



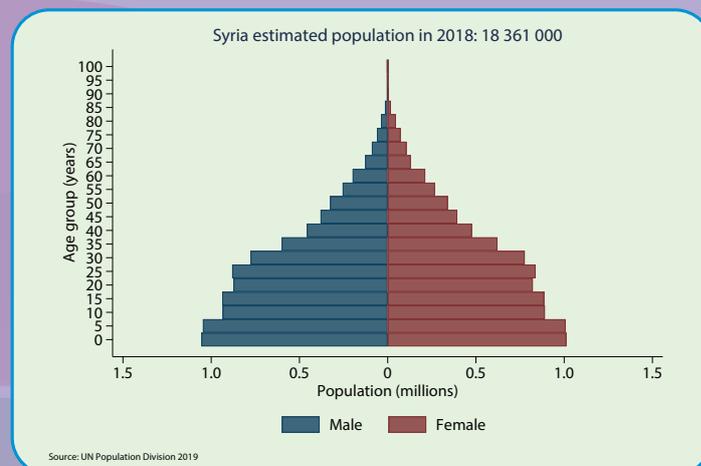
Universal health coverage

| | |
|---|------|
| UHC service coverage index (2017) | 60 |
| Primary health care facilities per 10 000 population (2018) | 0.8 |
| Hospital beds per 10 000 population (2018) | 12.6 |
| Demand for family planning satisfied with modern methods (%) (2017) | 60.0 |
| Antenatal care visits (4+ visits) (%) | ... |
| Measles immunization coverage among 1-year olds (%) (2018) | 80 |
| Tuberculosis treatment success rate and relapse TB cases notified (%) (2017) | 86 |
| DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018) | 66 |
| Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2016) | ... |
| Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2016) | ... |

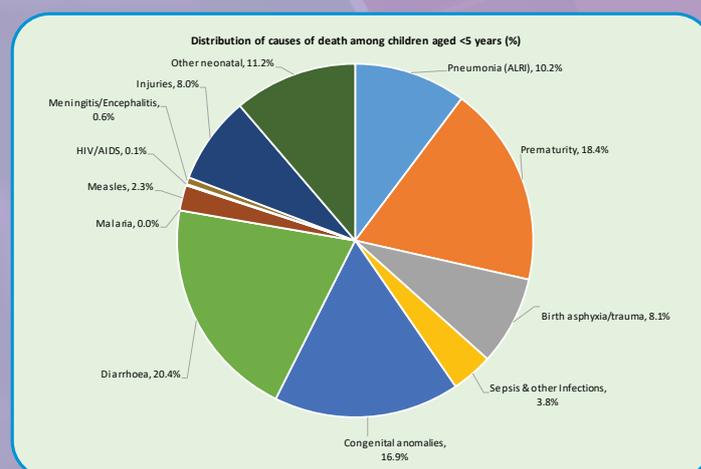
Selected determinants of health

| | |
|---|------|
| Population living in urban areas (%) | ... |
| Annual GDP growth (%) (2007) | 5.7 |
| Population growth rate (%) (2018) | 2.2 |
| Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%) (2005) | 77.0 |

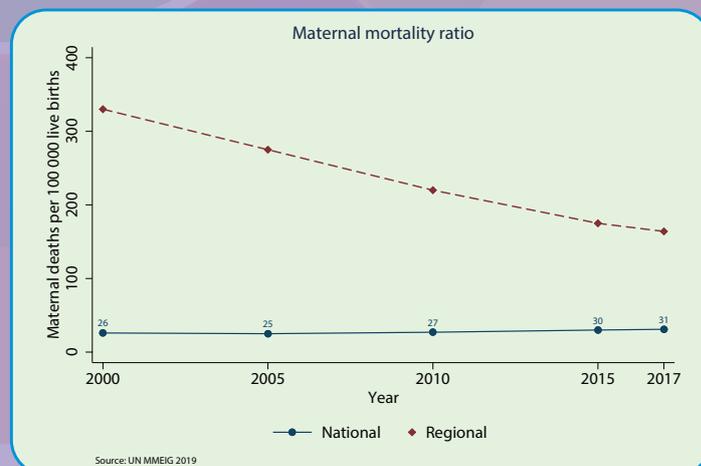
Estimated population in 2018



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



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line % ...

| | | |
|---|----------|------|
| Proportion of employed population below the international poverty line (ILO estimate, 2019) | Male % | 36.7 |
| | Female % | 30.0 |

2 ZERO HUNGER

| | | |
|---------------------------------|---|-----|
| Children under 5 who are (2018) | | |
| stunted | % | 1.5 |
| wasted | % | 0.4 |
| overweight | % | 0.7 |

4 QUALITY EDUCATION

| | | |
|-----------------------------|----------|-----|
| Literacy rate (15-24 years) | Total % | ... |
| | Male % | ... |
| | Female % | ... |

| | | |
|--|--------------|-----|
| Net primary school enrolment ratio per 100 school-age children | Total ratio | ... |
| | Male ratio | ... |
| | Female ratio | ... |

7 AFFORDABLE AND CLEAN ENERGY

| | | |
|---|---|-----|
| Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory, 2017) | % | >95 |
|---|---|-----|

6 CLEAN WATER AND SANITATION

| | | |
|---|---|----|
| Access to improved drinking water (World Health Statistics, 2015) | % | 90 |
|---|---|----|

| | | |
|--|---|----|
| Access to improved sanitation facilities (World Health Statistics, 2015) | % | 96 |
|--|---|----|

8 DECENT WORK AND ECONOMIC GROWTH

| | | |
|--|----------|------|
| Unemployment rate (15+ years) (ILO estimate, 2019) | Total % | 8.1 |
| | Male % | 6.1 |
| | Female % | 20.8 |

11 SUSTAINABLE CITIES AND COMMUNITIES

| | | |
|--|-------|------|
| Concentrations of fine particulate matter (PM2.5) (µg/m³) (WHO/CEHA, 2016) | Total | 39.4 |
| | Urban | ... |

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

| | |
|--|-------|
| Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) | 430.8 |
|--|-------|

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

| Indicator | Male | Female | Total |
|---|------|--------|-------|
| Life expectancy at birth in years (2018) | 59.4 | 68.9 | 63.8 |
| Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate) | — | — | 31 |
| Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate) | ... | ... | 9 |
| Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate) | ... | ... | 14 |
| Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate) | ... | ... | 17 |
| Tobacco use among persons 15+ years (%) (year) | ... | ... | ... |
| Overweight (18+ years) (%) (2016) | ... | ... | 61.4 |
| Obesity (18+ years) (%) (2016) | ... | ... | 27.8 |
| Raised blood pressure among persons 18+ years (%) (2014) | ... | ... | 24.5 |
| Raised blood glucose among persons 18+ years (%) (2015) | ... | ... | 14.6 |
| Raised cholesterol among persons 18+ years (%) (year) | ... | ... | ... |
| Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2016 | ... | ... | 21.8 |
| Cancer incidence per 100 000 (2018) | ... | ... | 169.9 |

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Health and SDGs at a glance in Syrian Arab Republic



Voluntary National Review, include year(s) and link(s)

Planned for 2020.

National Focal Point for 2030 Agenda

Planning and International Cooperation Commission

National Focal Point in Ministry of Health for health related SDGs

Dr. Rasha Mohammad, Head of Statistics Unit, Ministry of Health

Ms. Maisoon AlMady

1. What efforts have been made to agree on national targets for SDG3+?

The Syria Arab Republic contributed effectively in the Development of SDGs, through participating in the regional consultations related to identifying the prioritization of the development in the Arab Region. Also Syria participated in the United Nations General Assembly summit in September 2015 which adopted a work plan (Transforming our world) for the period (2015-2030). Syria developed its national report in line with the SDGs Goals and Targets, after selecting the indicators which mostly suit the national perspectives and development challenges in the Country.

2. How is Syria incorporating SDG 3 targets in health policy, strategy, and planning?

The National post-war developmental plans for the Syrian Arab Republic (2019-2030) have been developed, covering the main 12 areas of work in the country. SDGs were completely considered in this plan from the following approaches:

- Time-frame: The national post-war developmental plans are in line with the deadline for SDGs (2030).
- Utilizing the results of the National SDGs report with all the priorities and indicators listed therein when preparing the post-war developmental plans.
- National post-war developmental plans for the Syrian Arab Republic (2019-2030) adopted the same SDGs targets and Indicators.
- An organizational approach: The same governmental working-groups which participated in preparing the first national SDGs report also participated in developing the National post-war developmental plans for the Syrian Arab Republic (2019-2030), under the coordination of the "Planning and International Cooperation Commission".
- Monitoring and Evaluation level: The official online portal of SDGs in Syria has been developed in cooperation with the UNDP regional office, which will be launched and activated soon.

The national development plan for SDG 3 indicators and necessary policies is under development. Strategic priorities reflected in 2017 Humanitarian Response Plan include: Providing life-saving and life-sustaining humanitarian health assistance; Strengthening

health sector coordination and health information systems to improve effectiveness, with an emphasis on enhancing protection and increasing access for health; and Improving access to health services and livelihoods by supporting community resilience, institutional and response capacity. Strategic priorities reflected in 2016- 2018 Strategic Framework include: Restoring and expanding more responsive essential services and infrastructure; Building capacity and support institutions to develop, implement and monitor evidence-based policies, strategies, plans and resilience programmes; and Improving socio-economic resilience of the Syrian people, including economic recovery and social inclusion.

3. Are there any major partnerships for advancing the 2030 Agenda?

Partnerships with UN agencies working in Syria have been established in order to support sustainable development reporting as well as information system creating, aiming to monitor the progress until 2030. Syria is also involved in conferences, senior meetings and sustainable development forums in the region, especially activities organized by the league of Arab States and UN ESCWA. The official online portal of SDGs in Syria has been developed in cooperation with the UNDP regional office, which will be launched and activated soon.

The humanitarian response to the ongoing conflict in Syria is coordinated through 11 sectors. The governance of the health sector is led by the Ministry of Health. The Ministry of Higher Education, with its network of teaching hospitals, is an important health care provider. Various registered NGOs are providing health care services in close coordination with health authorities at central and governorate level.

4. Are there any major partnerships for advancing the health-related SDGs?

The Ministry of Health and WHO are working in coordination to advance the health-related SDGs, especially through agreed health agendas and programmes concerning related indicators. As part of its ongoing response in Syria, WHO leads and coordinates more than 80 health partners including UN agencies, international and national NGOs. WHO coordinates strategic planning and operational reviews, leads the process of assessing humanitarian health needs and oversees the preparation of the health component of the annual humanitarian response plan for Syria. WHO's network of focal points throughout Syria assesses needs, monitors ongoing activities, and reviews health facility and NGO records to ensure that WHO's supplies are reaching end beneficiaries.

5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

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