World Health Organization

WHO Emergency Appeal – 2021

Syrian Arab Republic

PEOPLE AFFECTED

13 MILLION
Estimated people in need across Syria

10.5 MILLION
Estimated people targeted for health response

6.5 MILLION
Internally displaced people (October 2020)

336 000 **Returnees**

HEALTH RISKS

- Increased risk of outbreaks of communicable diseases due to displacement, overcrowding and poor immunization coverage.
- Continuity of COVID 19 outbreak
- Increased Non-Communicable diseases and related morbidity and mortality
- High levels of disability, trauma and burns related injuries from ongoing and increased hostilities.
- Insecurity and limited access impeding referral of urgent medical cases to hospital.
- Increased mental and psychological conditions
- Weakened health system - Shortages of medicines and medical supplies.

FUNDING REQUIREMENTS

US$ 266 million

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

CURRENT SITUATION

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

As the crisis enters its tenth year, 6.1 million people remain internally displaced; 5.6 million people have fled the country as refugees, the vast majority to neighbouring countries. Up to ninety per cent of the population is estimated to live under the poverty line, largely due to the recent severe economic decline. This is a 10% increase compared to previous years. Displacement continues to be heavily concentrated in urban centres – where more than 87 per cent of IDPs now reside, compounding the stress on overstretched resources, infrastructure and services.

At least 10.5 million people are in need of health assistance. The essential health service infrastructure such as hospitals and health centers are in a state of disrepair, requiring extensive maintenance and rehabilitation to provide a minimum level of service delivery.

By the end of June 2020, out of the 113 assessed public hospitals, 50% (56) were reported fully functioning, 26% (30) hospitals were reported partially functioning (i.e. shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) were reported non-functioning. Out of 1790 assessed public health centres, 47% (842) were reported fully functioning, 21% (373) partially functioning, 32% (575) non-functioning (completely out of service).

There is chronic shortage of health care staff driven by displacement, death, injury, and flight of health workers particular in northeast Syria.

Up to 50 per cent of the health workforce is estimated to have left the country. These gaps can only be addressed with long-term investment.

WHO RESPONSE PRIORITIES

- ✓ Preventive activities – such as routine immunization, surveillance and community health promotion – remain essential in all areas of Syria including IDP and refugee camps.
- ✓ Scale up the COVID-19 response across the country.
- ✓ Improving access to primary, secondary and tertiary health care services using fixed health facilities, mobile teams and outreach services
- ✓ Improving the emergency referral system, as well as trauma, triage and emergency services.
- ✓ Establishing and expanding specialized services, such physical rehabilitation, tuberculosis care, dialysis, severe acute malnutrition with complications, and burns care across affected populations.
- ✓ Ensuring reliable supply of safe, quality medicines and medical supplies.
- ✓ Promote integrated health service delivery to address both communicable and non-communicable diseases.
- ✓ Expanding mental health and psychosocial support services capacity and coverage, including training of health care workers and provision of psychotropic medicines to certified professionals.
- ✓ Strengthening epidemiological and laboratory surveillance systems at all levels.
- ✓ Improving infection prevention and control measures within communities and health facilities.

Half a million children are chronically malnourished and an additional 137 000 children under five years of age are suffering from acute malnutrition, heightening their exposure to preventable morbidity and mortality.

Non-communicable diseases – cardiovascular diseases, injuries, cancer and diabetes, amongst others – and epidemic-prone diseases are the most common causes of morbidity in Syria. 45 per cent of all deaths in Syria are estimated to be related to non-communicable diseases (NCDs) – a 40 per cent increase when compared with 2011 rates. This rise in morbidity rates can be linked to the cumulative damage of health and WASH infrastructure in parts of the country, the lack of qualified personnel and import restrictions for key supplies and equipment, which combined have reduced the availability and accessibility of health services. Displaced persons require continuity of care for the prevention and treatment of cardiovascular and renal diseases, diabetes, cancer, psychosocial and mental health, and as well maternal and child health services.

Available surveillance data for non-COVID epidemic-prone diseases indicates that influenza-like illnesses, acute diarrhoea, leishmaniasis, and suspected hepatitis are the leading causes of morbidity across all age groups. This is particularly the case for IDP camps and sites where indicators related to access to safe water, sanitation and hygiene services are consistently worse than in resident and host communities. Displaced people are at increased risk of infectious diseases due to limited access to safe water and sanitation, overcrowding and other risk factors.
Persons with disabilities (27% all types) require rehabilitation and assistive services.

Syria declared its first COVID-19 case on 22 March 2020, while the first case in NWS was confirmed on 9 July 2020. As of 26 November 2020, the number of reported cases in whole Syria has reached 29,170, including 712 deaths.

Community transmission of the disease has been reported in several governorates, and the virus presents a significant risk especially in light of colder months and flu season upon us. Due to the prolonged crisis, the health system in the Syrian Arab Republic has become weaker and even more fragile. According to the annual report of the International Health Regulations (IHR), the national capacity for health preparedness and response is considered as level 2 out of 5, which indicates a limited capacity that requires technical and operational support from WHO and partners.

To address the increased health needs of Syrian population, WHO will continue to support health service provision using a Whole-of-Syria coordination and response approach, which targets people in need using the most direct route.

Additional resources are required to expand operations in northeast Syria, including cross-line, since the closure of the cross-border option from Iraq.

FUNDING REQUIREMENT

US$ 266 million is required by WHO in 2021 to address the health needs of people affected in Syrian Arab Republic.

Area	Budget required in US$
Coordination of integrated health response	3 700 000
Primary Health Care	44 567 000
Secondary Health care	72 700 000
Trauma and emergency care including supplies	17 240 800
Disease early warning systems	13 765 000
Mental Health	10 000 000
Health Information Systems	4 000 000
Immunization program	15 025 100
Nutrition program	1 045 000
WASH	2 586 203
COVID-19 [1]	94 193 252
Total	**266 154 312**

* This budget does not include funding required for the roll out of COVID vaccine when it becomes available.

[1] Please see below breakdown funding required for COVID-19 by pillar

WHO PLANNED ACTIVITIES UNDER COVID-19 RESPONSE

SITUATION

700 + COVID-19 deaths
29 000 + COVID-19 cases

UPDATE ON CRITICAL HEALTH INFRASTRUCTURE

- 572 health facilities non-functional and 374 are partially functional
- 27 hospitals non-functional and 30 are partially functioning
- 34 COVID-19 hospitals and 2279 isolation beds.
- 393 ICU beds and 377 Ventilators.
- 52 quarantine center and 5,157 beds.
- Out of 670 health facilities in NWS, 181 primary health centers and 28 hospitals are non-functional.

WHO will focus its capacities on COVID-19 response coordination; technical assistance; planning, and monitoring; surveillance; training; deployment of rapid response teams and case investigation; national laboratories; points of entry; case management; infection prevention and control; risk communication and community engagement; operational support and logistics.

Major activities include:

1. Nationwide further expansion of COVID-19 lab testing capacity, ensuring good laboratory practices and biological safety, with immediate action taken on each lab result. As the outbreak unfolds, the surveillance strategy will need to evolve to account for available laboratory capacity, to ensure prioritization of testing for high-risk individuals, and to monitor disease trends and overall progress of the response strategy.

2. Community-based prevention practices, case identification, and quarantining (including at points of entry) utilizing local community health capacity for slowing spread of disease following lockdown.

3. Effective community engagement strategies coupled with community access to masks, soap/sanitizers, water to empower communities to support and enforce safe behaviors of mask wearing, social distancing and safe hygiene practices for ensuring and sustaining safe behaviors and practices, particularly at super-spreader interfaces.

4. Expansion of facility-based and healthcare worker training programs nationwide, for improving triage, infection prevention control, and case management.

5. Mobilization of recently graduated doctors to support triage and case management at hospitals with highest case burden.

6. Support Ministry of Health with a set of targeted immediate actions for the Government of Syria to reorganize and ensure continued access to essential quality health services for all.

7. Strong nationwide communication to empower symptomatic individuals and their families to report symptoms. Destigmatizing the disease and safe treatment spaces is essential for people to feel safe in divulging symptoms and seeking necessary assistance.

8. Continue Development of a single list of supplies and use of the global supply chain system for expediting procurement of supplies in highest demand globally.

CHALLENGES

The main challenges are: limited availability of testing kits and associated consumables; inadequate numbers of laboratories with proper infrastructure/equipment to conduct COVID-19 testing; lack of required biological safety measures in the laboratories, required for safe testing environment; shortage of necessary trained human resources such as virologists, microbiologists and medical technicians in the public health system, for conducting qRT-PCR tests; proper and safe disposal of laboratory wastes.

Pillar	Budget required in US$
Surveillance, outbreak response and contact tracing	5 078 000
Laboratory	7 980 000
Points of Entry	2 400 000
Case management	16 250 000
Infection Control	7 900 000
Risk Communication and Community engagement	3 929 000
Supplies, Operational support and logistics.	50 656 252
TOTAL	**94 193 252**

Country Office

Dr Akjemal MAGTYMOVA
WHO Representative

magtymova@who.int

Gaziantep Field presence

Dr Mahmoud Daher
WHE Lead, Head of GZT Field presence

daherm@who.int

Regional Office

Dr Richard John BRENNAN
Regional Emergency Director

brennanr@who.int