

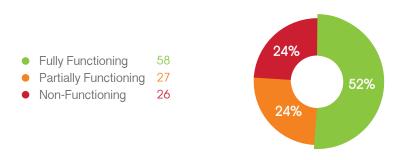
## 1. COMPLETENESS OF REPORTING

The completeness of reporting of public hospitals across Syria remained 100%, where all 98 Ministry of Health (MoH) hospitals and 13 Ministry of Higher Education (MoHE) hospitals continued to report to HeRAMS in December 2018<sup>1</sup>.

## 2. FUNCTIONALITY STATUS

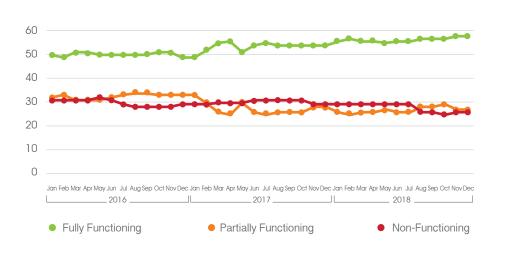
Functionality of the public hospitals has been assessed at three levels: fully functioning, partially functioning, or not functioning. By the end of December 2018, and out of the 111 assessed public hospitals [MoH & MoHE], 52% (58) were reported fully functioning, 24% (27) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (26) were reported non-functioning [Figure 1].

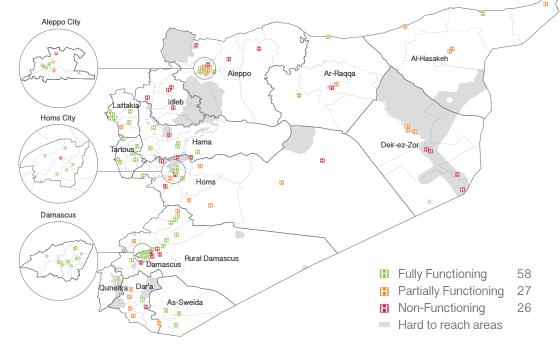
Figure 1: Functionality Status - December 2018



Map1: Distribution and functionality status of the public hospitals, December 2018<sup>2</sup>

**Figure2:** Trend analysis of functionality status of public hospitals, from January 2016 to December 2018





<sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> HTR and besieged areas are portrayed based on OCHA map as of October 2018, and other sources

## 3. ACCESSIBILITY STATUS

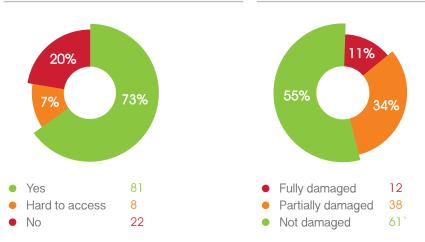
Accessibility to public hospitals has been assessed at three levels: accessible, hard-to-access, or inaccessible hospital for patients. By the end of December 2018, 73% (81) hospitals were reported accessible, 7% (8) hard-to-access, and 20% (22) were inaccessible [Figure 3].

## 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 December 2018, 45% (50) hospitals were reported damaged [11% fully damaged and 34% partially damaged], while 55% (61) of public hospitals were reported intact [Figure 4].

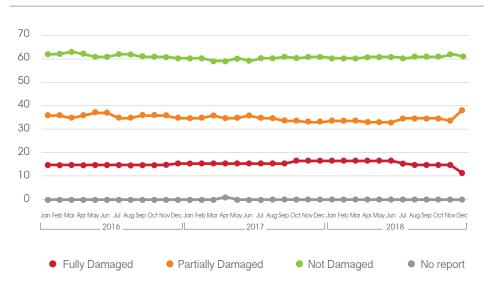
It is essential to cross-analyze the infrastructural damage of the public hospitals in relation to the functionality status (i.e. provision of services). Some hospitals have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the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

Figure 3: Accessibility Status - December 2018 Figure 4: Level of Damage - December 2018



- Out of the 38 partially damaged hospitals, 13 hospitals were reported partially functioning and 20 out of service (non-functioning), while 4 hospitals (Ophthalmology hospital in Homs, and Ebn Khaldoun Psychiatric hospital in Aleppo, As-Salameyeh National hospital in Hama, and As-Suqailbeyeh National hospital in Hama) were reported to be fully functioning providing all services with full staffing capacity.
- Out of the 12 fully damaged hospitals, 6 were reported non-functioning while 6
  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 6 hospitals are available in the HeRAMS
  database.
- Then again, hospitals with intact buildings (61 hospitals) does not directly reflect full functionality, only 54 of the 61 intact hospitals are fully functioning, while 8 are partially functioning, and one hospital is not functioning, 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.

Figure5: Trend analysis of level of damage, from January 2016 to December 2018



<sup>©</sup> World Health Organization 2018. 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.