



PEOPLE AFFECTED

13.4 MILLION people in need of humanitarian assistance

12.2 MILLION people in need of health assistance

12.2 MILLION people targeted for health response

6.9 MILLION internally displaced people since the onset of the crisis

HEALTH RISKS

Continued COVID-19 pandemic and low COVID-19 vaccination coverage.

Severely disrupted essential health services.

Weakened community health services.

Restricted capacity due to the impact of failing critical support functions.

Ineffective and non-sustainable supply chain, acute shortages of medicines and supplies.

Limited health information management and routine monitoring to ensure local capacity and coverage.

Low capacity for case management for acute infection and long-term COVID-19 care.

Fragmented surveillance systems at national and sub-national levels for all epidemic prone diseases.

Limited critical readiness for public health emergencies.

Socioeconomic shocks, increasing prices and other confounding factors.

FUNDING REQUIREMENTS

US\$ 257,6 million

required by WHO to respond to the critical health needs of people in Syria and maintain essential health care.



CURRENT SITUATION

Syria is the beneficiary of one of the world's most complex humanitarian operations. Its fragile health system has been repeatedly strained through multiple concurrent emergencies and challenged as a result of ongoing insecurity, the COVID-19 pandemic, a debilitating socioeconomic crisis, and chronic challenges that continue to affect the availability and quality of health services across Syria and the physical and mental wellbeing of the entire population. According to the 2022 health sector severity scale, areas of highest severity are, and will continue to be, located in five governorates in the north-west and north-east of Syria.

In 2022, 12.2 million people will be in need of health services, of which 4.4 million are displaced, 1.33 million will be children aged under 5 years (including an anticipated 503 000 new borns) and 3.38 million are women of reproductive age (15-49 years). Half a million elderly people will require inclusive health services, as will people with early onset non-communicable diseases (NCDs), which are estimated to account for 45% of all deaths in Syria. Disability impacts an estimated 1.3 million people, placing them at greater risk of exclusion from health services.

The pandemic continues to disrupt the already fragile health services and systems in Syria, where more than 176 000 confirmed cases of COVID-19 and nearly 6 500 associated deaths (CFR 3.6%) have been recorded. Emerging variants, low levels of COVID-19 vaccination and a lack of adherence to preventive public health measures strain attempts to stabilize and restart services affected by the pandemic, including routine childhood immunization programmes, which are reporting reduced coverage rates.

Security incidents in north-east Syria persist alongside renewed hostilities in Dar'a that resulted in the displacement of more than 140 000 people in need of inclusive emergency health services.

The ongoing socioeconomic and political crises, further impacted by the COVID-19 pandemic, continue to strain the health system. Health needs have increased. Those who cannot afford treatment have been negatively impacted and basic supply chains of life-saving medicines and medical supplies have been disrupted.



PRIORITIES

WHO will continue to maximize its efforts through its main office in Damascus and five suboffices across the country -- which are staffed by 103 professionals (95 national and eight international) -- the Gaziantep Emergency Field Programme and its more than 20 staff members. WHO will also continue to maximize its work with nongovernmental organizations for service delivery based on the NGO Strategic Plan for 2020-2024. WHO will prioritize:

1.Coordinating and supporting the COVID-19 pandemic response across 10 pillars: coordination, surveillance, laboratory, vaccination, RCCE, PoE, case management, IPC, logistic support, maintaining essential services.

2.Lifesaving and life-sustaining service delivery in the following areas: immunization, child health, reproductive health, maternal and new born health, communicable diseases, non-communicable diseases and mental health, water and sanitation, nutrition surveillance and management of malnutrition, specialized services (e.g. physical rehabilitation, rehabilitation services for persons with disabilities, dialysis, burns and cancer treatment) and emergency referral services.

3.Building a resilient and responsive health system while providing timely emergency support for: coordination emergency humanitarian health assistance; strengthening emergency preparedness, including for disease outbreaks; improving health information systems; providing needed medical supplies, equipment and medicines; improving laboratory services; and strengthening and training the health workforce.

WHO in Syria follows a dual approach:

1.A flexible, needs- and evidence-based humanitarian and lifesaving response in hot spots and high severity areas, and in response to outbreaks, including COVID-19;
2.Enhanced WHO involvement in health system resilience and expansion of access, including kick-starting primary and secondary level services where access is possible.

Fuel supplies and availability of essential medicines, including cross-line and cross-border efforts, will continue to be affected, while increased poverty nationwide, which has already resulted in economically driven displacement, is also likely to increase, worsening determinants of health further still. The economic crisis has a direct impact on the strength of the health system, which is reliant on the availability and accessibility of electricity, water and road networks. Safe and inclusive quality health services also require WASH interventions in health facilities, including medical waste management.

For patients to receive quality care, health workers must be trained and equipped to provide a multitude of services. These include early identification; survivor-centered care; referral for GBV survivors; malnutrition screening; holistic prevention and treatment interventions for pregnant and lactating women and children aged under five; accessible and safe services for persons with disabilities, which require communication barriers and the needs of vulnerable groups such as adolescent girls to be addressed. Close coordination is needed with WASH, nutrition, protection and GBV sectors, as is the expansion of education and shelter related services.

Constraints in resource mobilization have hindered ongoing emergency health response activities and threatened the continuity of established interventions such as primary care networks, referrals and supply chains, all of which vulnerable persons increasingly rely on. Early recovery and resilience interventions that bridge humanitarian action and development - such as revitalization of supply chains, support for more pre- and in-service training of human resources for health, and improved access to medicines - also remain constrained due to challenges in international procurement and funding conditionalities. This has resulted in persistent and chronic shortages within the health workforce throughout the country, which accounts in part for the low level of fully functional health facilities in many parts of Syria.

Current outlook – Northwest Syria

Of the 4.4 million people currently residing in Northwest Syria (NWS), around 3.1 million are in need of health assistance. Critical challenges are related to heightened insecurity, displacement and high levels of poverty. This is exacerbated by the ongoing COVID-19 pandemic. Health needs are acute and are among the highest priority needs, especially among female-headed (36%) and vulnerable (44%) households. The health care infrastructure in NWS is heavily damaged and its rehabilitation requires significant resources, which is proving challenging to supply due to decreasing donor funding and increasing donor dependency.

Almost all subdistricts in NWS are within the range of severity scales 4 and 5 (severe problem and critical problem respectively). Of a total of 610 reported health facilities, 131 are non-functioning, according to the HeRAMS report for Q3 2021. All districts in NWS are considered to be very high risk. Current needs are vast and include strengthening case management and provision of oxygen generators, medications and lab supplies. Lack of fuel and safe drinking water, low levels of public health awareness and the suspension of many health facilities are resulting in increased morbidity and mortality rates and consequently jeopardizing the resilience of affected people in NWS, especially the most vulnerable.

As the UN Security Council resolution extended the authorization for Bab al-Hawa until 10 July 2022, WHO is focused on increasing operational cross-border supply chain capacity while exploring cross-line options and prioritizing an 'all modalities' approach.



TRANSPARENCY OF WHO PRIORITIZATION AND MONITORING OF HUMANITARIAN OPERATIONS

The independent nature of needs assessments and prioritization is ensured through the extensive involvement of health sector partners (UN agencies, international NGOs, local NGOs, observers) in the development of the Health Chapter of the Humanitarian Needs Overview (HNO) drafted by the Whole of Syria (WoS) Health Cluster. In addition, the Health Sector's information management unit, supported by WHO, assesses needs and monitors activities through the following health information monitoring products and processes:

- a) Health Resources and Services Availability Monitoring System (HeRAMS).
- b) Summary of HRP key indicators reported through the 4Ws, facilitated by an information system that enables the assessment of health assistance delivered by health partners.
- c) WoS WHO Key Performance Indicators per technical areas.
- d) Health Sector COVID-19 response monitoring report that presents assessments of interventions by health sector partners.
- e) COVID-19 dashboard (an online dashboard presenting relevant statistics).
- f) Online item tracking system (a web-based system developed by WHO Syria to provide one central database for procurement and logistics information related to the COVID-19 response).
- g) COVID-19: Syria Morbidity and Mortality Summary.
- h) Syria COVID-19 Humanitarian Updates.
- i) Health Sector Monthly COVID-19 Response Monitoring.
- j) Bi-weekly situation reports, which include relevant information on the COVID-19 epidemiological situation and vaccination updates.
- k) COVID-19 monthly epidemiological updates.

Current outlook – Northeast Syria

Health needs across Northeast Syria (NES) remain dire, with no noticeable improvements. Functionality of health facilities and availability of health human resources have not changed and remain critically lacking, with health systems unable to respond to increasing needs and gaps. Despite ongoing efforts, the rate of vaccination against COVID-19 in NES is very low. Implementing an effective humanitarian response in camps is increasingly challenging due to a range of factors, including delayed approvals, lack of access and the critical security situation across NES, particularly at Al-Hol camp.

The availability of medical supplies in NES is among one of the major challenges and is due in part to difficulties in importing supplies to Syria in general, and to NES in particular. The water crisis in NES has had significant health-related implications, leading to an increase in the prevalence of diseases such as acute diarrhea, malnutrition and skin diseases, in particular leishmaniasis. More than 2 000 cases of leishmaniasis were reported by the Department of Health of Al-Hasakeh Governorate in October 2021, up from only 121 cases in October 2020. Reported numbers may not fully reflect the severity of the situation due to under-reporting through the early warning system. Gaps in secondary health care are critical and remain unmet, while fully functional hospitals in the region are all but absent. The continued deterioration of economic conditions in Syria makes health services provided at private health facilities unaffordable for most of the population in NES.

HEALTH RISKS

- Continued COVID-19 pandemic and low COVID-19 vaccination coverage
- Severely disrupted essential health services: sexual and reproductive health, safe delivery and child health; routine and expanded immunization; care for communicable and non-communicable diseases; mental health and psychosocial support (including for health workers); emergency services, including trauma and referral; and physical rehabilitation
- Weakened community health services
- Restricted capacity due to the impact of failing critical support functions including electricity, fuel supply, medical waste management and water. For example, critically low levels of water in the Euphrates River have had severe health implications including increased prevalence of waterborne diseases
- Ineffective and non-sustainable supply chain with acute shortages of essential medicines and medical supplies, including laboratory and testing materials.
- Limited health information management and routine monitoring to ensure local capacity and coverage across all areas of Syria
- Low capacity for case management for acute infection and long-term COVID-19 care
- Fragmented surveillance systems at national and sub-national levels for all epidemic prone diseases, limiting capacity for early detection, events-based surveillance and response
- Limited critical readiness for public health emergencies due to a lack of preparedness planning, contingency stocks and emergency operation centres (EOCs), exacerbated by potential escalation of hostilities and large-scale displacements, particularly in north-west and north-east Syria
- Socioeconomic shocks, aggravated by increasing prices and other confounding factors, severely limiting affordability of health services to vulnerable populations



WHO follows several approaches and processes in monitoring and evaluating humanitarian operations.

- a) Monitoring of reported data includes checks on the quality of reported data based on various means of verification, including beneficiaries lists, logistic documents and reports from MoH.
- b) Monitoring of progress, facilitated through programme management meetings held every week, during which the Planning, Monitoring, and Evaluation team (PME) provides a summary to programme and senior management of the implementation rates of different workplans and awards.
- c) Monitoring of delivered equipment, supported by post-delivery follow up by WHO on the receipt of delivered equipment and satisfaction rates and facilitated by a monitoring tool developed to determine the functionality of equipment provided by WHO to health facilities.
- d) Third Party Monitoring (TPM), undertaken by a firm contracted by WHO to undertake both formative and summative evaluations to verify and ensure that supported projects implemented by downstream partners (NGOs) are implemented as set out in project agreements.
- e) Site monitoring visits conducted by 30 WHO focal points across all governorates who, between July and October 2021, conducted 206 such visits to follow up on and monitor the implementation of projects supported by the Organization.
- f) A dedicated hotline phone number that enables beneficiaries supported by WHO implementing partners to log complaints directly.
- g) In addition, a Local Compliance and Risk Management Committee meets every month and reports periodically to the WHO Regional Office. At the corporate level, risk management is embedded into WHO's Global Management System (GSM) portal.

COVID-19 SITUATION

Well over a year into the COVID-19 pandemic, Syria ranks among the worst affected countries in the Middle East and North Africa (MENA), with case numbers continuing to rise. Given Syria's already compromised and over-stretched health care system, COVID-19 has resulted in additional strain across the country.

By the end of November 2021, the total number of confirmed cases of COVID-19 in Syria had reached 176 814, with 6 417 associated deaths reported nationwide. To date, the country has experienced four waves of COVID-19.

By the end of November 2021, a total of 535 966 PCR tests had been performed at COVID-19 designated laboratories. The cumulative testing rate since the start of the outbreak is 2 475 per 100 000 of the population, which is far below the WHO recommended rate of 1 per 1 000 per week. Considering the limited number of tests being performed, the actual numbers of cases and deaths likely far exceed those reported. Official statistics indicate an increase in cases, but the high positivity rate and reports of associated deaths suggest that the true scale of the epidemic is largely underestimated, particularly in areas controlled by GoS. Data also shows that frontline health-care workers remain the most vulnerable to infection.

WHO provided support to establish and enhance 17 laboratories, and yet ensuring continuity and sustainability of services is challenging. In addition to laboratory testing, contact tracing continues to be difficult, notably in north-east governorates and IDP camps, due to lack of personnel, stigmatization and reluctance in seeking medical care.

As many countries advance in their COVID-19 vaccination programmes, Syria struggles with low vaccination coverage and uptake.

As of 27 November 2021, a total of 665 751 people were reportedly fully vaccinated, representing around 3.2% of Syria's total population. An additional 355 491 (1.7%) of the total population had received one vaccine dose. In NES, a total of 27 978 people had received at least one dose, of which 48 837 had received two. In NWS, a total of 99 202 people (2.31%) were fully vaccinated and a further 206 620 people (4.81%) were partially vaccinated.

To date the country has received 3 961 240 vaccine doses (2 616 240 through COVAX and 1 345 000 through bi-lateral agreements). This is only enough to fully vaccinate 10% of the population (2 105 620 people). An anticipated 5 733 250 vaccine doses are to be delivered soon through COVAX, though the delivery schedule is unpredictable at present leaving Syria unlikely to reach the national vaccination target of 20% of the population by the end of 2021.

Challenges in vaccination efforts are compounded by a lack of vaccine availability, imminent expiry dates of recently delivered vaccines, a lack of trained medical staff and, most significantly, vaccine hesitancy. Further emphasis on risk communication and community engagement (RCCE) is essential. Fear of COVID-19 among the population and stigmatization have had harmful effects on willingness and/or ability to utilize health services. Moreover, WHO has faced many challenges in ensuring delivery of a consistent COVID-19 response. They include funding limitations and low levels of health equipment, personnel, functioning health facilities, lab testing capacity, and quality of overall technical and management capacity across the country. As health sector lead, WHO acts as a provider of last resort for the identification of operational solutions to ensure delivery of an effective COVID-19 response in and around IDP camps throughout the country.



With the backdrop of existing humanitarian needs, socioeconomic challenges and the impact of the COVID-19 pandemic, WHO continues to ensure access to lifesaving and life-sustaining health services across all levels of the health system. Essential services supported by WHO address reproductive health; child health, including immunization and nutrition services; mental health; and specialized care for persons with disabilities and those with communicable and non-communicable diseases.

Underpinning service delivery is the need to ensure referral and continuity of care, including in response to GBV; through the supply of essential medicines, medical supplies, vaccines, and equipment; and by ensuring availability of trained, qualified health-care workers. COVID-19 has further strained public health capacity, particularly as people with pre-existing chronic diseases, often associated with lower socioeconomic status, are more likely to suffer serious complications or die after contracting COVID-19. The mental and social impacts of this pandemic are likely to be felt for many years, particularly as the economic impact is so significant. Low uptake of COVID-19 vaccination, a largely disrupted health system and emerging variants are all straining attempts to stabilize and restart services affected by the pandemic.

COVID RESPONSE: PLANNED ACTIVITIES

WHO is working to enhance country capacity and support all pillars of the Strategic Preparedness and Response Plan (SPRP), and is providing technical assistance to update the national response plan with a focus on the following priority needs:

PILLAR / PRIORITY AREA	NEEDS
Country-level coordination	Joint prioritization of critical gaps and needs, and stronger intra and inter sectoral planning and coordination
Support to COVID-19 surveillance system	Capacity building of and operational support to RRTs and strengthening of EWARS system
Support to COVID-19 vaccination	Support to fixed and mobile teams and other operational costs
Infection prevention and control	Procurement of IPC and PPE supplies, support in revision of national IPC guidelines, capacity building on IPC measures, and development of promotional IPC materials
Points of entry	Procurement of devices and supplies for entry screening, capacity building on entry screening measures, and development of IEC materials
Case management	Procurement of medical equipment, pharmaceuticals and other consumables; support for hospital rehabilitation; capacity building of healthcare staff and ambulance system support
Laboratory	Procurement of supplies and equipment (re-agents, kits, other lab supplies, sequencing equipment), renovation of labs and other operational costs
Risk communication and demand generation	Scaling up demand generation and RCCE activities through media engagement, capacity building, development of demand generation, as well as print and digital RCCE products
Cold chain	Support of costs, procurement of equipment (generators, stabilizers, CCE), and maintenance and installation costs
Continuation of maternal and child health services	Support to mobile medical teams and fixed centres providing services in hard-to-reach areas
Logistics and staffing	Staffing and operational costs (shipping, etc.)



CHALLENGES



- a) Continued political and security instability across the country, fragmented governance, limited access to certain parts of the country, such as Ras Al Ain and Tal Abiad in north-east Syria and other areas in the south
- b) Multiplicity of actors within the health sector -- which is the largest in terms of number of actors and projects -- demands continuous coordination and constant capacitating of national NGOs
- c) Continuous internal population movement across the country affects prioritization and re-programming of response at all levels
- d) Data and monitoring limitations, which weaken:
 - Quality of information and data on current situation, disease burden and coverage of services
 - Monitoring of programme implementation

e) Limitations, which are multiple and relate to:

- Fragmented health governance, which hinders WHO's ability to devise joint response plans
- Continued need for close consultations and timely planning of WoS response, including WHO cross-line and cross-border deliveries
- Heavy reliance on external donor funding, as donor interest is declining while WHO expectations are increasing to either cover substantial operational and supply costs (such as salaries; procurement of drugs, supplies, and equipment; and maintenance and rehabilitation) or fully functionalize health facilities
- Challenges in expanding presence of WHO international staff in Syria due to severe limitations in security-compliant working and living spaces
- An array of approval and clearance procedures within WHO supply chain exercises -- which despite much progress in this regard, continues to impact the movement of supplies, convoys and personnel across the country. This is further complicated by fluctuating prices of locally purchased commodities and supplies
- Interference in implementation of cross-line deliveries, including during offloading and distribution phases.
- Continuity of service provision during changes in lines of control

f) COVID-19 response limitations, which include:

- Late arrival of most vaccines
- Unpredictability of arrival dates for additional planned delivery of vaccines
- Overall vaccine hesitancy and lack of diversity of vaccine types delivered through COVAX
- Short expiry dates of some vaccine shipments (two months)
- RCCE, which remains challenging, though vaccine uptake has substantively improved over the last quarter of 2021

g) Donor red lines regarding direct partnership with parties to the conflict, which prevent critical interventions such as training and production of new healthcare workers





FUNDING REQUIREMENT

#	Area	Total	WHO Syria Damascus - NES	WHO Turkey Gaziantep	WoS EMRO/Coord
1	Coordination of Integrated Response	4,833,980	1,808,154	70,000	2,955,826
2	Primary Health Care	31,646,663	16,396,663	15,250,000	
3	Secondary Health Care	44,377,811	38,540,962	5,836,849	
4	Trauma Care and Emergency Care	28,701,270	27,283,908	1,417,362	
5	Mental Health	8,020,087	6,297,183	1,722,904	
6	Health Information System	2,677,970	2,497,970	180,000	
7	Immunization Program	13,114,867	8,163,867	4,951,000	
8	Nutrition Program	1,196,726	1,196,726		
9	WASH and EH	9,285,340	9,285,340		
10	Preparedness and Response	12,424,891	11,224,651	1,200,240	
	HRP total	156,279,605	122,695,424	30,628,355	2,955,826
11	COVAX	28,358,470	15,318,082	13,040,388	
12	COVID 19 - SPRP 22	73,056,508	57,098,428	15,958,080	
	COVID 19 total	101,414,978	72,416,510	28,998,468	
	Grand Total (HRP& COVID 19)	257,694,583	195,111,934	59,626,823	2,955,826

12 COVID-19 - SPRP 22 - Breakdown				
#	Category	Total	WHO Syria Damascus - NES	WHO Turkey Gaziantep
P1	Leadership, coordination, planning, and monitoring	277,173	257,173	20,000
P2	Risk communication and community engagement	1,402,953	822,953	580,000
P3	Surveillance, case investigation and contact tracing	1,037,789	637,789	400,000
P4	Travel, trade and points of entry	4,396,386	3,796,386	600,000
P5	Diagnostics and testing	29,084,531	23,084,531	6,000,000
P6	Infection prevention and control	3,747,194	3,377,194	370,000
P7	Case management and therapeutics	24,454,290	23,466,210	988,080
P8	Operational support and logistics	3,028,691	1,028,691	2,000,000
P9	Essential health systems and services	5,390,903	390,903	5,000,000
P10	Vaccination	28,358,470	15,318,082	13,040,388
P11	Research, innovation and evidence	236,599	236,599	
	Total	101,414,978	72,416,510	28,998,468

Funding Gap as of 13 December 2021:

	Damascus	Gaziantep	WoS Coord. / EMRO	Total
Requested amount	205,678,930	89,903,685	2,955,826	298,538,441
Funding Received	34,704,950	22,125,784	953,892	57,784,625
Funding Pledged	6,941,000	339,000	0	7,279,999
Total Received and Pledged	41,645,949	22,464,783	953,892	65,064,624
As a % of total	64%	35%	1%	
Gap against funding received & pledged	164,032,980	67,438,902	2,001,935	233,473,817
%	80%	75%	68%	78%



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