



World Health
Organization
Syrian Arab Republic

Public Health Risks

Disease surveillance, prevention
and response



Public health risks, such as cholera and measles, pose significant threats, especially in emergency countries like Syria, where the health system is weakened. Strengthening the health system's capacity to detect and control diseases in a timely manner curb the spread of such infectious diseases.

After 12 years of crisis, public health risks have increased due to inadequate access to health services and safe water, as well as, climate shocks and overcrowded shelters which have manifested in infectious diseases like cholera. Additionally, low vaccine coverage and poor nutrition among other factors, have increased reported cases of vaccine-preventable diseases, mainly measles.

132,782
suspected cases of cholera,
1,042 confirmed cases, 104 deaths in 2023

1586
confirmed cases of Measles
in 2023, an increase of 134% from 2022

Severe Acute Respiratory infections:
165 cases, 26 deaths among children
in northeast Syria in 2022

1995
EWARS/EWARN sentinel sites

Cutaneous Leishmaniasis:
71,110 cases in 2022,
21,029 cases in Q1 2023

How WHO Helps

WHO provides support through strengthening disease surveillance, laboratory capacity, case management, immunization programs, and preventative measures. Rapid Response Teams are deployed across Syria, and have responded to over 2,200 alerts in 2022 and enhanced the capacity of 20 laboratories.

Through effective vaccination campaigns, approximately 3 million individuals were successfully vaccinated against cholera and approximately 3 million children were vaccinated against different antigens in 2022/23.

More than 350,000 families were provided with safe drinking water through the distribution of 1.2 million water purification tablets by WHO.

For every USD 1 million support received:

1,000 disease surveillance sites reporting and responding to outbreaks of communicable diseases will be able to fully function reinforcing disease detection and response to curb outbreaks such as cholera.

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Durable Solutions



Syria has been facing a protracted emergency for more than a decade, waning the capacity of the health system to resist shocks and recurrent health emergencies. This has emphasized the need for more durable solutions to save lives and improve quality of life.

WHO has continued to support humanitarian initiatives since the start of the crisis. These initiatives are laying the foundation for medium-term interventions to make best use of resources and contribute to a more sustainable impact. This involves enhancing the functionality of health facilities, identifying and addressing weaknesses in the system, and progressively expanding the coverage and quality of essential health services. Strengthening preparedness for response to emergencies is also crucial.

How WHO Helps

Health Systems Strengthening:

WHO is improving the functionality of health facilities through light repairs/ rehabilitation. With its normative role, WHO is supporting the development of national health strategies.

Capacity Building Of Health care Workers:

In 2022, more than 30,000 healthcare workers were trained.

Support To Emergency Preparedness:

Strengthening IHR core capacities through disease surveillance, laboratory capacity, training health workers and medical health posts at the Jediedet Yabous and Jouseih ground crossings.

Health Supplies And Equipment:

WHO has continued to provide essential medicines and replacing outdated medical equipment to improve functionality of health facilities.

Partnerships:

Supporting 40 NGOs to provide essential health services in the most vulnerable areas, strengthening community level initiatives to reach and engage affected populations.

Early Recovery Efforts: How You Can Help

It is essential to reinforce health system resilience and enhance accessibility, functionality and quality of health services for the Syrian people, through:

Advocacy: An important part of a right-based approach, advocating for the health rights of Syrians is fundamental. It emphasizes the importance of healthcare for every individual, particularly the most vulnerable.

Partnerships: By engaging in partnerships to implement health programmes the reach and effectiveness of these initiatives can be exponentially increased.

Localization: Working with local authorities, communities and health partners will promote a targeted approach to address the needs of the most vulnerable, and empowering those in need to contribute to better health outcomes.

For every USD 1 million support received:

Up to 25 PHC centres would be rendered functional.

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Coordination & Leadership



As the global health lead, WHO has been coordinating the emergency health response since the start of the conflict. The mandate of health sector partners guides their efforts towards protecting and saving lives and addressing the needs of the most vulnerable, following the principled approach of leaving no one behind.

In a complex crisis scenario like Syria, a broad spectrum of health-related concerns takes center stage. These encompass trauma-related conditions, mental health needs, infectious diseases, the destruction of health facilities, malnutrition, and gender-based violence. With the dynamic political and economic landscape, and numerous partners on the ground, strong coordination plays a vital role in ensuring efficiency, timeliness, geographical coverage, and complementarity.

Almost **311** health sector organizations (Damascus, Gaziantep, cross-border NES), out of which **144** are national NGOS.

The health sector consists of: **3** main coordination forums (Damascus, Gaziantep, cross-border NES), **8** sub-national (Aleppo, Homs, Hama, southern Idleb, Lattakia/Tartous, Deir-ez-Zoir, Qamishli) groups.

16 sub-sector working groups (RCCE, MHPSS, SRH, trauma and disability, Al Hol camp, NES inter-hub) and **10** sub-national sub-sector working groups are operational out of Damascus, Gaziantep and cross-border NES.

The Health Sector collects information and reports on response through the **4Ws** and agreed key performance indicators.

Health assessments and emergency information systems like **HeRAMS**, are informing the health sector response.

How WHO Helps

As Cluster Lead Agency WHO leads Whole of Syria Health Cluster structure while coordinating emergency response efforts, guiding preparedness and response plans. In addition, WHO is advocating for health as a right and ensuring health response remains principled and accountable to affected populations.

As part of the Humanitarian response Plan, WHO has forecasted its funding requirements. However, funding support has been limited leaving WHO with a, 89% funding gap.

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Pharmaceuticals, Medical Equipment, and Supplies



The availability of pharmaceuticals, medical equipment, and supplies including hemodialysis, is one of the cornerstones of a functioning healthcare system, which addresses both acute and chronic diseases.

Syria's health system faces severe challenges due to a series of emergencies and outbreaks, which impede access to essential medical supplies, equipment, and pharmaceuticals, including hemodialysis supplies.

The economic crisis, inflation of prices of local medicine (150% increase), limited functionality of health facilities, result in increased rates of morbidity and mortality.

There is a critical need for efforts in meeting short-term and medium-term needs for medicine and medical supplies through local solutions.

9.6 million

treatment courses provided

3.8 million

beneficiaries covered

National Essential Medicine List
updated in 2022

923 healthcare workers

trained in the rational use of medicines, pharmaceutical
control labs, and pharmacovigilance

Restoration of the National
Microbiological Laboratory
for medicines

How WHO Helps

WHO aims to reduce morbidity and mortality by providing essential medicine and medical supplies across Syria. It collaborates with local health authorities and international partners for effective supply distribution.

WHO enhances health facility functionality by replacing outdated and damaged medical equipment, improving quality of health services for affected populations.

**For every USD 1 million
support received:**

100 health facilities will be assisted with life-saving health supplies and equipment.

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Integrated Essential Health Services



Continuity of essential health services for affected populations, particularly displaced persons, must be ensured together with expanded capacity to meet increased demand. At the same time, to improve service delivery on the medium-term revisiting the essential health care package is underway, contributing to health system strengthening.

In Syria, access to essential health services at primary and secondary levels of service remain limited. Almost half of health facilities, are either partially functional or non-functional. Up to 50% of the health workforce is estimated to have left the country. These factors substantially reduce access to trauma and surgical care, reproductive, maternal and child health services including nutrition, immunization, management of communicable and noncommunicable diseases (NCDs), mental health and physical rehabilitation services.

In 2022,

1,886,439 children
under 5 years were vaccinated
(87% coverage)

3,081,546
outpatient consultations provided

29,875
health workers trained

57%
of health facilities remain operational,
demonstrating resilience in the face
of challenges

How WHO Helps

WHO supports the availability of essential health services through its collaboration and partnerships with local health partners and national counterparts.

WHO addresses critical gaps in service delivery through provision of essential medicine and supplies, upskilling the health workforce, provision of outreach and community services through NGO partnerships.

WHO, through its normative function, has been supporting the development of health strategies, updating guidelines and strengthening local and community initiatives.

For every USD 1 million support received:

500,000 children will receive the required vaccination (DPT3, measles, polio) protecting children from preventable disease.





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Northwest Syria



The WHO is tirelessly working to support immediate and effective health response in Northwest Syria (NWS), a region heavily afflicted by ongoing conflict. Our goal is to ensure that every individual in NWS, irrespective of their circumstances, receives the health care they deserve.

Northwest Syria is facing multiple health crises, including a cholera outbreak and the ongoing COVID-19 pandemic. The healthcare system is also caring for patients with chronic diseases like End-Stage Renal Disease (ESRD). Despite these challenges, WHO is committed to providing quality healthcare services, patient safety, and disease surveillance.

According to the April 2023 report,

922 ESRD patients (registered)

were provided dialysis services by WHO through 15 centers, which collectively delivered up to 8,500 dialysis sessions per month, particularly following the earthquake. Additionally, the organization facilitated training for 400 staff members.

An IPC program was established in 120 health facilities and trained 800 staff members.

WHO supported EWARN for early detection and reporting, high response rates, and testing for various diseases.

743,992

People who received at least one dose of COVID-19 vaccine, including 23,322 health workers which is around 100% of the target.

85,042

Number of suspected cholera cases reported as of April 2023, with 1,669,298 people receiving one dose of the OCV.

1,616

Number of trained healthcare professionals in cholera case management in the Northwest region of Syria.

How WHO Helps

In Northwest Syria, WHO plays a crucial role by providing support to hospitals, PHC centres and rehabilitation centres, serving as a provider of last resort through supported partners on the ground. WHO provides essential medicines and medical equipment to improve functionality of health services and service provision for affected populations. WHO also has concerted efforts to prevent and mitigate the spread of disease through strengthening surveillance, immunization and rapid response.

For every USD 1 million support received:

500,000 outpatient consultations provided by WHO partners, reaching the most vulnerable populations with the health services needed.

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Earthquake Response



This catastrophic event on the 6th of February has significantly exacerbated the existing humanitarian crisis, leading to loss of life, extensive destruction of critical infrastructure, including health facilities.

On February 6th, two earthquakes (7.7 and 6.7 magnitudes) shook the southern Türkiye and northern Syria border, escalating the existing humanitarian crisis. The devastation led to over 5,900 deaths, 12,800 injuries, and displaced 470,000 people. Of the 975 health facilities assessed, 214 were partially damaged and 27 were destroyed. Damages and losses in the health sector are estimated at \$1.2 billion.

WHO's Initial 90-Day Response:

Facilitated

9,000

trauma interventions and surgeries

Delivered over

810

metric tons of medical supplies,
benefiting over 3 million people

Provided mental health consultations to over

818,000

 individuals

Vaccinated over

997,000

children under 5.

Administered Oral Cholera Vaccine to over

999,000

 people

Deployed

54

rapid response teams and

64

mobile clinics for

disease surveillance and essential outreach services

Key Challenges:

Trauma and SHC: A surge of trauma patients strained hospitals, while medical evacuations for critical patients were challenged.

Mental Health: An increase of 15% in depression and 12% in stress-related disorders was reported.

Chronic Conditions and NCDs: Medicine needs surged by 15-20%, while local medicine prices soared by 150%. NCDs account for 45% of total deaths in Syria.

Public Health Concerns: A rise in unvaccinated children, measles outbreaks, cholera prevalence, and common illnesses such as influenza and hepatitis pose significant health risks.

The Way Forward:

As we move forward, the WHO's approach encompasses comprehensive strategies.

We aim to increase vaccination drives for disease prevention and provide essential medicine and medical equipment.

We will actively combat cholera and infectious diseases, and enhance patient referral pathways for specialized care. Moreover, we will work to optimize operational factors that support sustainable, high-quality services. Central to our mission is building resilient communities and restoring hope for the people of Syria.





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Northeast Syria



Northeast Syria (NES) is experiencing health crises due to conflict, instability, and environmental factors. Health services are disrupted, infrastructure is damaged, and infectious diseases are emerging. Urgent action is needed to restore health services and build a resilient health system.

The World Health Organization (WHO) is spearheading the health emergency response in NES, providing essential medical supplies, coordinating health sector efforts, and bolstering disease surveillance.

In 2022, WHO interventions included:

254 tons

Distribution of medical supplies, benefiting approximately 3.4 million treatment courses and supporting 300 trauma cases across 204 clinics and 25 hospitals (run by health authorities, NGO/INGOs).

Support of 8 immunization campaigns, administering

2.7 million vaccine doses

Monitoring water quality at **147 sites** with **22,167** samples tested, finding a **5.6%** contamination rate.

Treatment of **801** severe acute malnutrition (SAM) cases, boasting a cure rate of **97.3%** and mortality rate of **2.7%**.

Provision of **+44,000** primary healthcare services via local NGO partners.

77% of health centers providing integrated MHPSS services.

How WHO helps

The region faces increased infectious disease risks, amplified mental health needs, and disruption of essential health services due to strained health systems and non-functional infrastructure.

WHO has focused efforts in the region to prevent and respond to disease outbreaks including cholera and measles, provide essential health services at camp and community level, support referrals, and support health supply chain.

Additionally, WHO has concerted efforts to integrate MHPSS services, risk communication and health promotion.

Finally, WHO continued to advocate for the right to health and navigate the dynamic humanitarian terrain in the area to ensure affected populations are reached with health services.

For every USD 1 million:

5 major IDP camps will be covered by WHO partners to provide outreach essential health services.

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Mental Health and Psychosocial Support (MHPSS)



It is important to note that mental health support is a crucial aspect of disaster response and recovery efforts. The impact of natural disasters and other emergencies on mental health can be long-lasting and can hinder the ability of individuals and communities to recover.

The mental and psychosocial well-being of the affected population in Syria has been significantly impacted by the protracted emergency, compounded by the economic deterioration and the most recent earthquake in February 2023.

WHO's main goal is to reduce the suffering and promote mental health and well-being of the Syrian people.

The need for mental health services at primary health care centres have doubled post earthquake.

Post earthquake, depression constituted **34%** (1 in 3) of mental health cases, which is higher than the five-year average of **20%** (1 in 5).

Stress-related disorders accounted for **18%** (1 in 6) of mental health cases, which is higher than the five-year average of **5%** (1 in 20).

In 2022, up to

234,103

Mental health consultations supported.

1.1 million beneficiaries

reached to promote mental health at schools.

How WHO Helps

In 2023, over 818,000 mental health services were supported through outreach teams and at PHC centres with integrated MHPSS services. This substantial scale up was primarily in response to the needs that emerged after the earthquake.

Additionally, WHO has continued to integrate mhGAP interventions at PHC level. WHO also supported the provision psychotropic medicine in 2022, sufficient for over 22,000 treatments.

WHO has also supported community and outreach initiatives to increase awareness on mental health services and the stigma around it.

For every USD 1 million support received:

300,000 mental health consultations and psychosocial support services will be provided.





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Community-level Initiatives



Health emergencies call for swift, effective, and localized solutions. Amidst these challenges, Non-Governmental Organizations (NGOs) and community networks and partners have emerged as pivotal players, bringing much-needed healthcare services to the most affected and inaccessible areas and hard-to-reach areas.

NGOs and community partners are critical for addressing health emergencies, stepping in to provide health services in affected areas with limited access to health care. The role of NGOs and local communities is vital in reaching the vulnerable populations in hard-to-reach and marginalized areas. Through community engagement, individuals and communities can play an active role to improve health outcomes locally.

2,820,000

Health care services provided

87,320

Cases referred for specialised treatment

27,500

Physical rehabilitation supported

6226

Trained health forces

How WHO Helps

WHO fosters community health and local interventions through collaboration and partnership with NGOs.

WHO has forged partnerships with NGOs on the ground to provide essential services at community, primary and secondary levels. Through these partnerships, WHO has also coordinated and engaged with local NGO's to expand the scope of their work in health. WHO promotes local initiatives and involvement of affected populations and tailors response accordingly to improve its accountability to its beneficiaries.

For every USD 1 million support received:

Partnerships with 4 NGOs can be supported.



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