

HeRAMS

Snapshot: Status of Public Hospitals in the Syrian Arab Republic

November 2015

This is to acknowledge that the data provided in this snapshot is a product of joint collaboration between the World Health Organization, Ministry of Health, and Ministry of Higher Education in the Syrian Arab Republic. The report covers the month of November 2015.

Contents:

This document provides a snapshot of the status of public hospitals under the Ministries of Health and Higher Education, as of November 30, 2015 in terms of functionality, accessibility, and level of damage.

1. Completeness of Reporting

The completeness of reporting of public hospitals across Syria remained 100%, where all 99 Ministry of Health (MoH) Hospitals and 14 Ministry of Higher Education (MoHE) hospitals continued to report to HeRAMS in November 2015.

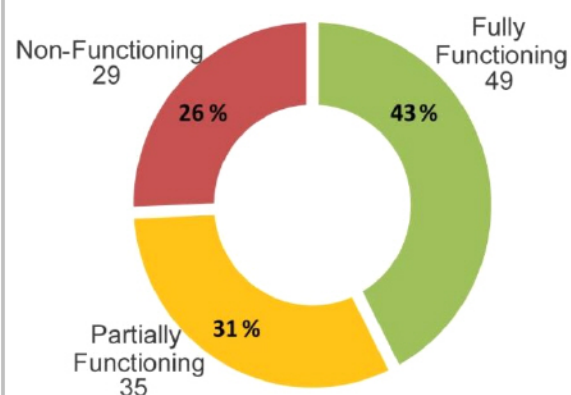
2. Functionality Status

Functionality of the public hospitals has been assessed at three levels: fully functioning, partially functioning, or not functioning.

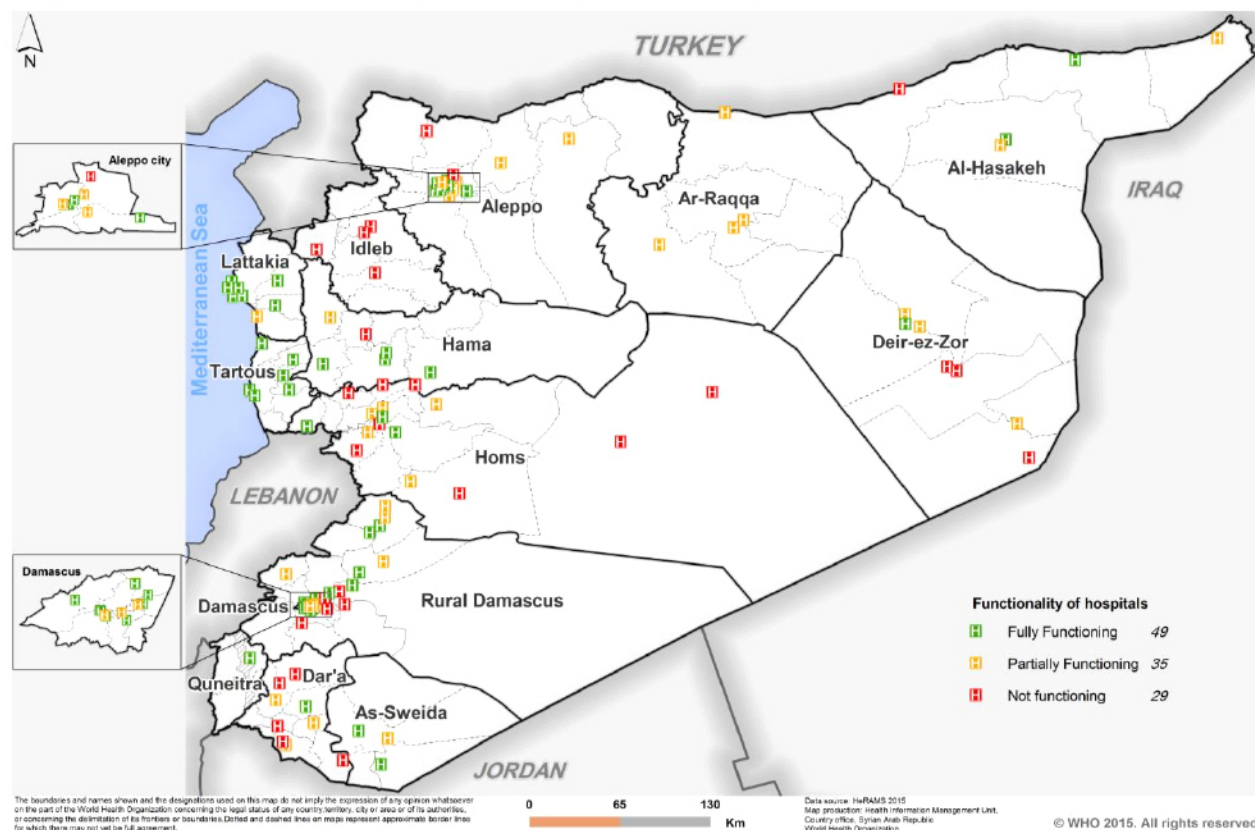
By the end of November 2015, and out of the **113** assessed public hospitals [MoH & MoHE], 43% (49) were reported fully functioning, 31% (35) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 26% (29) were reported non-functioning [Figure 1].

Distribution of public hospitals by functionality status is presented in Map 1.

Figure 1: Functionality status, Nov 2015

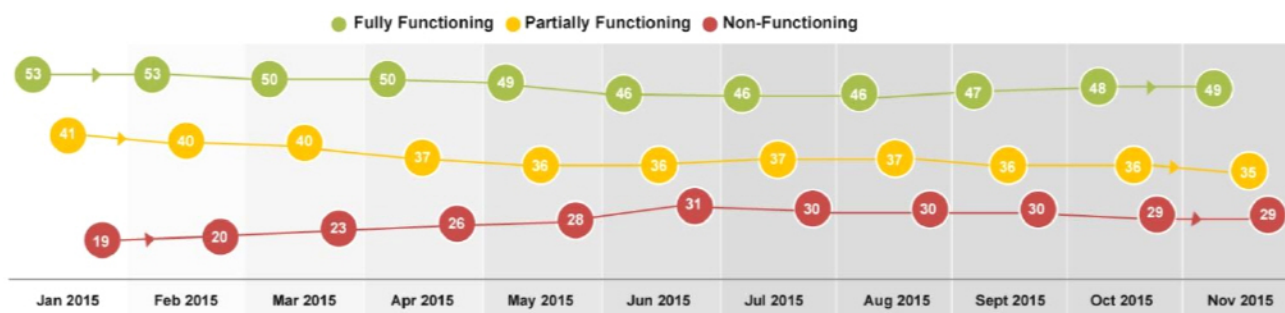


Map 1: Distribution and Functionality status of the public hospitals [MoH & MoHE], November 2015



Since beginning of the year, November 2015 was one of the worst months with regards to functionality of the hospitals, **29** hospitals were reported out of service compared to **19** in January 2015 [Figure 2]. Figure 2, provides trend analysis for the functionality status of the public hospitals from January to November 2015.

Figure 2: Trend analysis of functionality status, from January to November 2015



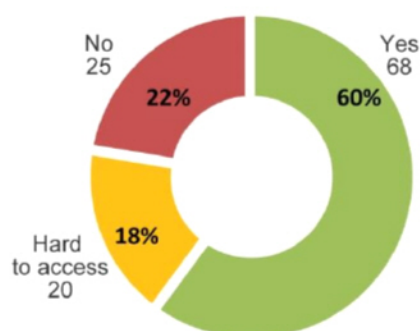
In November 2015, functionality status of the University Cardiovascular Surgical hospital (affiliated to MoHE) in Damascus has improved; the hospital is reported fully functioning in November 2015 compared to partially functioning in October 2015, because of repairing the cardio-catheter machine.

3. Accessibility Status

Accessibility to public hospitals has been assessed at three levels: accessible, hard-to-access, or inaccessible hospital for patients.

By the end of November 2015, 60% (68) hospitals were reported accessible, 18% (20) hard-to-access, and 22% (25) were inaccessible [Figure 3].

Figure 3: Accessibility status, Nov 2015

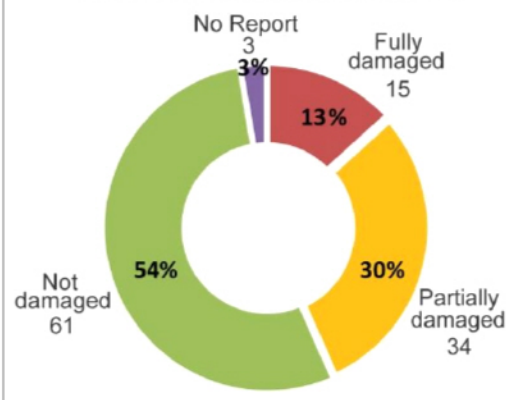


4. Level of Damage

The condition of the hospitals' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged.

By the end of November 2015, 43% (49) hospitals were reported damaged [13% fully damaged and 30% partially damaged], while 54% (61) of public hospitals were reported intact. The level of damage of three hospitals was unconfirmed due to escalating security situation (those are: Al-Bassel-Tadmor, Al-Bassel-Al-Qaryatein and Al-Bassel-Sokhneh hospitals in Homs governorate) [Figure 4].

Figure 4: Level of damage, Nov 2015

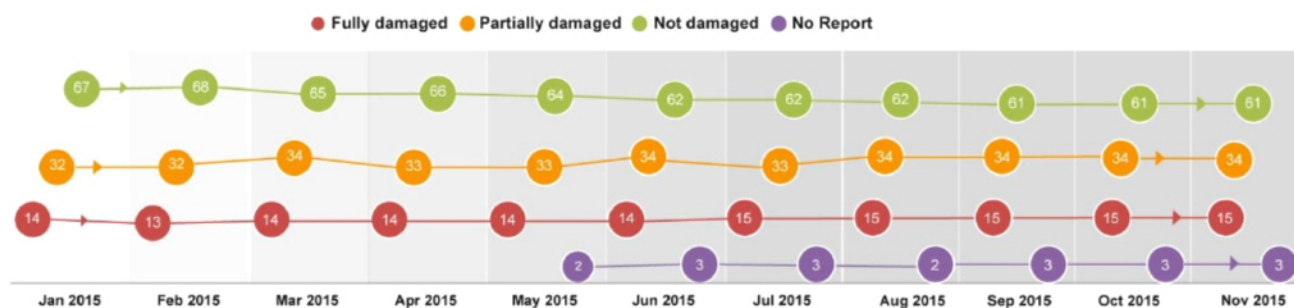


It is essential to cross-analyze the infrastructural damage of the public hospitals in relation to the functionality status (i.e. provision of services). Some hospitals have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the building or in a few cases operating from other neighboring facilities. The national figures translate as follows:

- Out of the **34 partially damaged hospitals**, 18 hospitals were reported partially functioning and 14 out of service (non-functioning), while two hospitals (Yabroud in Rural Damascus, and Ebn Khaldoun Psychiatric hospital in Aleppo) were reported to be fully functioning providing all services through salvaging medical equipment from the damaged section of the hospital with full staffing capacity.
- Out of the **15 fully damaged hospitals**, 10 were reported non-functioning while 5 hospitals have opted for innovative ways to continue providing health services to populations in need through partially functioning from other nearby temporary locations and provide health services with limited staff capacity and resources. *More details of the 5 hospitals are available in the HeRAMS database.*
- Then again, hospitals with **intact buildings (61 hospitals)** does not directly reflect full functionality, only 47 of the 61 intact hospitals are fully functioning, while 12 are partially functioning and 2 hospitals are not functioning all together, due to limited access of patients and health staff to the facilities resulting from the dire security situation as well as critical shortage of supplies.

The figure below provides trend analysis for the level of damage functionality status of the hospitals' buildings between January and November 2015.

Figure 5: Trend analysis of level of damage, from January to November 2015



© World Health Organization 2015. All rights reserved. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

WHO-EM/SYR/024/E