Table 1. Demographic and reproductive health indicators, Syrian Arab Republic, 1997–2008

Indicator	Parameter	Year
Total population	19 405 000	2007
Population growth rate	2.45	2004
Crude birth rate	30	2006
Crude death rate	4	2006
Urban to rural population, ratio	50:50	2006
Number of women of reproductive age (15–49 years)	4 674 000	2006
Total fertility rate	3.1	2005
Percentage of pregnant women attended by skilled personnel (of all pregnant women)	84	2006
Number of facilities with functioning essential obstetric care per 500 000 persons	6.7	2005
Percentage of deliveries attended by skilled personnel (of all deliveries)	93	2006
Percentage of deliveries undertaken in health facilities (of all deliveries)	70.4	2006
Percentage of caesarean sections (of all deliveries)	15	2001
Percentage of pregnant women with anaemia (of all pregnant women)	40.6	1997
Percentage of newborn infants with low birth weight (of all newborn infants)	6.6	2004
Maternal mortality per 100 000 live births	58	2004
Perinatal mortality per 1000 live births	13	2004
Neonatal mortality per 1000 live births	8.7	2008
Life expectancy at birth female (years)	72.1	2001
Life expectancy at birth male (years)	70	2001
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	58.3	2006
Traditional methods (all)	15.7	2006
Withdrawal	1.7	2006
Rhythm	9.2	2006
Lactational amenorrhoea	4	2006
Modern methods (all)	42.6	2006
IUD	25.7	2006
Condom	1.6	2006
Pill	12.9	2006
Injectables	0.9	2006
Implants	-	2006
Female sterilization	1.2	2006
Factors for not using modern methods among married women (%)		
Fear of side-effects	7.9	2006
Lack of knowledge	1.0	2002
Cost	0.4	2002
Lack of access	0.2	2002
Traditional misconceptions	-	
Partner opposes	9.4	2004
Unmet need for modern contraception	15.9	2006
Receipt of postpartum care and family planning counselling	23	2002
Incidence of sexually transmitted infection (per 100 000)	n/a	
Syphilis	n/a	
Gonorrhoea	n/a	
Chlamydia	n/a	
Trichomoniasis	n/a	
HIV prevalence (%)		
Number of verified HIV cases	501	2007

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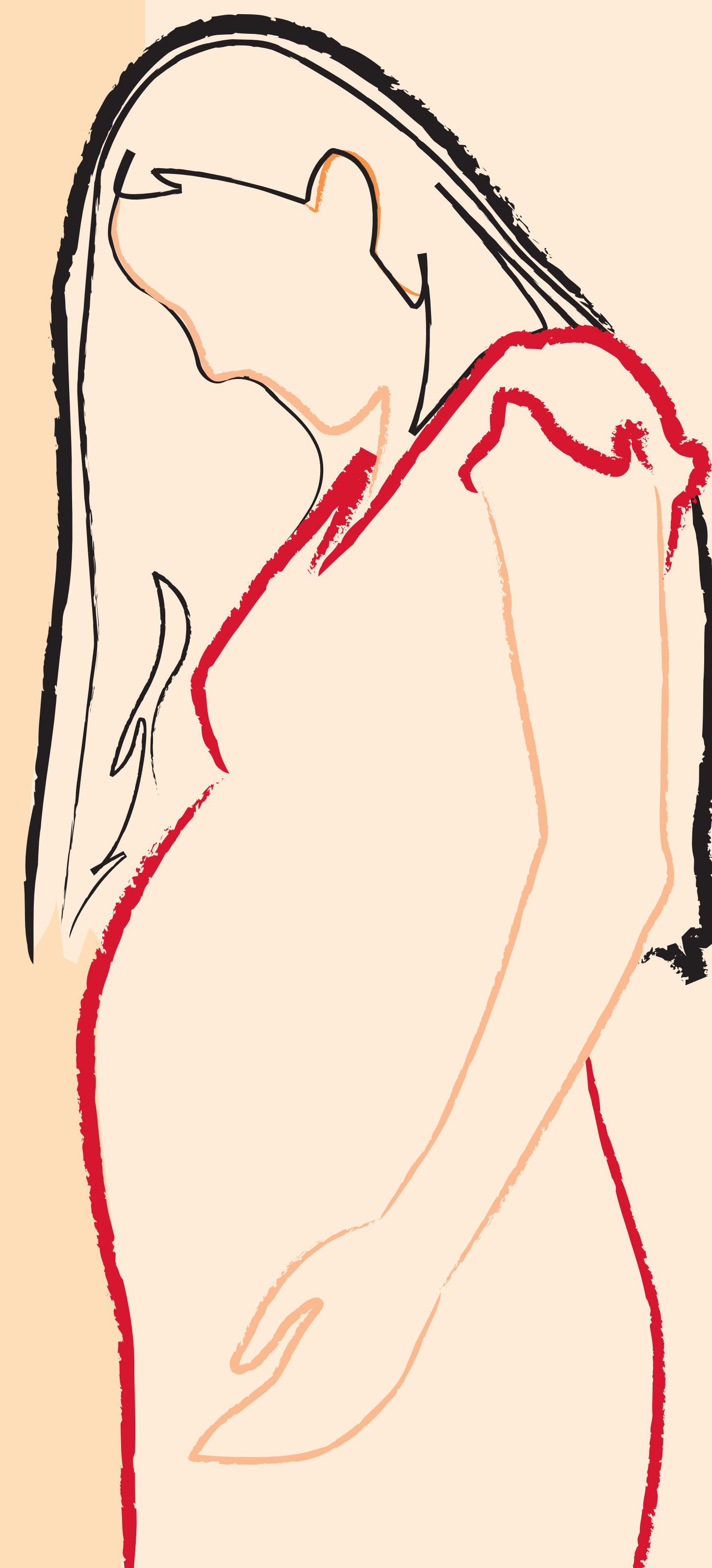
Syrian Arab Republic

Reproductive health profile 2008



World Health Organization

Regional Office for the Eastern Mediterranean

Health care system

The Government has adopted a comprehensive framework to halve poverty between 2001 and 2010 by improving social and health services, ensuring high-quality governance and preventing the spread of HIV/AIDS. Implementation of health care reform (2006–2010) will build on previous health reform efforts that have already strengthened family medicine-based primary health care (PHC) and rationalization of the hospital sector.

The Government has established an extensive network of health facilities and a cadre of trained health personnel. Services through the public sector provide free comprehensive health care to all citizens. The Ministry of Health (MoH) is the lead national organization in providing health services, which accounts for 60% of total health services provided. The PHC Directorate of the MoH has a wide network of 1700 primary health care facilities spread throughout the provinces. The population's accessibility to PHC clinics (within 30 minutes distance) has increased to approximately 70%. Other sectors, such as the Ministry of Higher Education, the military forces, the Federation of Labour Union, the General Union of Women, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the Syrian Family Planning Association provide only 15% of health services in the country and the private sector provides 25%.

The health information system capacity has improved at the MOH. Health human resource data indicate a ratio of 13.6 physicians, 6.7 dentists, 5.1 pharmacists and 19.1 nurses and midwives per 10 000 persons. In 2007, health services were provided by 469 hospitals with a total of 28 750 hospital beds. The private sector also offers a wide range of services through hospitals, clinics and pharmacies.

Nevertheless, there are disparities in the health care system between urban and rural settings. There are still a number of obstacles hindering health system performance in certain locations. These include the distribution of human resources, prominent turn-over of skilled staff and inadequate coordination between different sectors. This requires the need to strengthen the human resource development process and upgrade managerial skills at the central and peripheral levels.

Reproductive health

The total fertility rate in the Syrian Arab Republic is 3.1 for 2001 to 2005; compared to the persisting high fertility rates in the eastern part of the country with 6.21 in Der-ez-Zor and 5.46 in Ar-Raqqah. Over the past two decades the population growth rate has declined from 4.2% annually from 1981 to 1994 to 3.1% for 2001 to 2005. If the population continues to grow at the current prevailing rate, the total population will reach 23 million in 2015 or double in 28 years. Life expectancy at birth was 71.7 years in 2002. The proportion of women aged 15–49 years old is 50.4% of all women and 24.6% of the total population. Young people aged 15–24 years constitute 22.1% of the total population. Internal migration is important in the Syrian Arab Republic. It significantly influences variations in the regional population growth rates and unemployment between rural and urban areas.

Over the past three years, the MoH has stepped up its efforts to promote reproductive health. This was done by integrating reproductive health within primary health care and complementing other health services with aspects of reproductive health. Currently, reproductive health services are offered at three levels in an effort to strengthen the referral system. Health personnel training has also achieved considerable successes.

The maternal mortality ratio has shown a significant drop from 143 per 100 000 live births (in 1990) to 58 in 2004. There are wide geographic disparities in the maternal mortality ratio ranging from 34 in Damascus to 81 in the Ar-Raqqah governorate. The proportion of women seen at least once by trained health personnel during pregnancy is 85.3%, including 75.3% who are attended by doctors and 8% by midwives. The majority of antenatal care services are provided by the private sector reflecting the severe underutilization of public services. On the supply side, the condition of health facilities and staff technical capacity require additional upgrading. On the demand side, cultural traditions affecting health-seeking attitudes and behaviours need to be addressed by establishing a behaviour change advocacy programme.

About 70.4% of births take place at health facilities and 29.6% take place at home. The majority (93%) of those deliveries were supervised by trained personnel; including 60.6% by doctors, 30.9% by midwives and 5.5% by traditional birth attendants. In an attempt to improve the conditions surrounding labour and delivery, especially in under-served areas, the MOH has established 34 normal delivery centres.

It is estimated that 80% of primary health care centres offer family planning services. Of these, 57.7% offer IUD insertion and removal services. At the national level, contraception prevalence rate is 58.3%, with traditional methods accounting for 15.7% and modern methods 42.6%. The most popular modern contraceptive method is IUD (25.7%). Underlining commitment to reproductive health the Ministry of Health has allocated US$ 700 000 annually from the central health budget for procurement of contraceptives.

The MoH attempted to widen the scope and coverage of reproductive health services by initiating routine cervical smear screening for married women of reproductive age. This service is offered in about 49.7% of health clinics and is going to be expanded progressively nationwide. At the same centres, effort was also focused on breast cancer screening and educating women on breast self-examination.

The Government is currently developing the national reproductive health strategy. By 2015 the strategy seeks to reduce the maternal mortality ratio to 32 deaths per 100 000 live births, reduce the infant mortality rate to 12 deaths per 1000 live births and increase the contraceptive prevalence rate to 60%, with an emphasis on the use of modern methods. Issues to be addressed within the reproductive health package of services includes sexually transmitted infections, infertility, menopause, adolescent reproductive health, premarital health examination, gender issues and the involvement of men in reproductive health and family planning.

International donor-funded reproductive health programmes

UN agencies have an unprecedented opportunity to act as a catalyst for supporting the government in the reform process, the implementation of the tenth national development plan for 2006–2010 and achievement of the Millennium Development Goals. Efficient and effective partnerships with the UN agencies are required to reinforce national efforts to increase capacity.

WHO provides continuous technical support in many areas, including provision of guidelines on different reproductive health issues. The recent biennial work plan focused on improving reproductive health services in 50 villages.

UNFPA plays a major role in providing support to all reproductive health services provided at the national level focusing on underprivileged areas (north-eastern governorates).

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provides special reproductive health services to refugees through its network of health centres distributed throughout the country.

Japan International Cooperation Agency project in Manbej district of the Aleppo governorate aims to: improve the quality of reproductive health services; raise awareness of reproductive health issues and encourage safe behaviour; strengthen reproductive health monitoring and evaluate systems; empower women; and advocate and advise on policy in support of reproductive health.