

Syrian Arab Republic : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	73
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	132
	females	75
	total	104

Communicable diseases

Tuberculosis notification rate per 100 000	14
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

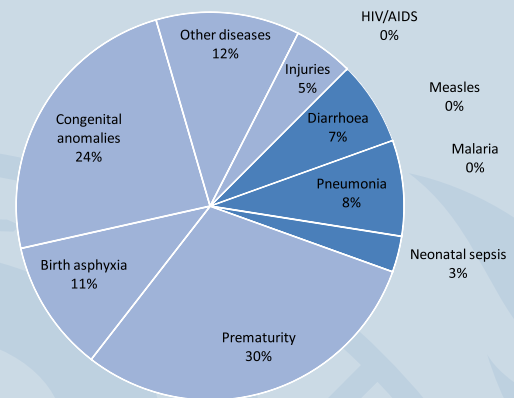
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	42
Physical inactivity

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	31.8 [19.1-45.2]	29.6 [17.6-42.6]	30.7 [22.1-39.9]
Raised blood glucose	12.9 [6.0-22.0]	12.8 [5.9-22.0]	12.8 [7.7-19.2]
Overweight	63.4 [55.0-70.3]	69.3 [61.6-76.1]	66.4 [60.8-71.4]
Obesity	23.8 [17.6-29.9]	39.0 [31.0-47.1]	31.6 [26.5-36.6]
Raised cholesterol	38.3 [18.9-61.3]	42.4 [19.7-65.6]	40.5 [25.2-56.6]

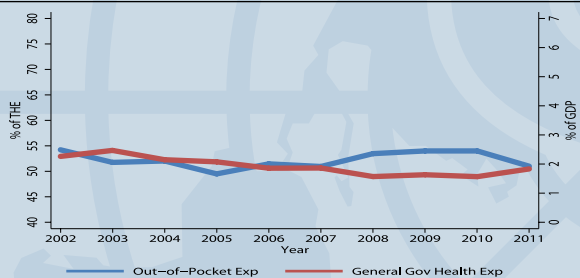
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 18% of all deaths among children aged <5 years

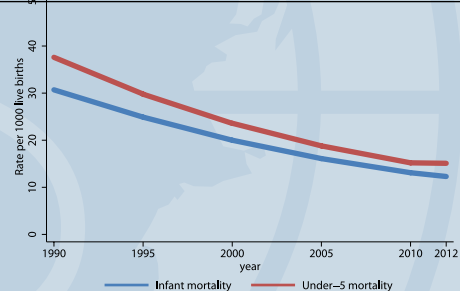
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2011-2015)
Annual publication/dissemination of ministry of performance report	No
High level multisectoral advisory council for health available	No

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	95
Percentage of causes of death recorded	80
Year most recent use of ICD in mortality classification reported	2009
Year most recent annual health statistics report published	...

Health system: health workforce

Health workforce per 10 000 population (2011)

Physicians	6.5
Nurses/midwives	15
Dentists	2.1
Pharmacists	0.2

Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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Health system: service provision

Infrastructure

Primary health care facilities per 10 000 population	1
Hospital beds per 10 000 population	15.3

Service delivery

Access to local health services (%)	95
Contraceptive prevalence (%)	37.5
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	78
Smear-positive tuberculosis treatment success (%)	89
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	0
General government expenditure on health as % of GDP (2011)	1.8
Out-of-pocket expenditure as % of total health expenditure (2011)	51.0
General government expenditure on health as % of total government expenditure (2011)	5.6

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2008)
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	Not available

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities ¹

Strengths	Weaknesses
<p>Pre-events</p> <ul style="list-style-type: none"> • Long tradition and practice of developing five-year medium-term planning for health as part of the national planning process • Elaborate public sector health care infrastructure in terms of primary care facilities and hospitals • Availability of health workforce with adequate density of physicians, dentists and allied workers • Significant improvement in infant mortality and maternal mortality between 1970 and 2010 • Current • Efforts to promote community participation to enhance community ownership in planning and decision-making • Drafting the new organizational structure for the Ministry of Health including administrative framework, in order to improve equitable access and quality of health services in collaboration with other sectors • Reviewing the database related to destructed health facilities in collaboration with stakeholders at the governorate level 	<p>Pre-events</p> <ul style="list-style-type: none"> • Ministry of Health's capacity to undertake essential health functions is not supported by its organizational structure and functions of its departments • Total health expenditure has remained static or may have decreased in recent years, with high share of out-of-pocket spending • Despite extensive health infrastructure, quality of care offered is substandard with underuse of primary care facilities • Overstaffing with misdistribution of staff in health facilities in addition in to limited salaries and low level of motivation and retention • Most training programmes are traditional, and curricula require updating with focus of competencies that are oriented towards population health needs • Current • Disrupted health system due to the current crisis which resulted in weak governance, damaged health facilities, low access and coverage • Critical shortage of health workforce in some governorates • Interruption and/or collapse of the health management information system, compromising the quality and use of the data • The public sector takes the bigger responsibility for health services provision • Lack of financial resources for health sector
Opportunities	Challenges
<ul style="list-style-type: none"> • Continued and increasing commitment of UN agencies and nongovernmental organizations to support the health system development • Partnership with civil society and nongovernmental organizations in health care delivery for unreached people during the crisis • International Federation of Red Cross and International Committee for Red Crescent have access and deliver assistance in many districts • International Rescue Committee is providing a holistic approach to aiding Syrians • Developing a plan for reconstruction of the health facilities based on the priority agenda 	<ul style="list-style-type: none"> • Large scale unstructured population displacement: more than 6.8 million people in need; 4.25 million internally displaced; 3.1 million are children; 68 000 are pregnant women • Worsening insecurity prevents health care workers from reporting for duty, contributing to severe staffing shortages in the health facilities • Increased malnutrition and incidence of infectious diseases such as hepatitis A, typhoid and leishmaniasis • High risk of both foodborne and waterborne diseases • Interruption of vaccination programmes and other continuum care • Humanitarian needs are increasing among refugees with their limited financial resources and lack of identity papers • Closure of local pharmaceutical facilities due to economic sanctions, currency fluctuations and unavailability of hard currency and increases in operational costs • High burden on the Ministry of Health due to destroyed health infrastructure along with a shortage of health workforce
Priorities	
<ul style="list-style-type: none"> • Improve the delivery of essential and emergency health care including: trauma management, primary health care, reproductive and child health, nutrition services, management of chronic illness and mental health • Assure filling priority gaps for essential medicines, medical equipment and supplies • Strengthen the early warning system for outbreak alert and response of disease and public health emergencies • Inform and coordinate the health sector response through consistent availability of up-to-date information on health needs, health sector response capacities and gaps • Pave the way for revitalization and early recovery of health services, and restoration of health facility services in affected areas, while ensuring health sector readiness for emergency response 	

¹ This profile depicts the state of the Syrian health system prior to recent events as well as mentioning challenges as a result of them

Jointly developed by:

Department of Health Systems Development (HSD) and
Department of Information, Evidence and Research (IER)