Snapshot for PUBLIC HOSPITALS



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 January 2018¹.

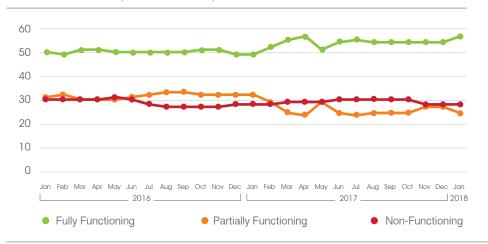
2. FUNCTIONALITY STATUS

Functionality of the public hospitals has been assessed at three levels: fully functioning, partially functioning, or not functioning. By the end of January 2018, and out of the 111 assessed public hospitals [MoH & MoHE], 51% (56) were reported fully functioning, 23% (26) 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].

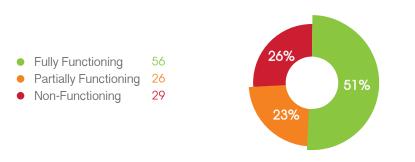
Distribution of public hospitals by functionality status is presented in Map 1, which also potrays the HTR areas².

Trend analysis of functionality status of public hospitals Throughout 2016 and 2018 is presented in Figure 2.

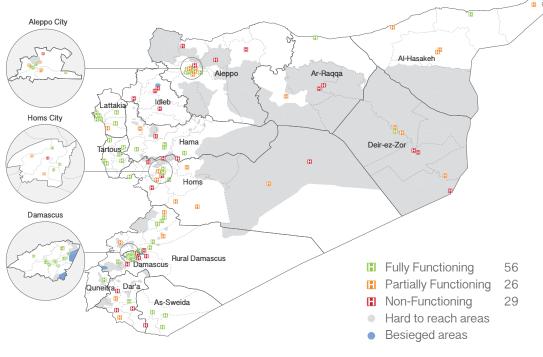
Flgure2: Trend analysis of functionality status of public hospitals, from January 2016 to January 2018







Map1: Distribution and functionality status of the public hospitals, January 2018



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.

² HTR and besieged areas are portrayed based on OCHA map as of December 2017, and other sources

3. ACCESSIBILITY STATUS

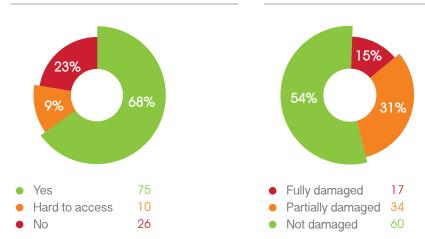
Accessibility to public hospitals has been assessed at three levels: accessible, hard-to-access, or inaccessible hospital for patients. By the end of January 2018, 68% (75) hospitals were reported accessible, 9% (10) hard-to-access, and 23% (26) were inaccessible [Figure 3].

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 January 2018, 46% (51) hospitals were reported damaged [15% fully damaged and 31% partially damaged], while 54% (60) 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:

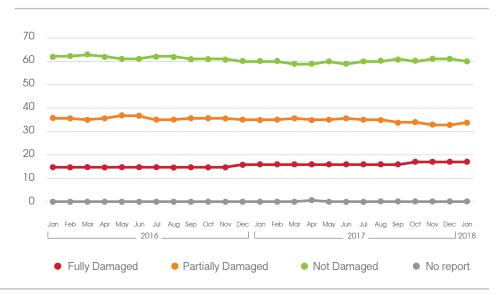
Figure 3: Accessibility Status - Jan 2018 Figure 4: Level of Damage - Jan 2018



- Out of the 34 partially damaged hospitals, 12 hospitals were reported partially functioning and 18 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 Al-Assad hospital in Deir-ez-Zor) were reported to be fully functioning providing all services with full staffing capacity.
- Out of the 17 fully damaged hospitals, 11 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 (60 hospitals) does not directly reflect full functionality, only 52 of the 60 intact hospitals are fully functioning, while 8 are partially 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.

Trend analysis of the level of damage of the hospitals' buildings between January 2016 and January 2018 is presented in Figure 5.

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



[©] World Health Organization 2017. 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.