to the National Polio Program in Lebanon. The National Certification Committee meets regularly to follow up on certification standards and their report on polio in Syria was endorsed by the Regional Certification Committee for Syria, which confirmed compliance with the global requirements for polio eradication.

Several factors affect the epidemiological situation in northern Syria, in particular massive population displacement, rapid changes in control and, in some areas, access<sup>8</sup>. These chronic problems emphasize the need to keep Acute Flaccid Paralysis (AFP) surveillance at the highest level. 386 cases of AFP were detected in this region in 2020 with a high non-polio AFP rate (10.2)<sup>9</sup>. Key surveillance indicators met global standards at national and sub national levels in 2020, during which no wild or vaccine-derived poliovirus or Sabin-like type 2 (SL2) cases were detected. The risk of importation remains however, due to an inability to run immunization activities in inaccessible areas, the continued circulation of poliovirus in Afghanistan and Pakistan, and uncontrolled population movement across the borders. The risk of vaccine-derived polio is also particularly high in conflict-affected areas because of deteriorating coverage of routine and supplementary immunization, especially in the eastern governorates.

A supplementary polio campaign was conducted in October 2020 targeting children under five in all accessible areas in northwest Syria. The target population was an estimated 815,242 children under the age of five. Administrative coverage reached 104% of that target and third-party monitoring coverage was 92.3%. The campaign was run in challenging circumstances, with population movement making the definition of precise targets challenging. Team support centres used available data on communities, camps, and settlements, as well as estimated targets for each community in routine vaccination centres to generate maps and itineraries for each vaccination team engaged in the campaign. A dynamic strategy was then adopted to address changes on the ground. WHO secured PPE and all staff involved were trained on IPC. The campaign was postponed due to the pandemic, first from April to July, and then again to October after the first case of COVID-19 was reported in the area.

<sup>8</sup> Kobane, Menbij, and Turkish-controlled areas including Al-Hasakeh corridor

<sup>9</sup> The non-polio AFP rate is an indicator of surveillance sensitivity which points to a lack of reporting of AFP cases.

## Tuberculosis and HIV

9,556 people received voluntary HIV counselling and testing (VCT) in Syria in 2020. The pandemic and the restrictions brought on by it resulted in a lower-than-expected reach, at only 33% of the target. At the end of 2020, the National AIDS Programme (NAP) was providing antiretroviral therapy (ART) to a total of 276 people living with HIV, 30 of whom began receiving ART in 2020.

2,573 cases of tuberculosis (TB), in all its forms, were identified and supported with treatment and follow up care in 2020. They include 16 cases of drug-resistant TB. All patients have begun second-line treatment, while drug-resistant patients are supported directly on a quarterly basis with assistance that covers the basic cost of food as well as transportation to health centres for the collection of medication and other follow up visits.

WHO supported a number of enabling activities, most of which were carried out in partnership with the national TB and AIDS programmes and national NGOs. They included capacity building (training, workshops, facilitations and supervisory visits), awareness raising for youths, the provision of VCT to most-at-risk populations, regular monitoring visits to HIV labs and NAP offices at governorate level, and cost covering for the transportation of samples. WHO also provided the NAP with medications to ensure the availability of ART for those in need, particularly IDPs and other vulnerable populations, and helped the NAP review and update its five-year national strategic plan. Activities were also held in Damascus on World AIDS Day in a bid to raise awareness and encourage decision-makers to play a prominent role in reducing HIV related stigma.

WHO has also supported the MoH National TB Programme (NTP), procuring - through a Global Fund grant - a mobile clinic equipped with x-ray machines for each of Aleppo, Deir-ez-Zor and Rural

Aleppo, all areas that are hard to reach for active case finding without them. The mobile units now provide continuous TB services (diagnosis, treatment and awareness sessions) for IDPs and other vulnerable populations in emergency response areas and closed settings such as prisons. They have been functional since March 2020, each equipped with a doctor, a nurse, a lab technician and a driver, and together have reached 30,754 individuals with messaging about TB and COVID-19, screened 24,006 people, and confirmed 70 cases of TB. WHO is supporting their operational costs through a Middle East Response (MER) grant. The Global Fund also enabled WHO to procure three new GeneXpert machines and PPE for health workers in both the TB and HIV programmes.

NAP and NTP targets are difficult to meet due to the security situation, which prevents the provision of services in many governorates, including Idleb, Ar-Raqqa, northern Aleppo and the eastern part of Deir-ez-Zor. The NAP has also faced challenges reaching previously diagnosed patients who were receiving treatment before being displaced. To address the lack of coverage, WHO focal points on the ground have coordinated with local stakeholders in hard-to-reach areas to report suspected cases; investigate the cases, collecting samples and sending them to the reference lab in Damascus; and provide ART to patients when needed, in coordination with the NAP. To provide TB and HIV medicines to patients in some non-government-controlled areas in rural Aleppo and northwest Syria, WHO coordinates with the MoH, the Ministry of Foreign Affairs and the SARC to provide medicines through SARC medical points and WHO focal points, which also arrange for the transportation of samples from hard-to-reach areas. WHO will engage more effectively with the national NGO Al-Sham in 2021 in order to provide a basic services package for patients in areas with a health sector severity scale score 3 and above.

WHO is supporting three TB centres in northwest Syria in order to ensure continued provision of full-service packages. A number of challenges impact the centres, including: the absence of a laboratory for culture examination and testing for drug resistant TB; the unstable security situation and restrictions in movement that affect transportation of samples to Turkey; high staff turnover; the impact of the pandemic on treatment supervision; and funding gaps. In response, WHO has supported the centres through the provision of: diagnostic services (microscopy, X-ray, GeneXpert Rif<sup>10</sup>, Culturing, DST for FLD and SLD)<sup>11</sup>; comprehensive treatment regimens for patients with drug susceptible



Dr. Akram examines a patient five months into treatment against skeletal TB at a WHO supported centre in Azaz run by the NGO Syria Relief & Development



WHO distributes awareness raising material on World Aids Day

TB; first- and second-line drugs from the Global Drug Facility (GDF) to cover treatment needs until the end of 2021; medical supplies and consumables for direct microscope diagnosis and cartridges for GeneXpert until the end of 2021; a referral system for suspect TB cases; preventive treatment for children under five; treatment supporters to enhance adherence to treatment; strengthened contact tracing; collaborative activities for TB and COVID-19; active TB screening for IDPs through mobile screening teams; food baskets for TB patients; Programmatic Management of Drug-resistant Tuberculosis (PMDT) treatment for multidrug resistant TB.

<sup>10</sup> The GeneXpert machine is normally used to test TB patients if they have a resistance to TB drugs, the most common of which is rifampicin (Rif), a drug included in most TB treatment regimes

<sup>11</sup> DST- drug-susceptibility testing in TB; FLD - first line drugs for TB; SLD - Second line drugs

## Neglected Tropical Diseases

Neglected tropical disease programmes in Syria have been affected by the pandemic. An annual deworming campaign that combats helminthiasis, and has been conducted since 2016, was postponed in 2020 due to the lockdown and school closures. More than 3 million school children would have benefited from this campaign. All medicines and materials for the campaign are currently at the WHO warehouse, awaiting the rescheduling of activities in 2021.

WHO has secured 8000 anti-rabies vaccines to be distributed to all governorates, including Aleppo and northeast Syria, and provided 2000 praziquantel tablets for treatment of hydatid cysts.

Cutaneous Leishmaniasis (CL) is endemic in Syria, particularly in northwest Syria, with 71,704 cases reported in 2019. Control measures are important to limit the spread of this parasitic disease, which is

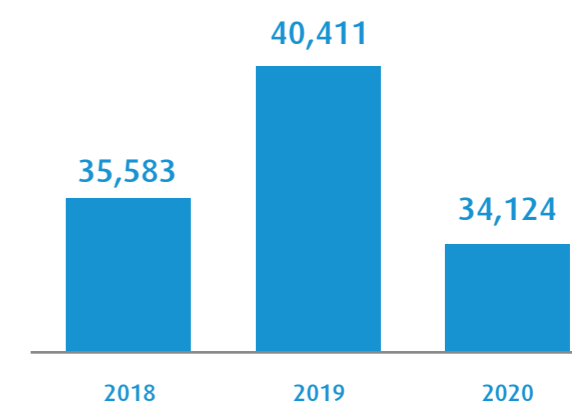
transferred through the bite of phlebotomine sand flies. An indoor residual spraying campaign was conducted in priority high-incidence neighbourhoods in response to an increase in the number of cases in Aleppo and Hama. The Aleppo campaign reached 35,558 households and 205,660 beneficiaries. The Hama campaign reached 37,666 households and 187,464 beneficiaries. A training course on early detection, treatment and case management of cutaneous leishmaniasis was conducted in January 2020 in Al-Hasakeh and attended by 25 health workers responding to a severe increase in cases in the countryside east of Deir-ez-Zor. WHO supported two Leishmaniasis campaigns in 2020 in the highly endemic governorate. By establishing temporary medical points at the Euphrates ferries, DoH health workers have been able to treat 3,246 cutaneous leishmaniasis cases. More than 12,000 people have also benefited from awareness sessions.

34,124 leishmaniasis cases were reported in northwest Syria in 2020, down from 40,411 in 2019 and still lower than the 35,583 recorded in 2018. While the rate of new cutaneous cases was down 19% compared to the previous year, there was a dramatic increase in the number of new cases of visceral leishmaniasis to 53, more than double the total number recorded in the two previous years combined.

In response, the WHO office in Gaziantep distributed 145,000 insecticide-treated bed nets in northwest Syria in 2020, along with 168,050 vials of meglumine antimoniate, 3,000 rapid diagnostic tests for visceral leishmaniasis and 450 vials of amphotericin B, serving more than 200,000 beneficiaries in 37 communities in 13 sub-districts of Aleppo and Idleb governorates, 68% of whom were IDPs. In collaboration with a health cluster partner, WHO produced and distributed 4,500 brochures for adults, 100 for children and 78

posters that served to raise awareness; supported five health facilities in providing diagnostic and treatment services; and offered training to 250 community health workers on leishmaniasis and other key public health problems, including scabies, lice and diarrhoeal diseases.

Reported cases of Leishmaniasis in NWS (2018-20)



WHO supports the leishmaniasis campaign in Der Ez Zor governorate

### PHCs treat parasitic disease to clear face of young boy from lesions

A man living in Maaret Tamsrin, Idleb, visited a WHO-supported PHC in November 2020. With him was his four-year-old son. The young boy presented with severe lesions across his whole face. Some were close to his eyes and covered his lips, making him very uncomfortable. His parents were very concerned that the lesions would continue to grow and would cause damage and scarring to his face, leaving him permanently deformed.

Trained medical staff at the centre diagnosed the lesions as caused by cutaneous leishmaniasis. Due to the severity and prevalence of the lesions, the patient was prescribed a 20-day course of daily intramuscular injections of glucantime. His blood was tested regularly to monitor potential side effects. Within a month the lesions cleared up completely and both father and son left the clinic after their final follow up relieved and grateful.



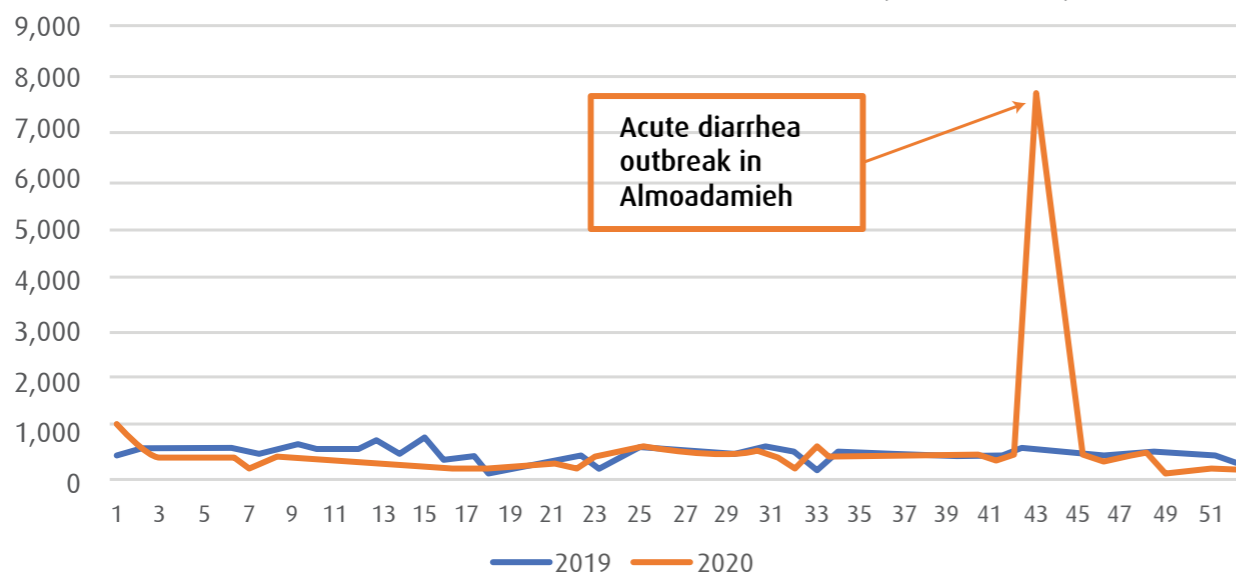
Cutaneous Leishmaniasis (CL) is endemic in Syria. This boy's parents were concerned that the lesions caused by the infection on their son's face would leave him permanently deformed. Within a month of diagnosis and treatment at a WHO-supported PHC, the lesions disappeared.

## Acute diarrhoea

Water and sanitation systems in some governorates have deteriorated significantly in recent years. The main water supply networks have broken down, pollution of water has spread, and drinking water in some governorates, such as Rural Damascus and Deir-ez-Zor, comes primarily from untreated sources. Interrupted access to safe water supplies has compounded the risk of waterborne diseases such as typhoid, hepatitis A and acute diarrhoea. In 2020, outbreaks of acute diarrhoea were reported

in three locations in Rural Damascus. DoH rapid response teams were deployed to investigate water resources in affected areas and send samples to the CPHL. The DoH coordinated with water authorities, which replaced the water sources and added chlorine to the water network. Water purification tablets were distributed to households with instructions and risk communication messaging pertinent to drinking water precautions.

Cases of acute diarrhoea in Rural Damascus (2019-2020)



A multisectoral committee ensures coordination between the health and environmental sectors and the water authority and conducts investigations to identify sources of contamination. Mobile clinics are deployed through health centres to provide health services, and RRTs collect stool samples from patients to identify the aetiology of disease. In 2020, WHO provided the DoH with cholera kits for health facilities in affected areas (15 community kits, five periphery kits, and two central kits).

## Disease early warning and response



WHO supports health workers screening travellers at a point of entry

Syria faces challenges in ensuring laboratory support for surveillance, including sample collection and transportation. Hard to reach areas - mainly those in northeast Syria - are not comprehensively covered by the surveillance system and continuous support is required for all activities (surveillance, response, supervision, and training support). Problems are compounded by a high turnover of trained staff, difficulties in logistics and communication (mainly in Deir-ez-Zor, Al-Hasakeh, and Ar-Raqqa) and insufficient funds to secure some medicines and vaccines.

The Early Warning and Response System (EWARS) is the main source of data for monitoring of and response to disease outbreaks in Syria. The number of EWARS sentinel sites increased from 1,256 in 2019 to 1,359 in 2020; new sentinel sites have been recruited in seven governorates to collect data on epidemic prone diseases. Through sustained WHO support for EWARS, reporting is now at 89%. The next stage of expansion will focus on increasing the number of reporting sites in northeast governorates.

WHO is still taking active measures to strengthen preparedness for, and response to, disease outbreaks. In 2020, WHO and partners responded to approximately 81% of outbreak alerts within 72 hours.

Rapid investigation and response interventions were limited in Idlib due to inaccessibility, and the security situation in some areas hindered response measures. WHO support for response measures included: COVID-19 interventions, essential medicines, financial support for investigative visits and collection and transport of specimens, awareness raising through the printing and distribution of educational materials, and training for surveillance and RRTs on COVID-19 and EWARS priority diseases. WHO supported EWARS training workshops in three governorates (Ar-Raqqa, Aleppo, and Deir-ez-Zor), increased the number of EWARS sites in those governorates, therefore enhancing the capacity for early detection of disease. To maintain immediate notification capacity for disease alerts and facilitate online data entry capacity for EWARS weekly reporting, WHO established a communications network for EWARS and surveillance officers and covered the running costs of communications, including internet connections, to enable communication between surveillance and laboratory officers. WHO also supported supervision and monitoring activities for EWARS reporting sites in 13 governorates at central and peripheral level. Supervision activities aim to monitor progress versus planned outputs, check the quality of reported EWARS data, identify needs and gaps, and improve the overall performance of the programme.



EWARS is implemented mainly in public health facilities, reporting directly to health directorates, but also in other private and NGO-run health facilities that report directly to WHO. The total number of sentinel sites reporting to EWARS by end of 2020 was 1,359, of which 300 are at private or NGO-run facilities. To ensure timely submission of EWARS reports and improve completeness of reporting, WHO has deployed 22 EWARS assistants in eight governorates (Deir-ez-Zor, Rural Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh, Idleb, Lattakia, Damascus, Rural Damascus, and Dar'a), who collect weekly reports from surveillance sites and send them to WHO focal points to be entered into the EWARS online system.

In northwest Syria, the disease early warning alert and response network (EWARN) was established in 2013 as a response to increased risk of outbreak-prone diseases caused by the effects of conflict. Its primary objective was to reduce morbidity and mortality associated with outbreaks through rapid detection and response to potential outbreaks of epidemic-prone diseases, determining the magnitude of health problems and following disease trends and targeting resources for timely and appropriate interventions.

The EWARN covers 4.2 million people in nine districts and 39 sub-districts of Aleppo and Idleb. Around 240 sentinel sites (130 in Aleppo and 110 in Idleb) are run by different NGOs and report to the EWARN on 13 diseases and syndromes including five waterborne diseases, three vaccine preventable diseases, two acute respiratory infections, leishmaniasis and unusual clusters of events and deaths (including COVID-19). In 2020, reporting reached almost 100% and timeliness 85%.

In 2020, the northwest reported a decrease in caseloads for other acute diarrhoea by 1.3%, suspected typhoid fever by 46%, measles by 57.6%, meningitis by 36%, AFP by 11.2%, SARI by 0.5% and leishmaniasis by 15.6%, and an increase in the caseloads of acute bloody diarrhoea by 6.2%, acute jaundice syndrome by 77.2% and influenza-like illness by 7.9%.

After primary screening, a total of 66 alerts were recorded in NWS in 2020, of which, after further verifications, 9 were considered outbreaks (mixed dermatological, food poisoning, other acute diarrhoea, lice and scabies, and acute jaundice syndrome).

Row Labels	# Alerts Generated after Screening	# Alerts Responded Within 24 Hours	# Alerts Responded Within 24-72 hours	# Alerts Responded After 72 hours	# Outbreaks
Aleppo	34	26	7	1	3
Idleb	32	19	11	2	6
<b>Grand Total</b>	<b>66</b>	<b>45</b>	<b>18</b>	<b>3</b>	<b>9</b>

Alerts and outbreaks of acute diarrhoea in 2020 in NWS

Throughout 2020, the WHO Gaziantep hub provided technical assistance on data analysis, weekly bulletins and reporting, capacity building and online data management tools for the EWARN team. With additional support from the regional office, the EWARN team also participated in a virtual annual EWARN

workshop on 'Transitioning from EWARN Systems in Emergencies to Routine Surveillance Systems'. WHO also provided EWARN with standard guidelines for using oseltamivir in addition to the protocol for its use in the context of COVID-19.

## Noncommunicable diseases

Since the start of the pandemic, people in northwest Syria who suffer from NCDs have been significantly more vulnerable to severe illness or death from COVID-19. This increased risk has been compounded by a general disruption of services for the prevention and treatment of NCDs. Investment in prevention, early diagnosis, screening, treatment and rehabilitation of NCDs in the northwest has been particularly dire. In a bid to support overstretched health facilities in the region during the pandemic, WHO provided approximately 1.2 million USD in funding for emergency NCD kits. The Organization ensured the integration of NCD care at 16 PHCs over six months (April-September), during which an NCD monitoring team provided on-the-job training, supervision and monitoring, addressing a total of 26,078 NCD patients and 36,832 NCD cases. 30,121 persons aged 40 and older were screened for cardiovascular disease. The intervention was then replicated at another 48 PHCs across the northwest over a six-month period, facilitated by three NCD field monitoring teams that addressed an additional 66,971 NCD patients and 84,862 NCD cases and offered screening for cardiovascular disease to 61,941 persons aged 40 and older.

Training was delivered to 400 community health workers in December through WHO-run workshops

on NCD prevention and basic cardiovascular screening at community level and through home visits. 8,000 screenings have since been carried out, of which 400 resulted in referrals for possible cardiovascular disease. In partnership with a global NGO, WHO was also able to support capacity building through e-learning at each of the 64 PHCs to further enhance skills in NCD management and treatment.

WHO also provides operational support and a wide range of medical equipment for cancer care. The Organization delivered training to 232 cancer registrars and oncology doctors working at facilities run by the Ministries of Health and Higher Education in 2020 and complemented those workshops with supervisory visits to centres in Homs, Hama and Tartous. WHO has also provided MoH/MoHE oncology departments with cancer medicines, supported the installation of and training in a Cancer Registry Automated System, and facilitated the installation of a CT scanner at Al Biruni University Hospital for Cancer Treatment in rural Damascus in order to enhance diagnostic capacity. A specialized NGO also received WHO support through the provision of cancer medicines and medical equipment needed to treat 400 children in an expanded unit dedicated to their care.



Health workers at a centre supported by WHO offer medical attention to patients in Hama

## Nutrition

As part of its programme on integrated management of childhood illnesses, WHO offered five training workshops and expanded the programme to include 345 more centres reaching 761,148 beneficiaries and 157,487 sick children, 4,553 of which were referred for specialized care. An additional series of seven workshops on neonatal resuscitation expanded the programme to include 44 additional hospitals, extending the reach to 72,352 new-borns across 13 governorates that offered a total of 6,058 neonatal resuscitation services. A series of ten workshops focused on new-born care at home, expanding programme reach to 105 villages (compared to 66 in 2019). 11,884 home visits were conducted, resulting in 261 referrals for specialised care.

To enhance understanding of and capacity to address malnutrition during the pandemic, a series of three training-of-trainers workshops were conducted that focused on new nutrition protocols in place within the context of COVID-19. Surveillance efforts to monitor nutrition collated data from 928 health centres and indicate that 1,249,654 related services were offered, 1,488 of which addressed cases of severe acute malnutrition at 25 stabilization centres. In addition to capacity building and monitoring, WHO facilitates nationwide cooperative efforts, and in 2020 coordinated a joint meeting with the heads of nutrition units in all governorates to review 2019 performance and plan for 2020.



WHO Representative in Syria Dr Magtymova visits a haemodialysis centre managed by an NGO partner in the governorate of Homs

## Environmental Health

Environmental health is a cross-cutting concern that requires close collaboration between various authorities. WHO works with partners including the MoH and the Ministry of Local Administration and the Environment (MoLAE) to assess, plan and implement measures relating to water safety, medical waste management, and food safety in a bid to improve environmental health in Syria.

WHO conducted a stakeholders' meeting in early 2020, with the support of the WHO Regional Centre for Environmental Health Action (CEHA) and in partnership with the MoH, to initiate Syria's environmental health national strategy and plan of action. FAO, UNICEF, MoLAE and the ministries of water resources and agriculture were among the 70+ participants in attendance.

Ensuring the adequate supply of clean water is essential in reducing the risk of waterborne diseases, particularly in overcrowded settings such as IDP camps. The prolonged crisis in Syria has resulted in deteriorated living conditions that increase the risk of waterborne disease outbreaks and epidemics. Water networks in Syria's major cities were functioning throughout 2020, but a lack of maintenance over a prolonged period and leakages from sewage often lead to the contamination of drinking water. The sterilization of water networks using electronic systems has been interrupted by frequent power failures, resulting in clusters of waterborne diseases. Many neighbourhoods rely on local wells that are not controlled and monitored, while residents in camps depend on water in tanks, which are at risk of contamination.

To mitigate the risk of water contamination and ensure water safety for vulnerable populations, WHO WHO monitored the quality of drinking water in Aleppo (rural areas), Rural Damascus, Al-Hasakeh, and Ar-Raqqa (including in IDP camps and ice factories), checking chemical and biological contamination of water sources including networks, ground wells, reservoirs, water tanks and jerry cans. Culture tests

have been carried out to identify pathogens when needed. In 2020, 769 tests were carried out in Rural Damascus, 1,193 in Rural Aleppo, and 10,503 in northeast Syria (Al-Hasakeh, Ar-Raqqa, and Deir-ez-Zor) among a population of 3.6 million people, including 94,000 IDPs. In response to the prevalence of acute water diseases during summertime, particularly in IDP camps, WHO conducted water quality monitoring in June and July 2020 at 12 ice factories catering to the Al-Hol and Areesha camps, which included laboratory analysis of water samples. Following assessment of the results, contaminated water sources were sterilized by national authorities. Over five million chlorine tablets procured by WHO were distributed to the MoH, Directorates of Health in Lattakia, Tartous, Hama, Rural Damascus, and Aleppo, and health partners in northeast Syria, including at six IDP camps and at collective shelters. WHO also supports MoLAE-affiliated public laboratories with water quality analysis, providing equipment and supplies.



School children attend a WHO workshop aimed to raise awareness around COVID-19 prevention

## Medical waste management

A lack of sustainable resources impedes proper management of health care waste throughout Syria. This exposes health workers, waste handlers, patients, their families and wider communities to preventable infections, toxic effects, and injury.

WHO collaborates with the authorities to facilitate the safe management of health care waste through appropriate segregation of hazardous wastes and waste treatment. In 2020, the Organization donated 500 waste containers to MoLAE, both centrally and in Al-Hasakeh. There are only four facilities for health care waste treatment in Syria, and safe transportation

of waste to off-site facilities is challenging. To address this, WHO procured three health care waste transport vehicles, two of which were delivered to authorities in Homs and Tartous in December and the third of which will be delivered to Hama in early 2021.

Within the framework of Infection Prevention and Control, WHO has supported the provision of three incinerators to dispose medical waste in northwest Syria. In addition to covering operational costs, WHO, through an implementing partner, provides technical support and training to staff on waste management, IPC measures, segregation and transportation.

## Health Diplomacy and Health for Peace Initiatives

Well designed, peace-responsive programming can render both peace and health outcomes more sustainable. Several important aspects of WHO's work already contribute to sustaining peace in a number of ways. The Organization's support for health systems helps break down economic, geographic, epidemiological and cultural barriers to access. In addition to contributing towards the provision of universal health coverage, these powerful actions can help rebuild trust and positive ties between citizens and the state. WHO can use its convening power to foster cooperation around specific health issues, facilitating dialogue and building relationships between stakeholders in different health and technical contexts.

The lasting impacts of the crisis in Syria will continue to drive resentment and grievances in a number of ways, particularly those related to trauma and mental health. Expanding capacities to address MHPSS needs and disability, and contributing to restoring, strengthening, and protecting health services in equitable and inclusive ways, are important steps towards longer term peace outcomes. Strengthening social cohesion will require enhanced capacity of

the Syrian public health system to deliver adapted emergency responses and long-term interventions that serve the most vulnerable in all 270 sub-districts of Syria.



A WHO representative visits a camp in Rural Homs to assess health needs

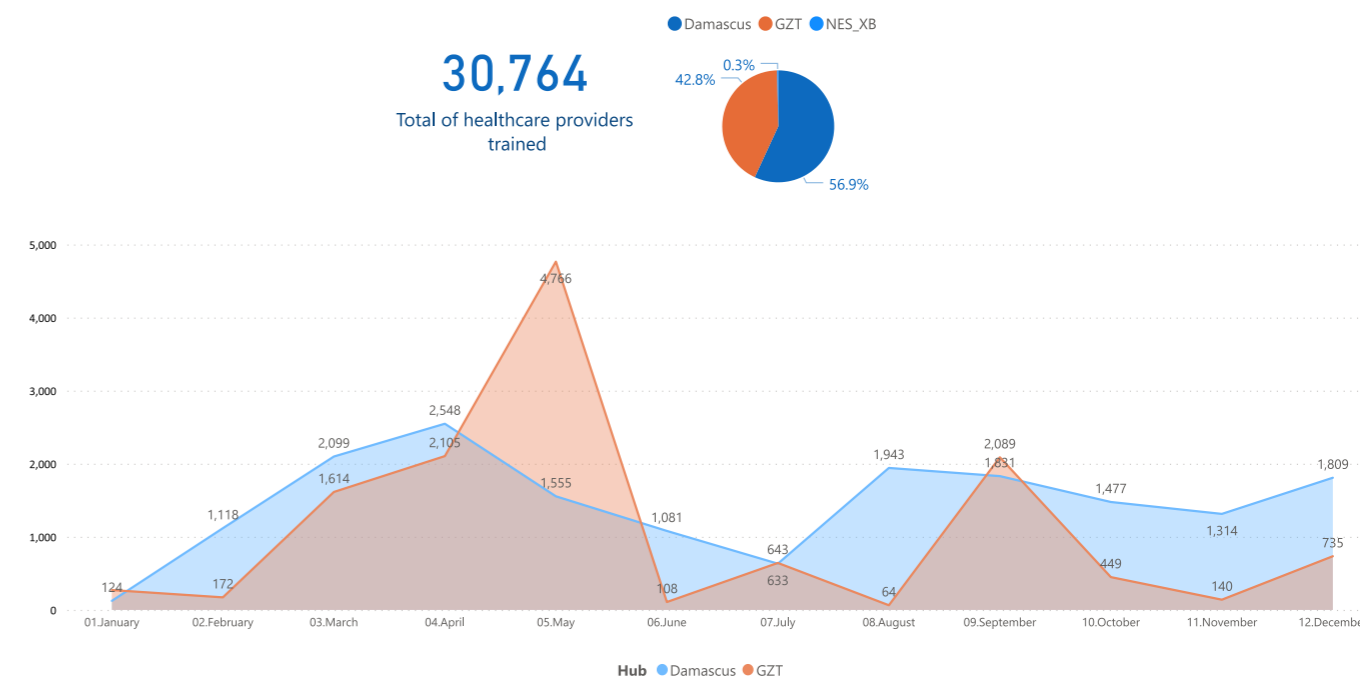
## Training

30,794 healthcare professionals in Syria received WHO-supported training throughout 2020. Training priorities and modules offered shifted throughout the year, depending on need and in line with the COVID-19 response. A directive issued by the MoH in the second quarter of the year resulted in the cessation of all non-COVID related training activities in areas of Syria under their jurisdiction. Some resumed later in the year, but with reduced capacity. Other challenges that impacted the ability of WHO and partners to

deliver training included security concerns and lack of access to hard-to-reach areas; a lack of MoH technical expertise; and a high turnover in medical staff.

Initiatives aiming at mitigating these challenges included the recruitment of highly qualified trainers, the delivery of TOT workshops at central level, and the delivery of more workshops online using digital platforms.

### Training of health care providers through WHO-supported initiatives across Syria (2020)



## Information management

### Health Resources and Services Availability Monitoring System (HeRAMS)

In coordination with the Ministries of Health and Higher Education and other partners nationwide, WHO Syria continued to support the operational and functional capacity of HeRAMS. The completeness of reports on the status and functional capacity of health facilities reached 100% in December 2020. Throughout the year, 2,000 health facilities, including hospitals, and fixed PHC centres across Syria, were covered by HeRAMS. By the end of the year, 1,066 (53.3%) of these facilities were considered fully functioning, 387 (19.4%) partially functioning and 531 (26.6%) completely out of service, while 16 (0.8%) were not reported.

### Routine health information systems

WHO supported the MoH and other health partners with civil registration and the documentation of vital statistics for deaths and births at public hospitals (mainly to improve statistics on cause of death in Syria) and has helped strengthen the National Health Information System at primary and secondary health care levels. A stronger information system will enable a better understanding of Syria's primary and secondary health care system and needs in terms of infrastructure, health services, human resources, equipment, and medicines, which should facilitate effective decision making.

## Third party monitoring

WHO conducted 91 third-party monitoring (TPM) visits to 53 NGOs in 11 governorates, 50% of which in northeast Syria, between 2018 and 2020. All focused on financial and technical verification and were conducted by a local specialized company.

Financial verification is based on monitoring inputs and financial processes of implementing partners and aims to ensure accountability, integrity, and transparency in all activities conducted in accordance with WHO agreements. Payments and bank management are monitored, as well as procurement, personnel engagement, budgets, goods and property. Between 2018 and 2020, 13% of NGO partners were found to be satisfactory, 71% partially satisfactory and 17% not satisfactory.

Technical verification relies on monitoring of overall quality of services provided by implementing partners under contract with WHO. 55% of partners were determined to be satisfactory in this regard between 2018-2020 and 45% partially satisfactory.

To align WHO's monitoring & evaluation efforts with the Director General's strategy and implementation plan for value for money, future third party monitoring contracts will include additional criteria for the evaluation of different project elements, to ensure that every dollar spent yields the best outcomes to help beneficiaries. The key themes of the Value for Money approach are economy, effectiveness, efficiency, equity, and ethics.

WHO also hired an external organization in northwest Syria to carry out third party monitoring of health care services provided by NGO partners in the region since 2018. A new round of monitoring was initiated in late 2019 and completed in October 2020 that focused on warehouse and pharmacy management and capacity building. The initiative involved monitoring of 48 supply lines from border crossings to end users in northwest Syria, visits to 28 warehouses and 48 health facilities, and interviews with 1,115 beneficiaries. No cases of aid diversion were identified for WHO-provided supplies.

### Monitoring of Health Assistance

WHO continues to gain insight from responses to a monitoring tool, in use since January 2019, that measures satisfaction with WHO assistance from both patient and health provider perspectives. The tool is used at health facilities run by the public sector, NGOs and other providers, and helps WHO to assess priority capacity building needs.

The monitoring tool takes gender mainstreaming into consideration and invites respondents to report on gender-related discrimination in assistance delivered by WHO. Patients reached via NGOs are contacted randomly to cross-check costs covered and quality of services. WHO focal persons use the tool to follow up on service deliveries based on a quarterly plan. Results are analysed by the M&E officer and recommendations applied accordingly.

## MAIN GEOGRAPHICAL AREAS OF FOCUS

### Northwest Syria



WHO facilitates the work of mobile medical units to ensure communities in hard to reach areas receive the medical services they need

Hostilities in northwest Syria continue to place a heavy toll on civilians who have already endured a decade of crisis, violence, multiple displacements and economic downturn. Insecurity, protracted conflict, repeated displacement and socioeconomic deterioration, in combination with the catastrophic fall in value of the Syrian Pound to its lowest ever rate against the US dollar, have added to the suffering. The COVID-19 pandemic has made matters worse, adding new layers of hardship and barriers, including the restriction of movement between districts (reducing access to health care services), the closure of some services, and delays in the import of goods, including essentials. Cross-border operations between the Gaziantep Hub and northwest Syria are heavily affected by UN Security Council Resolutions (UNSCR). UNSCR 2504 authorizes cross-border access to northwest Syria through Turkey only until 10 July

2021. Non-renewal of this resolution may therefore affect cross-border delivery of medical supplies and equipment as well as the provision of bilateral and pooled funding to Syrian and international NGO partners and the continuity of coordination efforts spearheaded by the WHO Gaziantep hub. WHO is in continuous discussions across all three levels of the Organization to ensure it can maintain its mandate as a guardian of public health in the area it maintained, as well as its ability to sustain partner coordination and technical support, procure and preposition supplies, administer ongoing and future contracts with implementing partners and manage funding mechanisms.

2.8 million people are in need of health assistance in northwest Syria, as of the end of 2020. Most are IDPs, and the majority of the newly displaced have stayed within the governorate of Idleb, moving either to urban centres such as Idleb city or to areas that already have significant IDP populations, such as Dana, Maaret, Tamsrin and Atareb. The priority needs of IDPs relate to shelter (21%), winterization (20%), and cash (20%). Almost half of those newly displaced – most of whom are women or children – are living with host families and in rented houses, while 32% are in camps or individual tents. With displacement slowing, the needs of newly displaced people and host communities across all sectors beyond emergency assistance will emerge more clearly and are likely to include health services for chronic illnesses and maternal care. Immunization will however remain as concern, as Syrian children often go unvaccinated, increasing the risk of outbreaks of vaccine-preventable, life-threatening childhood diseases.

Restrictions and closures of existing health services due to damage from attacks, insecurity and destruction of facilities and infrastructure are compounded by COVID-19 restrictions. Supplies and stocks in conflict areas have been partially lost, and the volatile environment makes delocalization of health structures challenging. The pandemic has compounded needs across the region, including IDPs and hosting communities. The pandemic has been an acute concern in northwest Syria, where millions of vulnerable people live in overcrowded areas and poor conditions. Health infrastructure was disrupted long before the pandemic and was therefore seriously under-equipped to respond to it. Capacity and availability of health workers, appropriate equipment, safe transportation and treatment were also lacking. Global shortages of supplies, including PPE, mechanical ventilators and laboratory equipment, presented huge challenges in the second quarter of 2020 and severely affected capacity to respond to major needs in the northwest. The situation was made worse by high levels of community resistance to accepting the presence and risk of COVID-19 and therefore the need for basic protective measures. Resistance aside, implementing quarantine and isolation measures in densely populated areas such as camps and informal settlements is challenging. The 15-member task force for COVID-19, led by the WHO Health Cluster, coordinated and facilitated the COVID-19 preparedness and response plan for northwest Syria, revising it twice during 2020 in response to the evolving pandemic. By the end of the year, over seventy thousand tests had been conducted in northwest Syria with a positivity rate nearing 30%. Over twenty thousand confirmed cases of COVID-19 were reported, resulting in no less than 340 deaths.

In addition to responding to the virus, health workers have experienced a dramatic increase in the caseload of visceral leishmaniasis in northwest Syria during 2020, with numbers more than double what they were in the two previous years. Cases of multidrug resistant TB have also been identified, requiring treatment and care capacity that does not exist.

There is considerable room for improvement with regards to continuity of health care and referrals in

the northwest. The health system in the northwest is fragmented, with both underserved and overserved areas and discrepancies in coverage between rural and urban areas. An inadequate transport system and broken or absent infrastructure pose challenges to civilians in need of health care as well as health responders. The general capacity of health workers is inadequate, and the use of antibiotics is random and insufficiently monitored. Infection control measurements are lacking, leading to increased risk of infections among health care patients and providers.

The WHO Office in Gaziantep is therefore focusing its activities on ensuring continuity of care across health facilities in the health care network and trying to ensure access to good quality primary and secondary health care services for those who are underserved and in hard-to-reach areas. At the level of the Inter-Cluster Coordination Group, the Health Cluster has identified high priority readiness and response activities and gaps as part of the northwest Syria Humanitarian Readiness and Response Plan. This multi-cluster plan focuses on critical gaps in humanitarian needs and funding related to the possibility of increased hostilities and new displacement. The number of reporting partners and activities have steadily increased since June 2020, and two-thirds of all measurable indicators reported for 2020 were fully achieved or exceeded. Among them were referral rates, which were recorded as having met 156% of the target. Since the beginning of the COVID-19 response, WHO and its cluster partners have scaled up their referral capacity through implementing partners, hiring 100 more paramedics and nurses and procuring an additional 20 vehicles.

Despite this, the funding gap poses a real challenge. Available funding only covered 31% of the planned budget in the 2020 Humanitarian Response Plan and 42% of the planned budget for the COVID-19 response. The pandemic has forced partners to repurpose funding intended for regular programming, and many have depleted all available resources. Funding gaps are increasing despite the urgency of ensuring continuity of essential health services and vaccinations alongside the COVID-19 response.

## Northeast Syria



Dr Akjemal Magtymova visits a WHO supported health facility at Al-Hol Camp in northeast Syria

The security situation in northeast Syria remained volatile throughout 2020, with pockets of violence and insecurity across the region causing increasing instability. Delivery of humanitarian support continued to be challenging, impeded by an increasing number of incidents involving improvised explosive devices, fragile security, and access constraints due to violence and/or the presence of mines. Conflict and a lack of approvals affected humanitarian health sector operations, and consignments have frequently been prevented from reaching local partners and beneficiaries in different parts of the region.

Escalating violence is a major source of concern at camps. While they may not damage health facilities,

security incidents frequently cause temporary suspension of essential lifesaving and life-sustaining health services, especially at the densely populated Al-Hol camp, where disruption of health services has had far-reaching public health consequences. WHO and partners are especially concerned about disruption to the referral system, particularly for the vulnerable, such as patients with NCDs, women requiring ante- and post-natal care, post-operative patients, children, patients with infectious diseases and those exposed to COVID-19. As health sector lead, WHO continuously advocates for the maintenance of law and order and unrestricted referral to facilitate the provision of essential services by humanitarian health actors.



WHO supports medical workers providing health services at Al-Hol Camp in northeast Syria

Several factors, including poor security and an ongoing economic crisis, have converged to adversely impact the lives of IDPs in all three governorates in northeast Syria. Between 52 and 63% of the adult IDP population is out of work in each of the governorates. School attendance levels, between 30 and 55%, are extremely low among IDP children due to a lack of schools and/or financial hardship. 54% of IDP households across northeast Syria (and 64% of those living in camps) report access to paid work as their top priority need, the highest rate recorded across Syria. Other pressing needs include health services (37%) and education (19%). The rates of vulnerability among IDP populations in the region are among the highest in the country, with over 67% of IDP households reporting themselves as either vulnerable or very vulnerable. This rises to 80% among families in camps. Nearly half of IDP households (47%) reported that at least one member of their family was missing.

The poor state of health infrastructure and health facilities remained a serious issue in 2020. Most health facilities in northeast Syria are not functional or function only partially. Hospitals and PHC centres have sustained high levels of damage. Only one in 16 public hospitals in the region (Qamishli Hospital) was fully functioning, nine were partially functioning, six were not functioning at all and one did not report (HeRAMS). No PHCs were fully functional, 57.3% were partially functioning, and 42.7% were not functioning at all. None of the districts in northeast Syria met the emergency threshold of 10 hospital beds per 10,000 people. The region suffers acutely from a chronic shortage of health care staff, driven by displacement, death, injury, and flight. The provision of both reproductive and maternal health services are particularly impacted. The same challenges affect camps, where several health partners report understaffing and high turnover of medical staff in the health facilities they support.

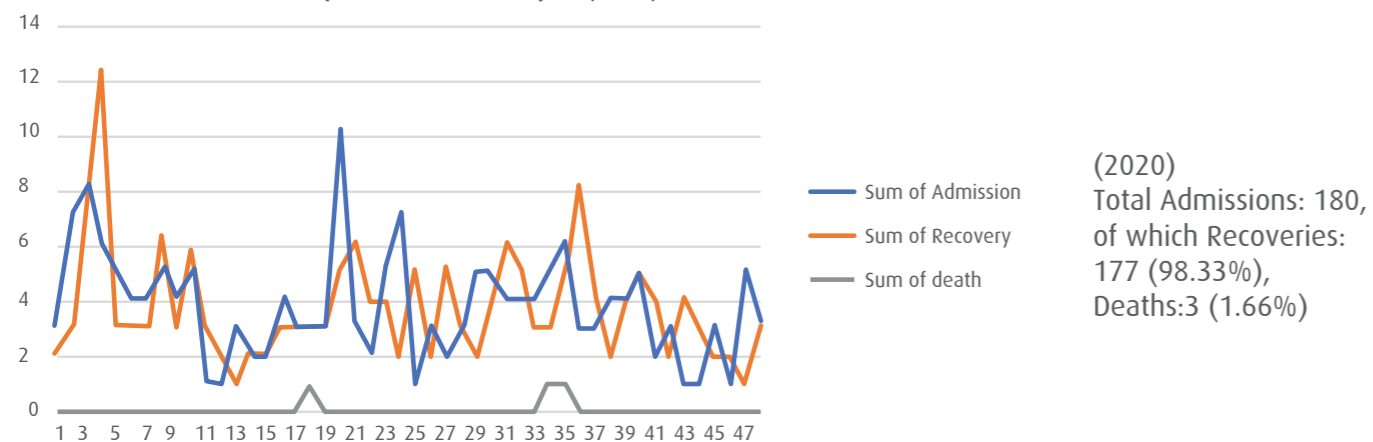
To address longer-term systemic needs WHO must continue providing essential health services and delivering lifesaving supplies in 2021. It must also

expand across northeast Syria and ensure available access in all three governorates. A WHO sub-office in Qamishli has supported health sector coordination in the northeast, for which a dedicated coordinator has been assigned. Coordination meetings and the tracking and analysis of information on availability and functionality of health facilities, services and resources (including at key camps such as Al Hol) informed the development of a detailed plan of action entitled Increasing the footprint of WHO in northeast Syria. Addressing the challenges, WHO aims to increase joint operations to support the most vulnerable populations, including those in camps and camp-like settings, by: prioritizing the support of NGO partners; maintaining a steady supply of lifesaving and essential primary health care drugs and medical supplies; supporting and improving referral systems; advocating for expanded presence and operations; and supporting the key pillars of the COVID-19 response.



WHO supports NGOs providing health services at Al-Hol Camp in northeast Syria

Cases of severe acute malnutrition (SAM) with complications referred to Al-Hikma Hospital in northeast Syria (2020)



The lifesaving activities of 27 mobile medical teams deployed across northeast Syria by health sector partners will continue and be expanded, as per established plans. Humanitarian health response is vital to ensure that approximately 2,000 patients per year are referred for specialized treatment, and WHO will follow up closely on the referral of almost 900 patients per month at Al-Hol camp. Approximately 1.2 million lifesaving medical procedures were carried out in northeast Syria in 2020, including the treatment of 22,000 trauma cases. WHO has also supported the life-sustaining work of five nutrition stabilization centres and 33 nutrition surveillance sites. Efforts will continue: to ensure timely screening of 42,500 children under the age of five; to support the communicable disease surveillance network by increasing the number sentinel sites from 343; to enhance capacity-building of local health personnel (1,400 health workers were trained in 2020); and to continue day-to-day coordination of approximately 30 health sector partners.

WHO continued working with NGO partners in different service areas of northeast Syria throughout 2020. These NGOs play a crucial role in extending health coverage, especially in hard-to-reach areas. WHO will continue funding support to local implementing partners, including support for referral of patients from the camps to Al-Hikma private hospital, with plans underway to contract private hospitals to cover gaps in secondary and trauma health care. WHO is committed to ensuring continuity of service at the COVID-19 Treatment Centre and two static medical

points at the Al-Hol camp, despite the disruption of partner activities at camps as a result of a range of security incidents and escalating violence.

Following deauthorization in January 2020 of the Yaroubia crossing along the Iraq border and the Bab Al Salam crossing along the border with Turkey in July 2020, WHO adapted its operations by pre-positioning and continuing cross-border delivery of critical services and supplies for the population in the northwest and enhancing crossline delivery of supplies to the region based on an “all-modalities” approach. WHO will make every effort to sustain the progress achieved in 2020 with regard to crossline supplies, which reached 100% of health facilities (17 hospitals) at least once, irrespective of the control areas. A total of 308 tons of health supplies (almost 2.7 million treatments) were delivered by the health sector to northeast Syria in 2020. 2.3 million tons of them were delivered by WHO through six road convoys and 13 airlifts. Supplies include medicines, COVID-19 related supplies, equipment, vaccines and provisions to facilitate lifesaving haemodialysis sessions.

WHO prioritized support for COVID-19 preparedness and response in 2020, distributing essential medical equipment that included 19 intensive care unit beds, 123 patient/hospital beds, 13 ventilators, a portable digital x-ray machine, two x-ray systems, 73 oxygen concentrators and five portable ventilators. 615,002 PPE items were distributed to local health authorities and local and international NGOs.

## Southern Syria

The protracted national crisis continues to have a profound impact on people across southern Syria, resulting in lasting damage to infrastructure and productive assets, large-scale vulnerabilities and limited or missing services. Reconstruction of health facilities is a high priority and will allow and enhance access to essential services as well as provide enabling environments for returning families. Internal displacement has contributed to a reduction of up to 50% in qualified medical personnel in some areas, further compromising the provision of good quality medical services.

The UN estimates that 25% of IDPs in Syria are women of reproductive age, and 4% are pregnant women who require sustained maternal health services including emergency obstetric care. 3.72 million of the 12.4 million people in need in Syria are in southwest governorates.

A total of 102,896 consultations at public hospitals and 351,839 at primary health care centres were provided through MoH health facilities in southwest governorates in 2020. The functionality and accessibility of public hospitals and PHC centres in Dar’a, As-Sweida and Quneitra is heavily affected: of twelve public hospitals in the region, only five are fully functioning, six are partially functioning and one is out of service; of the 257 PHCs, 141 reported to be fully functioning, 92 are partially functioning and 24 are out of service. Data from the 98 sentinel surveillance sites functioning in the region indicate that the primary causes of death are influenza-like illness, acute diarrhoea, leishmaniasis, lice and severe acute respiratory infection.

In response to a plethora of challenges, WHO worked with partners to restore functionality to various health facilities. To enhance long term coverage with basic primary health care and a secondary/tertiary health services package WHO is supporting the

rehabilitation of three PCH centres and one TB centre and supplying medical equipment and furniture in Dar’a and Quneitra governorates. A tender process for work on the Quneitra PHC centre has concluded while engineering studies are progressing in Dar’a. Plans are also in place to rehabilitate the emergency unit at Nawa national hospital in Dar’a governorate.

Responding to the needs of families returning from Al Rukban, WHO has supported the operational costs of two medical mobile teams deployed by the DoH in Homs to sustain basic primary care (including nutrition and MHPPS services) through an outreach model targeted at returnees evacuated to eastern rural areas and the district of Al-Qusayr in Homs. These teams provided over 11,300 consultations in 2020. To fill gaps in oral health services in towns that have experienced a change in control, WHO supported the operational costs of an initiative in rural Damascus that serviced over 6,000 students. Meanwhile, two mobile clinics procured by WHO and delivered to the MoH emergency department were received by an NGO in Rural Damascus and one in Quneitra.

Programme dedicated to integrated management of child health, neonatal resuscitation and nutrition were all expanded in 2020, offering training to more health workers and reaching more people and children in need. (see dedicated sections for details). Work on mental health also continued throughout, with MHPSS provided through 38 health facilities and community centres and 141 schools in southern Syria. A total of 12,295 MHPSS interventions were provided by NGO partners.

WHO supported the establishment of a COVID-19 testing laboratory for Rural Damascus by training laboratory technicians and providing a biosafety cabinet and consumables. WHO supported testing of 12,942 suspected cases of COVID-19 throughout the year in southern Syria, the vast majority of which

were conducted in Damascus and Rural Damascus. To support early detection of COVID-19 cases at the border, WHO facilitated entry testing carried out by the MoH at the Nasib ground crossing, providing infrared thermometers for entry screening, IEC materials aiming to raise awareness among travellers, and passenger locator cards for follow up. The Nasib border has been closed to traffic, with the exception of commercial conveyances, since 23 March 2020.

A total of 598 health care providers, frontline workers and school doctors at the regional MoE received training in priority health care in 2020. Training modules covered primary health care, noncommunicable diseases, reproductive health, essential health service packages, health information systems, HeRAMS, polio, EWARS, infection control

at primary health care level and in schools, case management for SARI when COVID-19 is suspected, patient safety, trauma, nutrition, mental health and tobacco cessation. Meanwhile sixty-three supervision, monitoring and evaluation visits were carried out at DoH level to assess data quality at HeRAMS centres.

In the long term it will be necessary to rebuild the health system by restoring functionality of health facilities, ensuring the full functionality of medical equipment for diagnostic and follow up purposes, and enabling and enhancing access to good quality primary, secondary and tertiary health care. There will be an ongoing need for capacity building of the health workforce on priority topics and response, supported by sustainable mechanisms for supplying lifesaving medicines and medical supplies.

## LOOKING AHEAD

### Priorities and funding requirements for 2021

WHO continued delivering the humanitarian and COVID-19 response in Syria through its Whole of Syria approach throughout 2020, that included substantial coverage of last resort needs for partners, engaging all three levels of the WHO emergency programme and maintaining an agile response to changing needs and contexts. This operational approach will also guide WHO response in 2021 in order to accommodate rapid surge requirements, especially in view of COVID-19 and to ensure that the three pronged approach to humanitarian, COVID-19 and resilience needs are addressed.

WHO's Whole-of-Syria humanitarian response requires urgent, sustained, and strategic investments to provide essential health services and related activities targeting all persons in need in an integrated, holistic, gender-sensitive manner. The decade long conflict increased instability, hardship, disability and injury while decreasing capacity for the provision of health services. The pandemic of 2020 exasperated the situation at a time when half the work-age population was unemployed, remittances halved, the Syrian pound was in virtual freefall, and food baskets tripled in cost within a year. In this complex and challenging environment, where 12.4 million people are now in need of health aid, WHO is determined to maintain its role as a frontline provider across the

whole country, whilst also committing to the global priority of combatting COVID-19 and introducing vaccines. Strengthening governance, systems and institutions - the bedrock to sustainable development - is also a priority. WHO appeals to its donor-partners to increase financial support and cooperative action in order to achieve these ambitious yet urgent goals.

It is important that WHO's humanitarian work in Syria remains flexible, complementary and coordinated through a process of systematic operational reviews, as adopted since 2017. The Organization will continue to advocate on behalf of all health partners for a safe and sustained delivery of humanitarian aid to all parts of Syria. This includes (1) securing cross-line and cross-border access for supplies; (2) enhancing the protection of medical facilities and health and humanitarian workers inside conflict zones and beyond; (3) securing patients' unimpeded access to health care facilities - including cross-line transfer of emergency and specialized cases; and (4) facilitating a smooth transition between health agencies and health care facilities, independent of changes of political control. To achieve these goals, an increased financial support, as well as strengthened technical, leadership and coordination capacity across all offices is vital to accommodating rapid surge requirements and meeting the additional needs nationwide.

#### WHO follows an all-modalities approach to deliver health assistance to people in need



A UN mission to northwest Syria (left), passing through the Bab Al-Hawa border crossing, accompanies a WHO delivery of three truckloads of life-saving supplies, which include insulin, IV fluids, anesthetics for NCD patients and trauma and surgical interventions, psychiatric medications, and COVID-19 supplies (October 2020)



A WHO convoy (right) arrives at the UN Warehouse in NES with 85 tons of medical supplies, containing one million treatment courses that include medicines for NCD and surgical interventions (July 2020)



US\$ 315.2 million is required by WHO in 2021 to address the health needs of people affected in Syrian Arab Republic (including COVID-19 response).

Area	Budget in US\$
Coordination of Integrated Response	3 604 178
Primary Health Care	71 164 267
Secondary Health Care	67 868 525
Trauma Care and Emergency Care	19 468 560
Mental Health	8 720 239
Health Information System	5 353 725
Immunization	17 553 073
Nutrition	3 300 000
WASH and Environmental Health	3 600 000
Preparedness and response of potential epidemic of high threat pathogens	25 168 149
COVID-19	89 448 671
<b>TOTAL</b>	<b>315 249 387</b>

### Operational cost for vaccination of 20% of the population by end of December 2021

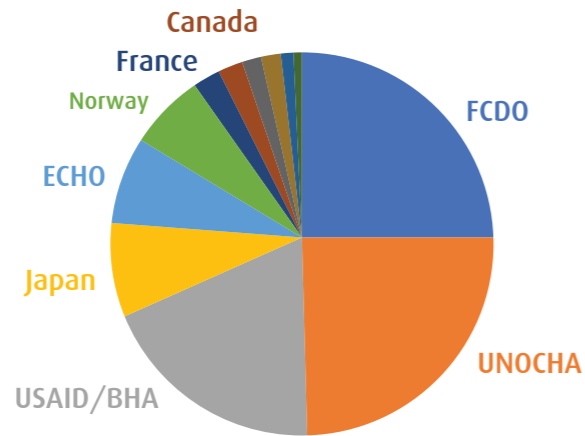
#	Description of Activities	Estimated cost per activity and areas		Total, USD\$
		GCA <sup>12</sup> & NES	Cross border/ NW	
1	Human resources and incentives	9,839,741	5,298,979	15,138,720
2	Training	806,846	358,138	1,164,984
3	Meetings	444,299	528,380	972,679
4	Cold chain, supplies and Logistic	5,581,305	752,078	6,333,383
5	Transportation	4,023,314	1,526,804	5,550,118
6	Evaluation & Monitoring	1,878,748	662,833	2,541,581
7	Social mobilization	6,269,687	500,000	6,769,687
8	Supporting management cost for contracted NGOs	0	372,788	372,788
	<b>Grand Total</b>	<b>28,843,941</b>	<b>10,000,000</b>	<b>38,843,941</b>

**Note:** for more details on the COVID-19 vaccination and the estimated funding requirements, please refer to <http://bit.ly/2NCLlxH>

<sup>12</sup> GCA: Government-controlled areas; NES: northeast Syria; NWS: northwest Syria

# Funds received in 2020

Funds Received & Pledged - COVID & HRP by Donor



	COVID	HRP	Grand Total
UK Foreign, Commonwealth & Development Office	13,827,417	9,969,840	23,797,257
UNOCHA (Humanitarian pooled fund and central emergency response fund)	15,381,552	5,738,358	21,119,909
USA Bureau for Humanitarian Assistance	8,997,630	9,002,370	18,000,000
EU European Civil Protection and Humanitarian Aid Operations	7,093,911		7,093,911
Norway		6,193,147	6,193,147
France	1,474,331	938,967	2,413,298
Canada	2,001,952		2,001,952
Japan		1,636,363	1,636,363
Germany	1,605,000		1,605,000
Australia		1,511,596	1,511,596
Austria	978,590		978,590
Kuwait	766,660		766,660
Pooled Fund	32,100		32,100
<b>Grand Total</b>	<b>52,159,141</b>	<b>34,990,641</b>	<b>87,149,782</b>

# ANNEX

## Summary of Key Performance Indicators for Whole of Syria in 2020

### Trauma

**265,616**  
Total number of trauma consultations supported

95% Damascus, 5% GZT, 2% NES\_XB

Hub: Damascus, GZT, NES\_XB

### Primary Health Care

**1,921,168**  
Outpatient consultations provided

64% GZT, 34% Damascus, 2% NES\_XB

Hub: Damascus, GZT, NES\_XB

### Mental Health

**369,801**  
Mental health consultations supported \*

94% Damascus, 6% GZT

Hub: Damascus, GZT

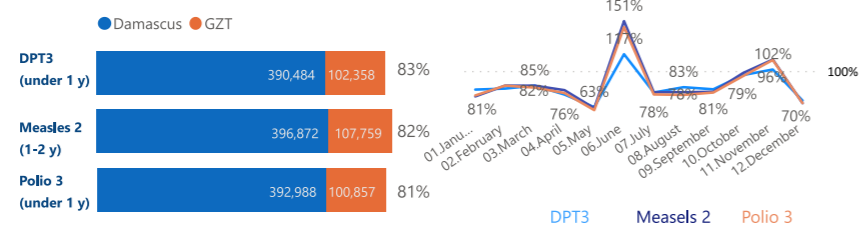
### Outreach Services

**53**  
Rolled out mobile medical teams/clinics

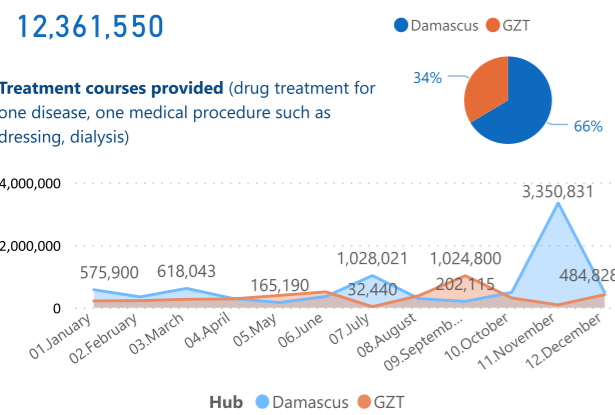
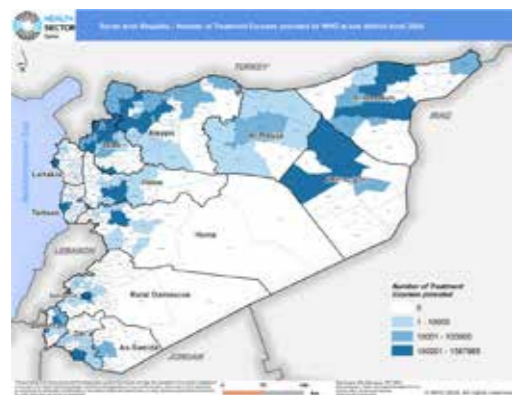
58% Damascus, 42% GZT

Hub: Damascus, GZT

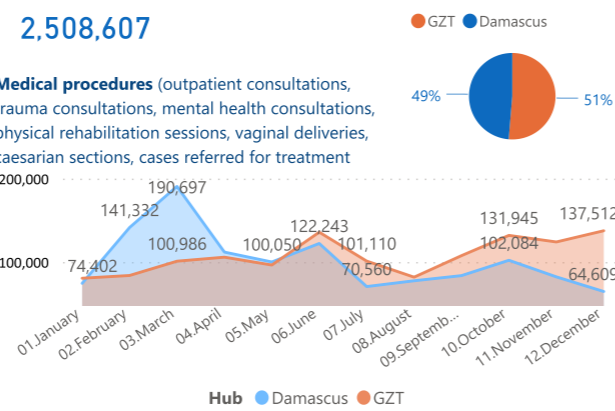
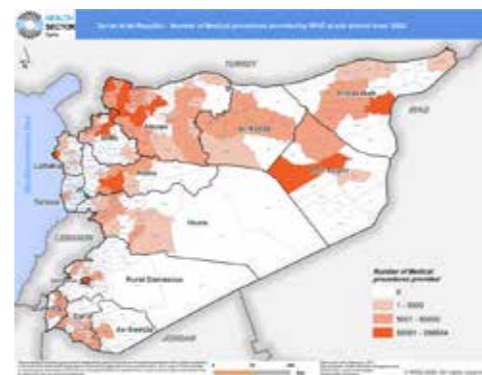
**Immunization (Coverage rate)**



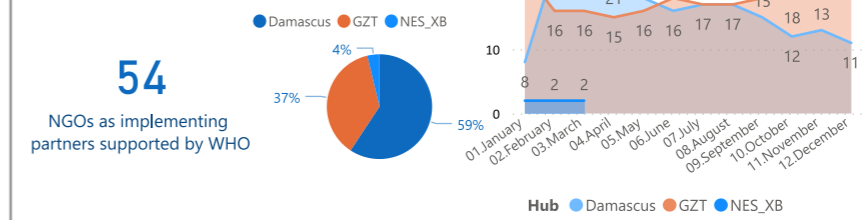
**Number of treatment courses provided at sub-district level**



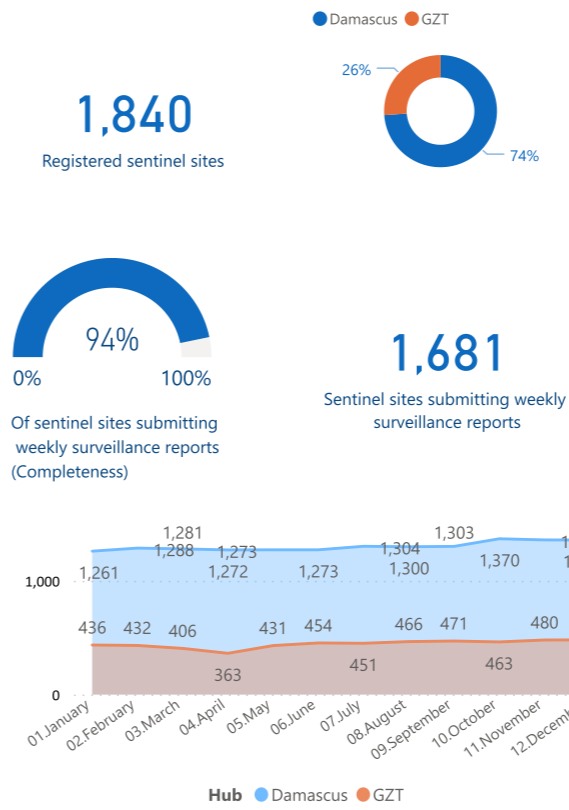
**Number of medical procedures provided at sub-district level**



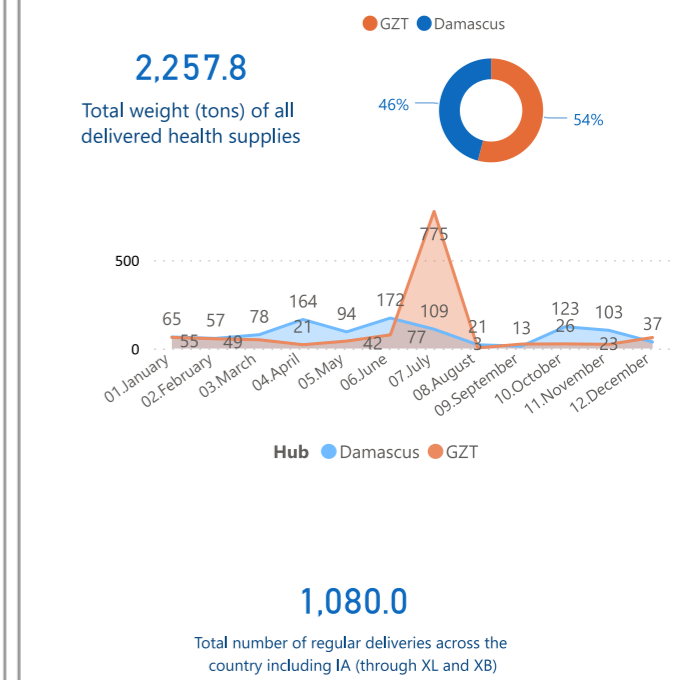
**Implementing Partners**



**EWARS/EWARN\*\***



**Operations Support and Logistic through all modalities (within Syria and XB)**



**Attacks**

28

Attacks on health care

7

Health workers injured

0

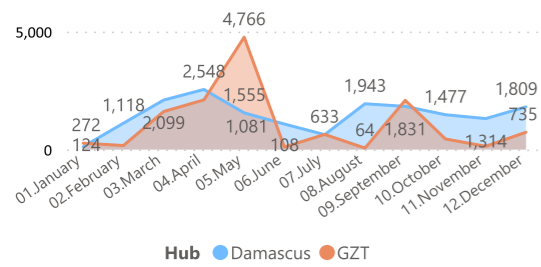
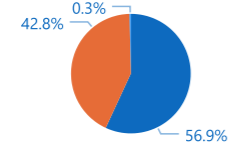
Health workers killed

**Healthcare providers trained**

30,764

Total of healthcare providers trained

● Damascus ● GZT ● NES\_XB



**HeRAMS\***

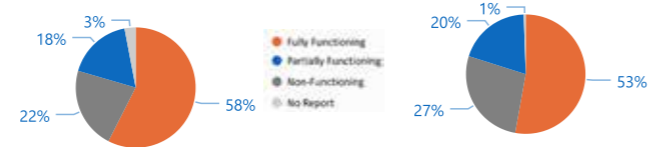
200

Hospitals

1,800

Fixed PHCCs

**Functionality status**



**Level of Damage**



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**Front cover:**  
Young female WHO beneficiaries at Al-Hol  
camp in northeast Syria

**Photo credits:** WHO