

SYRIAN ARAB REPUBLIC

People in need
14 million

People targeted
12 million

Requirements
US\$ 239.64 million

Grade 3 Emergency



Context

Syria is the beneficiary of one of the world's most complex humanitarian operations. Its fragile health system remains strained as a result of multiple concurrent emergencies. These chronic challenges, which include ongoing insecurity, the COVID-19 pandemic and a debilitating socioeconomic crisis, continue to affect the availability and quality of health services across the country as well as the physical and mental well-being 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 million people will need health services. Of these 4.4 million are displaced, 1.33 million are children under five (including approximately 503 000 newborns), 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, 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. More than 176 000 confirmed cases of COVID-19 and nearly 6500 associated deaths (case fatality rate of 3.6%) were 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.

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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 are negatively impacted. Basic supply chains of lifesaving medicines and medical supplies remain disrupted.

Fuel supplies and the availability of essential medicines, including crossline and cross-border efforts, will continue to be affected while poverty increases nationwide. Economically-driven displacement is likely to increase further worsening determinants of health. The economic crisis has a direct impact on the strength of the health system, which is dependent on the availability and accessibility of electricity, water, and road networks. Safe and inclusive quality health services also require water, sanitation, and hygiene interventions at 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. They include early identification; survivor-centred care; referral for gender-based violence survivors; malnutrition screening; holistic prevention; treatment interventions for pregnant and lactating women and children under five; and accessible and safe services for persons with disabilities. This requires communication barriers and the needs of vulnerable groups such as adolescent girls be addressed. Close coordination is needed with water, sanitation, and hygiene, nutrition, protection, and gender-based violence sectors, and the expansion of education and shelter-related services.

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

For more information

Dr Akjemal Magtymova

WHO Representative
WHO Syria
magtymova@who.int

Dr Mahmoud Daher

WHO Lead
Head of GZT Field Presence
WHO Syria
daherm@who.int

Dr Richard Brennan

Regional Emergency Director
WHO Syria
brennanr@who.int

Country priorities

WHO will continue to maximize its efforts through its main office in Damascus and five suboffices across the country, staffed by 103 professionals (95 national and 8 international), and by the Gaziantep Emergency Field Programme and its more than 20 staff members. WHO will continue to maximize its work with nongovernmental organizations for service delivery based on the Nongovernmental Organization Strategic Plan for 2020–2024. WHO will:

- Coordinate and support the COVID-19 pandemic response across 10 pillars: coordination, surveillance, laboratory, vaccination, risk communication and community engagement, points of entry, case management, infection prevention and control, logistics support, and maintaining essential services.
- Provide lifesaving and life-sustaining service delivery in the following areas: immunization, child health, reproductive health, maternal and newborn 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.
- Build a resilient and responsive health system while providing timely emergency support for: coordination of 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 Syria follows a dual approach:

- 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.
- Enhanced WHO involvement in health system resilience and expansion of access, including kick-starting primary and secondary-level services, where access is possible.

[Access the full appeal online](#)



Syrian Association of Red Crescent volunteers bringing WHO's surgical and medical assistance into the opposition-controlled part of Aleppo City. © WHO