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Organization

Syrian Arab Republic



World Health Organization

Syrian Arab Republic

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Cover photograph: WHO Syria conducted deworming campaigns in March 2021, supporting the Ministries of Health and Education in the mass administration of antihelminthic medications to 2 740 142 school-age children at 8662 schools across all 14 governorates.

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ACRONYMS

bOPV	Bivalent oral polio vaccine
CFR	Case fatality rate
CPHL	Central Public Health Laboratory
DOH	Directorates of health
EWARN	Early Warning Alert and Response Network
EWARS	Early Warning Alert and Response System
GBV	Gender-based violence
GoS	Government of the Syrian Arab Republic
IASC	Interagency Standing Committee
IAR	Intra-action review
IBS	Indicator-based surveillance
ICU	Intensive care unit
IDP	Internally displaced person
IHR	International Health Regulations (2005)
IMS	Incident Management System
IPC	Infection prevention and control
MOE	Ministry of Education
MOH	Ministry of Health
MOHE	Ministry of Higher Education and Scientific Research
NCD	Noncommunicable disease
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCR	Polymerase chain reaction
PHC	Primary health care

ACRONYMS

PIN	People in need
PIP PC	Pandemic Influenza Preparedness partnership contribution
PIRI	Periodic Intensification of Routine Immunization
POE	Point of entry
PPE	Personal protective equipment
PWDs	Persons with disabilities
RCCE	Risk communication and community engagement
RCO	United Nations Resident Coordinator Office
RDT	Rapid diagnostic test
RRT	Rapid response team
SARI	Severe acute respiratory infection
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedures
UHC	Universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
WoS	Whole of Syria



Dr Akjemal Magtymova
Head of Mission and
WHO Representative in Syria

In 2021, as the world continued struggling with the COVID-19 pandemic, vaccines gave hope to humanity. Yet the Syrian Arab Republic was among the countries worst affected by vaccine inequity. Despite collective efforts, vaccine delivery to the country was slow, and ultimately well below the national target.

Inequity remains not only globally among the countries of the Eastern Mediterranean Region, but within Syria itself. The pandemic exacerbated the suffering of Syrian people due to ongoing catastrophic impacts of the crisis and sanctions: destruction of public health infrastructure, depletion of health workforce and medical supplies, and poor living conditions, to name but a few. The socioeconomic situation continues to deteriorate, causing population displacement and deepening human inequities and vulnerabilities.

WHO has long been working with partners and health authorities to buoy the public health care system, and proactively enhance its capacity and interventions in light of the pandemic.

Those who live in camps and informal settlements are prioritized in all our interventions, but reaching the most vulnerable remains a challenge. A lack of access to basic needs, including electricity, fuel and water, further hinders our efforts.

The people of Syria have shown colossal resilience and we seek to support their recovery by building back better, creating an inclusive, equitable and responsive health care system that is prepared for shocks and response to current and future health emergencies. That is our ongoing objective as we continue to rehabilitate medical facilities, supply technical equipment, invest in health workforce capacity development and research, and initiate dialogues on recovery, resilience and public health strategies.

Having already lost half its medical professionals since the start of the crisis, Syria cannot afford to lose more of its qualified people whose services are in such high demand. This is why our interventions are centred around resilience and recovery and the desire to not only address immediate humanitarian needs but build long-term capabilities.

Such initiatives demand that nations come together in unity in support of Syria. We are grateful to partners and donors for supporting our programmes and beseech them to continue focusing on Syria, so that we can maintain and expand upon our essential work.

This unity among nations extends beyond the commitment of funds to the exchange of knowledge. Our office frequently facilitates collaborations that

support the strengthening of Syria's health care and in October we supported a visit by a high-level delegation from the Ministry of Health to the Sultanate of Oman. The mission embraced the WHO agendas of the global health for peace initiative and the vision of health for all by all in the Eastern Mediterranean, by enabling officials from Syria committed to the development of public health emergency management to learn from their counterparts within the Region.

This is but one example of many initiatives, which also include WHO-facilitated bilateral donations of kidney dialysis sessions by the Ministry of Health of Egypt and WHO-negotiated arrangements for testing COVID-19 samples in a WHO referral laboratory in the United Arab Emirates (UAE). Through these and other initiatives, WHO promoted intraregional and global collaboration in advancing the health agenda, be it through training, connecting referral institutions for public health surveillance, or triangular cooperation and support for immediate relief.

Furthermore, in 2021 and moving towards 2022 we continue to witness strong solidarity among nations. The European Union Member States, as well as China, Cuba, Iceland, Japan, Norway, Oman, Russian Federation, Switzerland and UAE, donated COVID-19 vaccines for Syria, be it through bilateral donations or as part of the COVAX mechanism. It is also encouraging to see that the capacity of COVAX to supply vaccines has increased significantly since it launched.

Though faced with many challenges, we endeavour to ensure WHO assistance reaches the most vulnerable. Neutrality and impartiality are cornerstones of our work, and health diplomacy has enabled us to gain the trust of various parties who collaborate with us to ensure expansive and equitable delivery of health care. This has demanded that we use all modalities, including both cross-line and cross-border delivery of supplies, which we are committed to maintaining in the coming year.

All the challenges and successes are experienced and owned by the dedicated health workforce in Syria, including WHO staff. Despite the hardships and losses, their courage and steadfastness in the face of adversity is inspiring. I am grateful to and humbled by them all, individually and collectively, and have been honoured to work with them throughout 2021— rightly declared the year of health and care workers.

Dr Akjemal Magtymova
Damascus, Syrian Arab Republic

OVERVIEW

WHO SUPPORT TO SYRIA IN 2021 A QUANTITATIVE OVERVIEW

38 057 health care workers supported through training workshops in a variety of skills and fields.

A total of 9 568 151 treatment courses provided through WHO-supported health providers.

2 730 436 medical procedures delivered, including outpatient, trauma and mental health consultations, physical rehabilitation sessions, vaginal deliveries, caesarean sections and referrals.

49 NGO health delivery partners supported to expand the reach and capacity of health care services nationwide.

53 mobile medical teams supported to ensure vulnerable and underserved communities nationwide had access to health care.

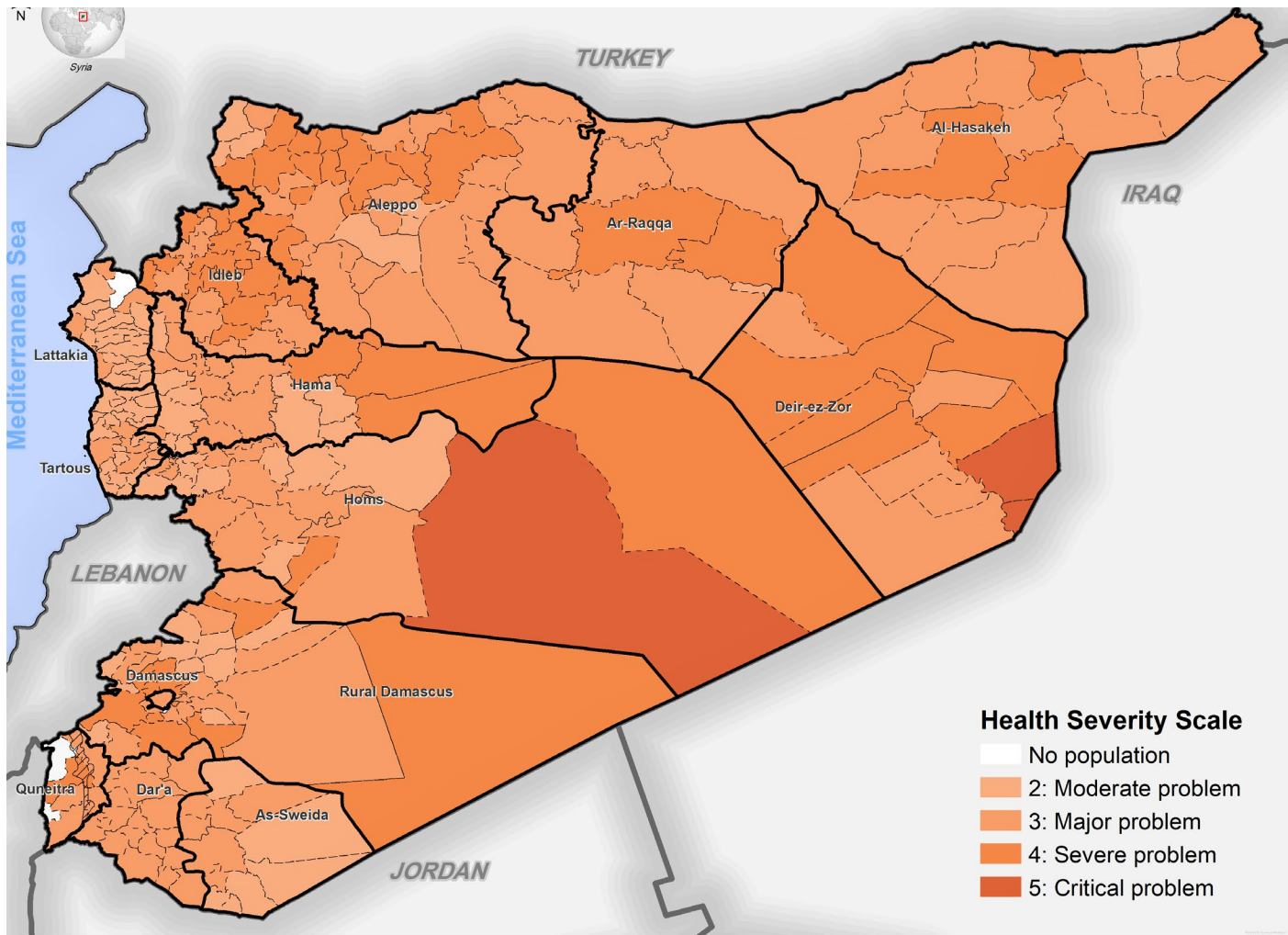
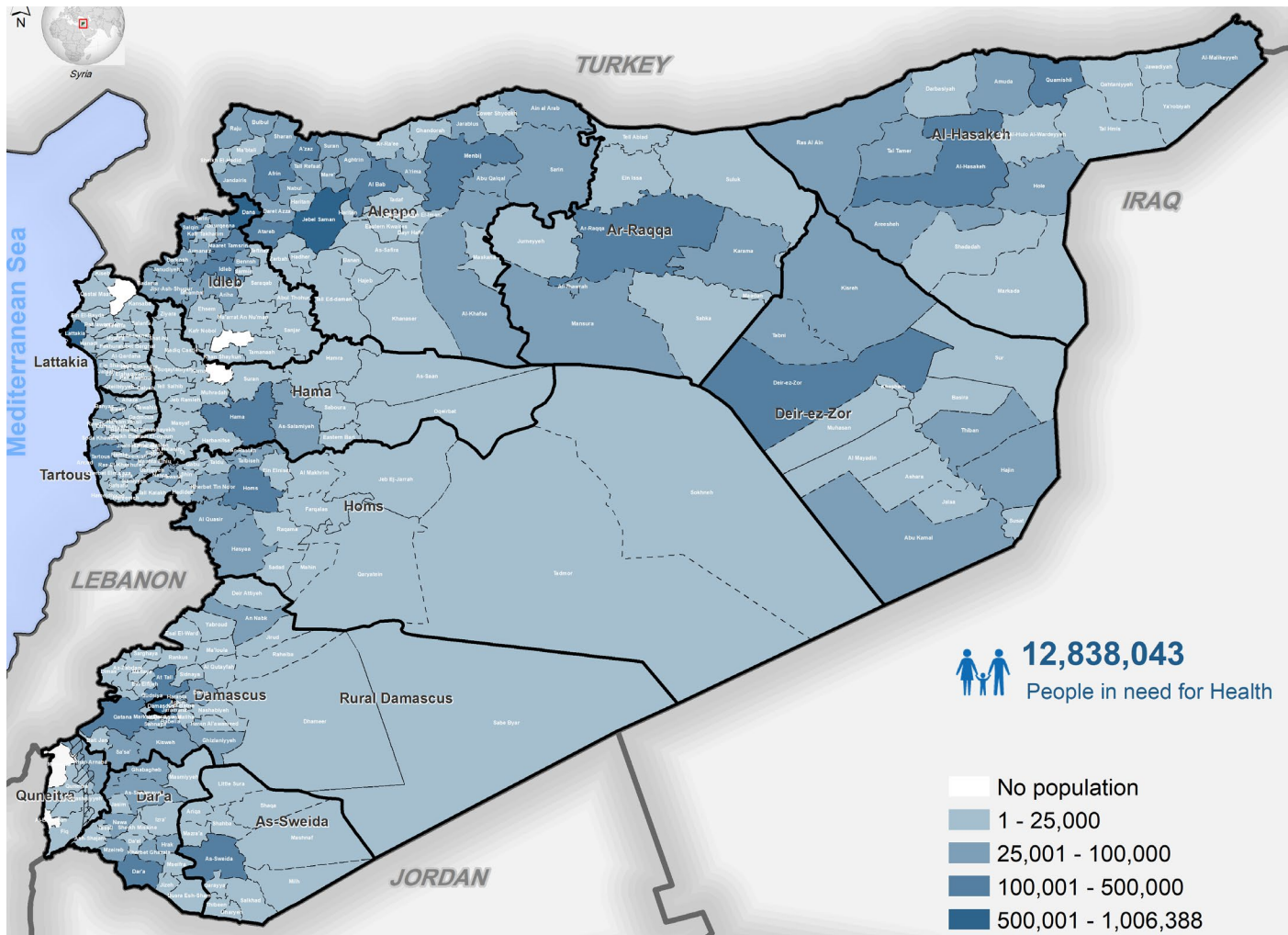
2 120 261 doses of COVID-19 vaccines administered nationwide.

1 542 566 children in Syria immunized against vaccine-preventable diseases, including DPT3, measles and polio.

3116 tonnes of medical provisions, including equipment and medicines, supplied and delivered.

The COVID-19 Strategic Preparedness and Response plan and the National Deployment and Vaccination Plan developed and endorsed.

Research supported, including the serological-epidemiological survey of human infection with the SARS-CoV-2.



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Data source: Syria health cluster
 Map production: Health Information Management Unit,
 Country office, Syrian Arab Republic
 World Health Organization
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LEADING THE HEALTH RESPONSE BASED ON EVIDENCE

COORDINATION, INFORMATION SHARING AND CONTINGENCY PLANNING

In 2021, WHO continued leading the health sector and coordinating the health emergency preparedness and response across Syria under the framework of the Humanitarian Response Plan. As a health sector lead agency, WHO coordinates activities within and across different geographical zones to optimize delivery of health care, avoid duplication of efforts and make effective use of resources. This involves leading strategic planning, information management and health advocacy efforts on behalf of the entire health sector, as well as coordinating the development of joint preparedness and response plans to address public health emergencies.

For WHO, the Whole of Syria (WoS) approach remains essential in creating opportunities to reach out to the most vulnerable populations in different parts of the country using all operational modalities, including both cross-border and cross-line. The WoS approach has been essential to ensuring the delivery of much needed health capacity and services equitably throughout the country, which has been made possible thanks to the dedication and commitment of WHO staff and partners working from offices based within the country and in affiliated hubs in neighbouring countries.

In Syria, the WHO Country Office in Damascus leads the health sector, which comprises over 118 partners, including national authorities, UN agencies, national and international NGOs, and observers. Activities of the health sector were facilitated through its existing coordination structures on the national and subnational levels. WHO continued supporting and coordinating the implementation of health response activities in areas under government control as well as those in north-east Syria, most of which remains outside of government control.

In north-west Syria, the WHO office in Gaziantep manages and coordinates the health cluster, which is made up of 133 organizations. The cluster coordinates the work of 11 working groups and task forces, including those working on advocacy and communication, mental health and psychosocial support (MHPSS), noncommunicable diseases (NCDs), trauma and disabilities, community health workers, dialysis, tuberculosis, referrals, sexual and reproductive health (led by UNFPA) and health information systems.

Meanwhile, health coordination at the Whole of Syria level is led by the WHO WoS health cluster based in Amman, Jordan, which coordinates the process of formulation and development of the Humanitarian Needs Overview and the Humanitarian Response Plan. The WoS Health Cluster also develops the severity scale and snapshots of the WoS health sector response, in addition to consolidating data on disease surveillance and response, health service functionality, and attacks on health care.

Exchange of information is key to coordination efforts and is facilitated by a number of digital platforms developed, supported and used by WHO to collate and share data. They include the Health Resources and Services Availability Monitoring System (HeRAMS), which in 2021 collected data from 208 hospitals and 1951 public health centres; and the Early Warning and Response System (EWARS), which is the main source of data for monitoring disease outbreaks in Syria.



WHO endeavours to ensure delivery of health services equitably throughout the country through a Whole of Syria approach

WORKING WITH PARTNERS

Since the conflict began over a decade ago and, more recently, throughout the pandemic that has added to the country's burden over the past two years, WHO has made every effort to ensure equitable delivery of health services throughout the country, including in partnership with non-State actors.

Non-State actors continued to be WHO's main implementing partners, filling critical gaps widened due to the COVID-19 pandemic. In so doing, they helped ensure that millions of Syrians continued to have access to basic health care.

In 2021, WHO engaged with 49 NGOs in Syria and provided over 1.7 million essential health care services in areas where people would otherwise have restricted or no access to care. Through these partnerships, 563 520 outpatient consultations were provided by fixed and outreach teams including in such areas as child health, reproductive health, communicable and noncommunicable diseases and elderly care, of which 269 792 included treatment courses and 18 091 resulted in advanced surgical interventions under secondary and trauma care based on referrals to specialized health facilities, all supported by WHO.

Persons with disabilities (PWDs) benefited from 35 668 rehabilitation services including the provision of audio, visual and kinesthetic devices, and physical and intellectual sessions. In addition, 248 PWDs benefited from tailored vocational training conducted to reinforce their resilience, enhance opportunities and empower their self-dependency as active citizens within society. A total of 188 363 mental health and psychosocial support services were performed by community social workers trained in the use of WHO tools, guidelines and evidence-based protocols. They include group sessions, individual sessions and awareness raising on gender-based and domestic violence.

In north-east Syria, WHO strengthened the provision of secondary and trauma care services to residents of IDP camps (mainly from Al-Hol camp) by contracting a private referral hospital. This engagement allowed for the strengthening of hospital capacity to receive more ambulanced cases and provide much needed life-saving advanced health care interventions free of charge. In north-west Syria, where the population receives health care only through a network of non-profit organizations working as part of the health cluster coordinated by WHO, the Organization directly supported 19 NGOs.

WHO's partnership approach demands continuous investment in partner capacity building, not only in topics pertaining to health systems and service delivery, but also in associated skills, such as project writing and management. As a result, WHO organized workshops throughout the year to enhance a diversity of skills for various partners across the country.

CROSS-BORDER AND CROSS-LINE SUPPORT

When operating in an emergency context during an ongoing conflict, WHO must be adaptable and responsive to developments and health needs on the ground in various parts of the country, and constantly up to date in fluctuating circumstances, including those related to control, population movements and access. In its operations, WHO is adopting strategies to enable delivery of equitable services to as broad a population as possible while maintaining the safety of staff and partners.

After cross-border operations from Iraq were discontinued in January 2020, as per UNSC Resolution 2504, WHO Syria scaled up its cross-line deliveries by air and by road to provide support and resources to the population of north-east Syria. Furthermore, WHO increased its footprint to scale up its operations in the region by maintaining a fully-fledged field office in Quamishli, strengthening its technical leadership and coordination function as well as working with and providing guidance to all health partners with different operational modalities. WHO was able to guarantee and support the delivery of COVID-19 vaccines to north-east Syria when they became available through diplomacy and a “health first” approach. In total, cross-line deliveries from Damascus to north-east Syria in 2021 comprised 370 tonnes of medical supplies transported through 11 deliveries by road and 13 by air. These supplies supported the delivery of 1 011 276 courses of treatment.

WHO continues to support cross-border deliveries and local organizations in north-west Syria through its hub in Gaziantep. In line with the “all-modalities” approach and following the adoption of the UNSC Resolution 2585 in 2021, WHO joined UN-wide efforts to deliver supplies cross-line in a bid to support the millions of people in the north-west from its country office in Damascus. A convoy known as Sarmada 2 crossed from GoS-controlled areas into the north-west in December and included 13 tonnes of PPE supplied by WHO that are being distributed to health facilities.

Moving forward, in 2022 WHO will continue its efforts under the UN umbrella to scale up cross-line humanitarian support, which demands the engagement and commitment of key parties to the conflict.

Over 1360 metric tonnes of medical supplies were transported in 160 truckloads in 2021 to support the delivery of medical treatments. The deliveries were made through the Bab-al-Hawa crossing point in north-west Syria, the only land crossing through which humanitarian deliveries can officially pass.

WHO remains committed to continue using all modalities available to reach vulnerable populations with life-saving supplies and is coordinating closely across all its hubs, developing contingencies to ensure access is maintained. A network of WHO warehouses countrywide supports this necessarily fluid emergency response.

AGENDA FOR RESILIENCE AND EARLY RECOVERY

Since the onset of the crisis in 2011, the WHO response in Syria has primarily focused on providing life-saving and life-sustaining support that prioritizes the most vulnerable groups. This support has been guided by the Humanitarian Response Plans (HRP), for which WHO coordinated the formulation of the section on health.

Subsequent to UN Security Council Resolution 2585, the United Nations began to prioritize an early recovery and resilience agenda across agency-specific mandates, the essential components of which are also incorporated into the draft UN Strategic Framework document.

As of September 2021, WHO initiated a dialogue on early recovery and resilience with a focus on system strengthening, involving multiple partners and national counterparts. The WHO localization mission was an integrated part of these efforts and represented a unique opportunity to further bolster WHO relationships with community-based and non-state actors, as Syria begins to transition from an acute humanitarian response to a hybrid humanitarian/early recovery response.

Building on its triple billion framework and guided by its Thirteenth General Programme of Work, WHO and The MOH have articulated strategic priorities for the WHO Country Cooperation Strategy (CCS) for 2022–2024, the first to be produced since the expiration of the last CCS in 2016. Priorities under the new CCS include: strengthening health information systems; providing emergency protection through humanitarian assistance to vulnerable populations and those in need; facilitating country-led efforts towards achieving universal health coverage of essential health care services and needs, with a focus on human resources; expanding access to essential medicines and supplies; and health financing and governance.

A strong, resilient health system is the key to achieving sustainable improvements in health and health care. As part of its efforts to move forward on the national agenda 2030 for Syria, WHO supported the development of the National Strategic Health Plan through a series of workshops attended by the members of the Multisectoral Strategic Planning Team and participants representing various stakeholders. Furthermore, a cascade of workshops, attended by over 100 participants from various MOH departments, aimed to enhance the capacity of the MOH core team to develop and update national health indicators for the Sustainable Development Agenda. Together, participants reviewed the national health-related Sustainable Development Goal (SDG) indicators and discussed plans and requirements to make all indicators available by 2022.

WHO places importance on strengthening the quality of care and thus reviewed clinical governance by revisiting and updating all clinical guidelines related to quality of care, infection control, medical records, operating theatres, and other areas of health care. Clinical governance ensures health care providers are accountable for continuously improving the quality of their services and

safeguarding high standards of care. This translates to sustainable long-term enhancement of health services. A series of eight workshops on clinical governance took place in 2021 and was attended by MOH and MOHE staff, representatives from the Directorates of Health, hospital directors and other partners, such as those working at teaching hospitals. The introduction and dissemination of these guidelines paves the way toward better clinical governance.

With a view to building institutional capacity as key to early recovery activities, WHO also provided both technical and financial support to several initiatives implemented by the Center for Strategic Studies and Health Training (CSCHT) to support the development of research and training strategies. Support for capacity building continued in many fields, including health economics, health research and health system management.

Finally, as part of regional and country-level technical and strategic dialogues on the future of the health system and health service provision in Syria, the WHO Syria Country Office jointly updated the Health Profile of Syria under the Humanitarian-Development-Peace Nexus (HDPN) agenda. The HDPN Health Profile looks at how national and international actors can work together at the strategic, institutional and programmatic levels to provide an immediate health-related response to crises while supporting the longer-term goal of strengthening Syria's health system and health security.

PREPAREDNESS FOR ONGOING AND FUTURE HEALTH EMERGENCIES

In line with efforts to enhance public health emergency preparedness and response, WHO has been supporting the establishment of Public Health Emergency Operation Centres (PHEOCs) – centrally and at the governorate level – that are instrumental in the coordination of information and resources to support incident management activities.

WHO facilitated dialogues with the Ministry of Health and health directorates across the country to review the essential components required for a functional PHEOC, share knowledge and best international practices, and discuss the importance of forming an Emergency Operations Centre Network (EOC-NET) in Syria.

WHO also supported a study visit to Oman to enable the Syrian Ministry of Health to gain first-hand experience of an operational and fully functional PHEOC and to learn about required institutional, technical and administrative frameworks. WHO considers the establishment of a functioning PHEOC network in the country to be a prerequisite for its ability to prepare and respond to future public health emergencies, both at the national and subnational levels, as well as to its ability to contribute to global health security.

EPIDEMIOLOGICAL OVERVIEW

Throughout 2021, the COVID-19 pandemic remained a global public health emergency, significantly impacting Syria where people faced the emergency in addition to the complex humanitarian crisis and its already significant impact on health and economic development.

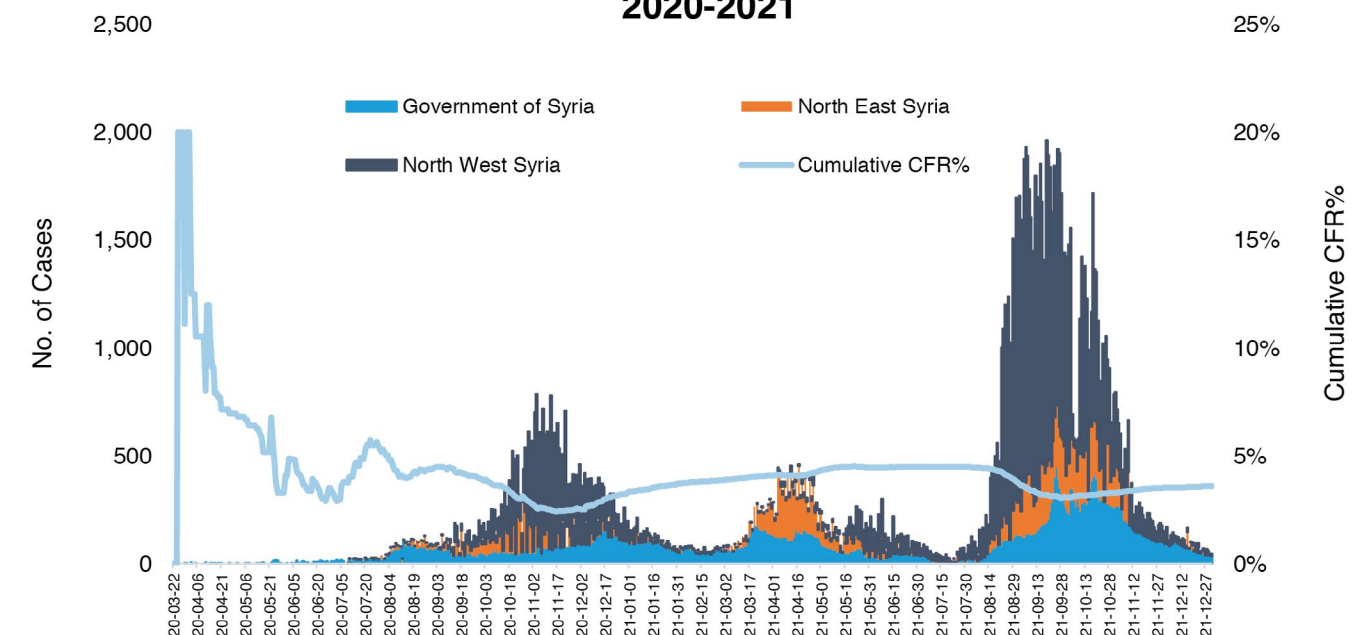
Syria declared its first case of COVID-19 on 22 March 2020. As of 31 December 2021, a total of 180 424 confirmed cases had been reported in Syria, of which 51.52% (n=92 957) were reported from north-west Syria, 27.87% (n=50 278) from areas of Syria controlled by the government (GoS), and the remaining 20.61% (n=37 189) from north-east Syria.

During the same period, a total of 6721 related deaths were reported, of which 43.1% (2897) from GoS, 34.5% (2319) from the north-west, and 22.4% (1 505) from the north-east. The overall Case Fatality Rate (CFR) was 3.7%. The positivity rate across the country was 31.3%, while in some governorates, such as As-Sweida, Deir-ez-Zor, and Homs, the rate was above 70%. Considering the limited number of tests performed, the actual number of cases and deaths likely far exceeded official figures. Official statistics reflect COVID-19 trends, but the high positivity rate and reports of death suggest that the true scale of the epidemic is largely underreported.

Between the start of the COVID-19 outbreak in Syria and the end of 2021, three waves* of COVID-19 had been observed at the Whole of Syria level. The first wave peaked in November 2020 and the second in April 2021. The latter was mostly linked with the Alpha and Beta variants, detected in both GoS and north-west Syria. The third wave peaked in September 2021 with the Delta variant, cases of which were confirmed in samples taken in north-west Syria. The total number of NAAT (PCR) tests performed across WoS since the start of the COVID-19 pandemic was 575 536 by the end of 2021.

*taking into consideration the epi curve that reflects the COVID-19 situation across the Whole of Syria between 22 March 2020 and 31 December 2021

EPI CURVE OF SARS-COV-2 CASES IN SYRIA 2020-2021



Sequencing of 20 samples in April 2021 revealed that 60% of cases of COVID-19 at the time were caused by the variant known as Alpha (B.1.1.7), which was first detected in the United Kingdom. It is up to 50% more transmittable than the initial SARS-CoV-2 that emerged in Wuhan in December 2019. The variant known as Beta (B.1.351), first detected in South Africa, was responsible for 16% of confirmed cases, while the one known as Eta (B.1.525), which was first detected in Nigeria, was responsible for 8%. The latest surge of COVID-19 cases in September 2021 may be linked to the Delta variant, first detected in India, which was identified in north-west Syria in the last week of August 2021 as well as in the neighbouring countries of Lebanon, Iraq, The Islamic Republic of Iran, and Jordan.

While quantitative data is a valuable tool in the development of strategic responses, it does not tell a complete picture on its own. Knowledge and an understanding of the local contexts and factors that influence behaviour in different settings is equally essential. WHO benefits from the expertise and insights of professionals experienced within the Syrian context and NGO partners with longstanding ties to communities across the country. The knowledge they share helps WHO develop a more coherent and comprehensive overview of the impact of COVID-19 in Syria and of the variables to be considered within an equitable national response.

COORDINATION OF THE COVID-19 RESPONSE

Throughout 2021, WHO continued to play the key role it had assumed from the onset of the pandemic in 2020 in ensuring coordinated management of COVID-19 preparedness and response at the national and subnational levels. WHO has engaged, met, advised and collaborated closely with the Ministry of Health (MOH), supporting it in a range of technical areas and pillars through a WHO-led COVID-19 task force which has been meeting on a weekly basis.

WHO Syria combined the knowledge and skill of its national and international staff with the expertise of specialists at the WHO Eastern Mediterranean Regional Office and WHO headquarters to ensure development and delivery of an effective technical response. WHO also continued leading the incident management function within the UN Syria Crisis Coordination Committee (CCC), a mechanism comprised of nine UN entities accredited in Syria to develop an effective, flexible and equitable response plan tailored to the needs of Syria and its people. Based on best practices for emergency management, as operationalized through the Incident Management System (IMS), the CCC is chaired by the Humanitarian Coordinator, includes WHO, OCHA, WFP, UNHCR, UNICEF, UNFPA, UNDP, UNDSS and RCO among its members, and meets every week. As incident manager and lead technical agency, WHO has hosted and attended planning, coordination and technical meetings across the country. An important area of work in COVID-19 response coordination in 2021 has been following up on action points resulting from an intra-action review (IAR) of the COVID-19 response held in December 2020. The IAR concluded that all

collective endeavours must be elevated to build on existing efforts and harness opportunities to implement a response geared towards achieving sustainable gains.

As lead of the national health sector, which comprises over 70 members, including national authorities and national and international NGOs, WHO Syria has been hosting bi-weekly meetings to steer, coordinate and monitor the COVID-19 response throughout 2021 and held national and subnational level meetings with increased frequency in response to the pandemic and to support the response and delivery of health care to those in need.

WHO has Throughout the pandemic, WHO has been leading strategic planning, information management and health advocacy efforts and technical meetings on behalf of the entire health sector, mobilizing all resources and technical staff to engage in the COVID-19 response; overseeing and providing recommendations for transmission scenarios; developing contingency plans based on three hospital occupancy scenarios; advising non-health authorities; and coordinating the development of joint preparedness and response plans for displacements and disease outbreaks. Rapid information sharing with government officials and partners has been recognized as a priority throughout.

The Organization produced guidance for planning interventions against several pillars at the global level, which was then adapted and translated at the regional and national levels to tailor it to specific contexts, including fragile, vulnerable, and conflict-affected settings.

Such a collaborative approach is critical in times of crises as it enables the exchange of lessons learned on a global scale. Errors made in one country need not be made in others. This is particularly valuable when all the world's countries are experiencing the same challenges but at different times and speeds.

The 11 priority pillars for which WHO Syria offers guidance and has assisted in the development of related national and subnational action plans are provided in the table on p.21. WHO leads in nine of the pillars, co-leads in RCCE (Pillar 2) and cooperates closely to ensure logistics (Pillar 8) are well managed.



Capacity building in the use of all equipment continued throughout 2021 to ensure quality and accuracy of service, from testing to vaccination



In addition to promoting healthy hygiene practices, awareness campaigns and informative workplace aids were produced under the RCCE pillar of the COVID-19 response. Messages on mental health, prevention of gender-based violence, stress-coping mechanisms and basic health services such as first-line support were incorporated into these campaigns

THE COVID-19 RESPONSE PILLARS

1. Coordination, planning, financing and monitoring
2. Risk communication, community engagement and infodemic management
3. Surveillance, epidemiologic investigation and contact tracing
4. Points of entry, international travel and transport
5. Laboratories and diagnostics
6. Infection prevention and control, and protection of health workforce
7. Case management, clinical operations and therapeutics
8. Operational support and logistics, and supply chain
9. Strengthening essential health services and systems
10. COVID-19 vaccination
11. Research, innovation, evidence

The response of WHO and its health partners to the pandemic in 2021 was guided by the Strategic Preparedness and Response Plan (SPRP) which set out key actions across the 11 pillars at national, regional and global levels. These actions focused on containing the virus, protecting those most at risk, and reducing morbidity and mortality. The work and achievements of WHO Syria under each pillar of the COVID-19 response have been outlined in greater detail in the report From preparedness to vaccination (WHO, September 2021).

With so many organizations, committees and working groups engaged in the implementation of the COVID-19 response plan, accountability is essential and has been managed through a monthly response monitoring framework that incorporates measurements and mechanisms, such as 4Ws and KPIs. WHO has also developed several information products to facilitate the dissemination of data and information about activities related to the COVID-19 response among partners and through various forums. They include frequently released morbidity and mortality summaries; humanitarian updates; monthly monitoring reports of the response by the health sector; bi-weekly situation reports; and monthly epidemiological updates on vaccination efforts and uptake.

In addition to coordinating efforts to implement and communicate the COVID-19 response across multiple agencies, ministries and NGOs, WHO Syria also took on the duty of care for UN staff, humanitarian workers and their dependents in Syria, and has provided expertise in the development of documents outlining recommendations related to the UN clinic, referral mechanisms, medical evacuation and COVID-19 vaccination.

RESPONSE STRATEGIES AND WHO SUPPORT

Initial priority was placed on testing and detecting cases of COVID-19. As such, enhancing laboratory capacity was essential. Workshops for technicians were held throughout 2020 and 2021. Capacity nationwide was enhanced through a series of workshops and the provision of equipment, testing kits and supplies. By the end of 2021, WHO had helped establish 14 new testing labs nationwide, equipping them with PCR and GeneXpert machines, testing kits and other supplies. As a result, testing capacity rose dramatically between the onset of the pandemic and the end of 2021.

It is worth noting that there is no national capacity for SARS-CoV-2 genome sequencing in Syria. WHO supported national health authorities by shipping samples to a WHO-affiliated reference laboratory in the United Arab Emirates through Beirut using the only authorized shipping company. The shipment of samples encounters significant delays and to date results have only been received (in April and June 2021) for samples collected in February and April 2021. The last batch of 60 samples collected from across Syrian governorates was sent in November 2021 but did not travel past Lebanon due to a shortage of dry ice. The samples therefore became outdated.

In parallel, WHO initiated the process of establishing genome-sequencing capacity at the Central Public Health Laboratory in Damascus. A full set of equipment (MiniOn from Oxford, United Kingdom) and kits for genome sequencing were procured by the WHO Regional Office, while senior MOH laboratory technicians received training in genome sequencing for SARS-CoV-2 at the international reference laboratory in Abu Dhabi in December 2021.

Cases of COVID-19 detected in Syria are proportional to the number of laboratory tests done. The testing strategy at large has focused on severely ill and hospitalized patients in areas controlled by GoS and in north-east Syria. An effort to change this strategy was hindered by challenges in maintaining an uninterrupted supply of reagents and laboratory supplies for PCR testing. To support detection of COVID-19 cases, WHO provided MOH and health partners with SARS-CoV-2 Ag rapid diagnostic tests (RDTs) as a complementary method for diagnostic confirmation. WHO distributed 50 000 Ag RDTs to primary health care centres in all 14 governorates, in addition to 90 000 Ag RDTs through school health directorates, and 30 000 tests in the north-east. The use of Ag RDTs enabled the MOH to improve the detection of mild and moderate cases of COVID-19.

Throughout 2021, WHO also purchased and delivered over 231 600 test kits to laboratories across north-west Syria, in addition to PCR machines, biosafety cabinets, PPE and other related equipment.

However, a lack of hygiene infrastructure, qualified health care professionals and, lately, electricity and fuel has exacerbated the impact of COVID-19 in Syria, increasing not only the risk of transmission and the severity of symptoms, but

also the ability to respond.

Intensive care units at hospitals in Syria are not well equipped to treat infectious diseases in general, let alone at the capacity required to respond to the COVID-19 pandemic. Another key challenge is the capacity of hospitals and ICU beds, which has been less than adequate. Since the start of the pandemic, WHO supported the expansion and enhancement of case management capacity through several avenues in Syria, including the establishment of designated isolation facilities and emergency operation rooms, and the designation and construction of emergency hospitals.

More can and must be done, however, to communicate with and reassure the public to take the vaccine. Low uptake of the COVID-19 vaccine in Syria highlights several gaps that must be urgently addressed to increase vaccine acceptance and avoid additional burden on the overloaded and weakened health care system.

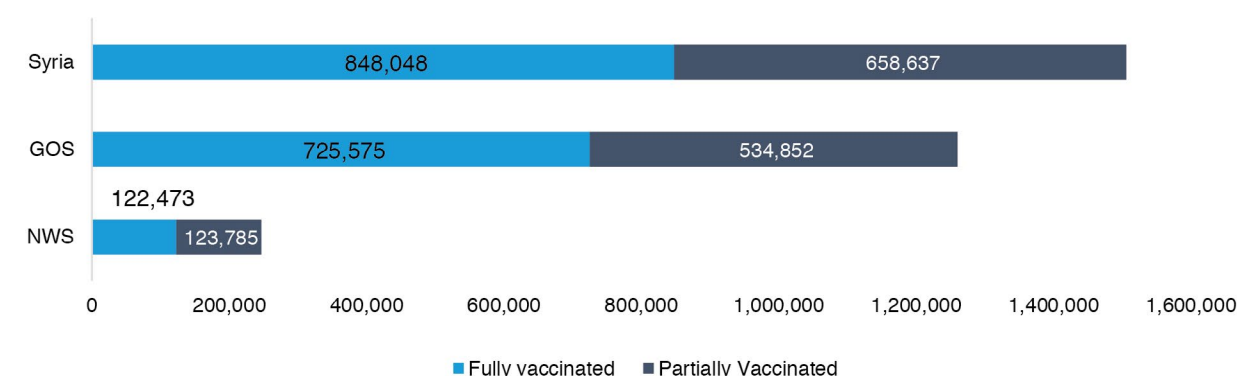
COVID-19 VACCINATION: SUPPLY & VACCINATION TARGETS

While the provision of equipment and medical supplies continued throughout 2021, the priority of the COVID-19 response in Syria shifted to vaccination following the arrival of vaccines in April 2021. A total of 4 704 540 doses of different COVID-19 vaccine types were delivered to Syria in 2021. In the last week of December 2021, Syria received additional 1 984 000 doses of different types of COVID-19 vaccines through bilateral donations and COVAX.

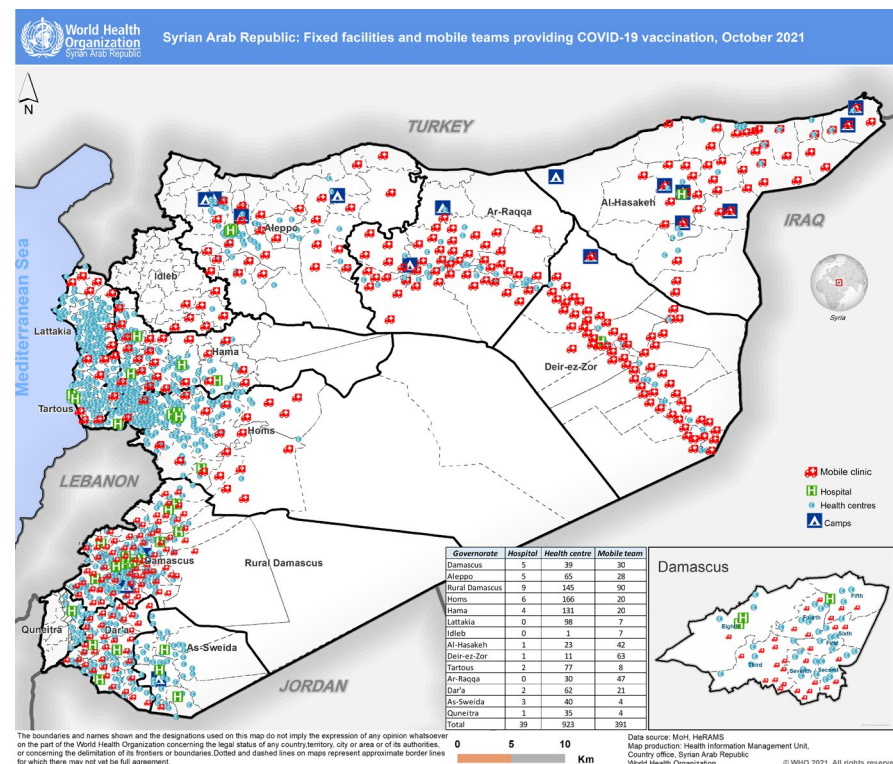
Delays in the delivery of vaccines, however, prevented Syria from achieving its intended target of vaccinating 20% of the population against COVID-19 by the end of 2021. Available vaccines were sufficient to vaccinate only 13.3% of the total population. Only 256 800 doses were received in Syria as part of the first COVAX allocation in April 2021, and 174 720 doses were received as part of the second COVAX allocation in September 2021. The two shipments were sufficient to cover only around 2.0% of the population of Syria with a single vaccine dose. Even following receipt of additional vaccines, by the end of 2021 only 2 120 261 doses were administered nationwide, resulting in 848 048 people (4.1% of the population) being fully vaccinated and an additional 1 506 685 (7.3% of the population) receiving at least one dose.

* fully vaccinated is defined as having received two doses of AZ, Sinopharm, or Sputnik V or one dose of Sputnik Light

VACCINATION ROLLOUT UPDATE 2021 (FULLY & PARTIALLY VACCINATED)



The initial vaccination plan envisioned engaging around 500 service providers at first and later over 7 000 service providers with different specialties (e.g. vaccinators, supervisors, logisticians, pharmacovigilance) in the implementation of vaccination campaigns. By the end of 2021, almost 1 400 vaccination sites had been established across the country.



The unpredictability of vaccine delivery resulted in a delay of a massive communication campaign by the risk communication and community engagement (RCCE) team that aimed to mobilize the population and tackle rumours. The first large-scale RCCE campaign was only launched in August 2021, and unfortunately had limited success.

In response to late arrival of vaccines to Syria, the MOH revised its targets for 2022, postponing the 20% vaccination coverage rate from December 2021 to the first quarter of 2022. A target of 40% has been set for the end of the second quarter and 70% for the end of the year.

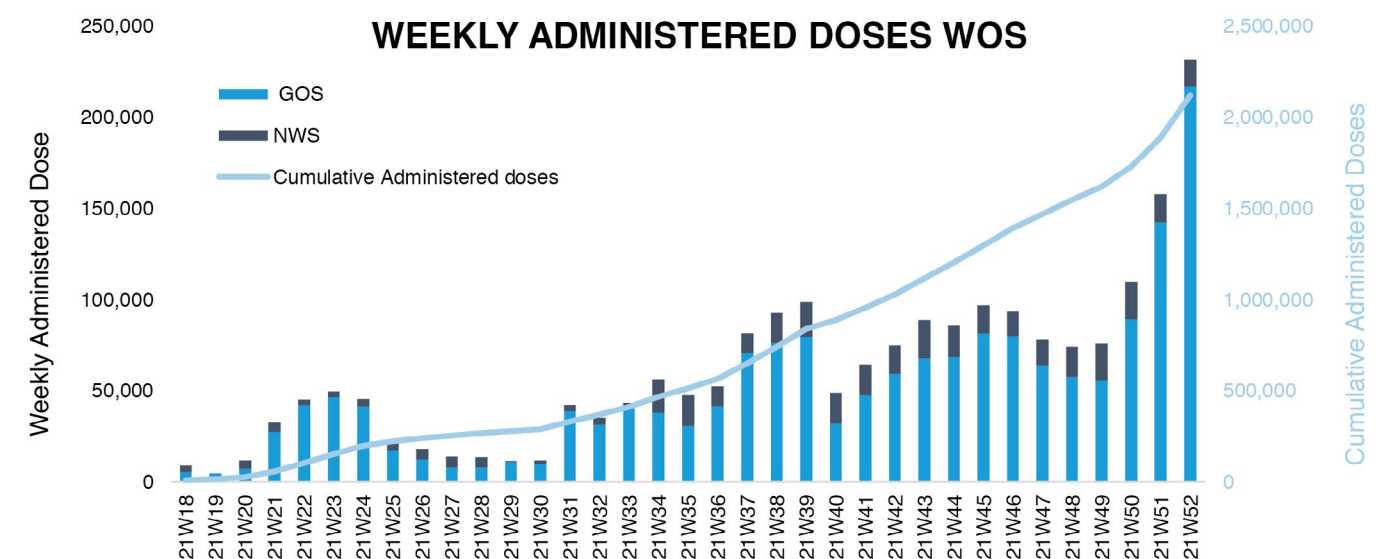
Vaccine inequity in Syria is clearly evident. Late and unpredictable vaccine supply hindered partner efforts to promote vaccination and resulted in a loss of momentum required to meet national targets. A lack of predictability left national health authorities and partners unable to properly plan their vaccination campaigns by matching vaccine supply and demand. This highlights the inequity of vaccine distribution globally in 2021, before COVAX accelerated its delivery mechanisms.

COVID-19 VACCINATION: TECHNICAL SUPPORT

WHO, alongside UNICEF, has played an important role in strengthening national capacity to respond to COVID-19. The Organization has provided technical and funding assistance to the MOH from preparedness to vaccination, enhancing coordination between line ministries and partners and offering support from planning through to implementation. WHO supported the MOH in the development of the National Vaccination and Deployment Plan (NDVP) in February 2021 and two subsequent revisions to align MOH strategies following the arrival of vaccines. WHO also supported the development of the national vaccine registration portal and helped the MOH formulate field guides and vaccine documentation forms (e.g. vaccination cards, consent forms, registration books, supervisory checklists, documents to inform of potential adverse reactions to immunization). Moreover, the capacity of over 5000 service providers was enhanced in 2021 through a series of training activities.

Despite significant efforts and achievements by WHO and partners in surveillance, enhancement of laboratory and testing capacity, rehabilitation, provision of supplies, capacity building and communication, current needs and gaps in the COVID-19 response remain vast across all pillars. Capacity remains low, as does vaccine supply and uptake, limiting the health sector's ability to respond to the pandemic while maintaining the provision of other essential health care services needed by a population still reeling from a decade-long conflict. The budget of approximately US\$ 100 million outlined in the 2022 strategic preparedness and response plan for COVID-19 for Syria reflects an assessment of ongoing needs and will enable WHO to continue providing support to enhance the COVID-19 response in Syria.

Increasing demand for and uptake of the vaccine will be a key priority in 2022. To that end, a series of meetings were held with local NGOs, governorate focal points and influencers in a bid to amplify messaging about the efficacy of vaccines and the significance of each partner's role in generating demand among various target groups.



PUBLIC HEALTH AREAS OF RESPONSE

COMMUNICABLE DISEASES

DISEASE EARLY WARNING AND RESPONSE

In 2021, Syria experienced several major outbreaks of emerging and re-emerging diseases, including COVID-19, acute diarrhoea and leishmaniasis. The principal risk factors contributing to this emergence and rapid spread of epidemic diseases include acute and protracted humanitarian emergencies resulting in fragile health systems, increased population mobility, climate change and drought, environmental deterioration, weak surveillance and limited laboratory diagnostic capacity, and a decline in affordable health services.

The Early Warning Alert and Response System (EWARS) and Early Warning, Alert and Response Network (EWARN) were established in response to the Syrian crisis, with the objective of addressing the increased potential for communicable disease outbreaks. EWARS has become well established in the country and largely replaced the main national routine surveillance system. However, new concerns about the spread of infectious diseases, especially emerging diseases such as COVID-19 or pandemic influenza, have emphasized the importance of further enhancing the early warning and rapid response surveillance system.

In Syria, EWARS/EWARN are implemented as a collaborative effort between WHO and health partners and serve as one of the main sources of data for monitoring and responding to disease outbreaks in Syria. At WoS level, the number of EWARS/EWARN sentinel sites increased from 1359 in 2020 to 1 878 in 2021, 88% of which submitted weekly surveillance reports.

WHO conducted preparedness and response measures to disease alerts in collaboration with all relevant partners. Within the first 72 hours, WHO responded to approximately 85.5% of reported alerts. In 2021, 838 alerts were reported in GoS areas, of which 711 were verified and investigated within the first 72 hours. The reported alerts included 614 suspected measles cases, 213 cases of acute flaccid paralysis, and 10 of waterborne diseases. An additional 33 alerts were reported from north-west Syria.

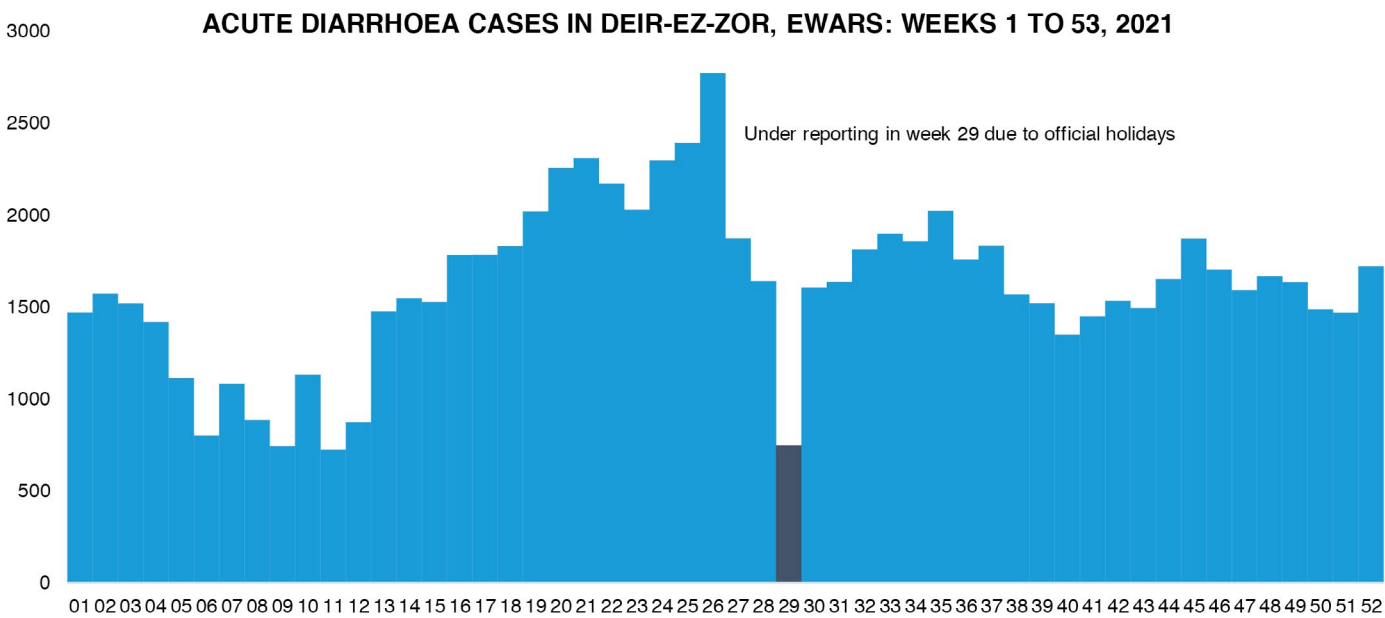
The syndromes most reported in Syria in 2021 were influenza-like illness (1 779 556 cases), acute diarrhoea (982 262), suspected leishmaniasis (111 144), severe acute respiratory infection (79 990), and acute jaundice syndrome (43 926). Response measures to reported alerts included the provision of essential medicines, operational support to investigative visits (transportation, collecting and delivering specimens), as well as the delivery of training on surveillance and rapid response, COVID-19 and EWARS priority diseases syndromes, which include diarrhoea (acute, watery and bloody), acute flaccid paralysis, measles, meningitis, influenza-like illnesses, severe acute respiratory infection (SARI) and acute jaundice syndrome (AJS).

WHO support for EWARS also includes communications, supervision visits by central surveillance teams, and the provision of reagents and other supplies to help confirm cases of prioritized communicable diseases.

ACUTE DIARRHOEA

In 2021, WHO received several notifications of an increase in the number of cases of acute diarrhoea, as well as water poisoning and waterborne diseases, in different areas of north-east Syria, mainly in the governorates of Deir-ez-Zor and Al-Hasakeh. Cases of diarrhoea in the region were predominantly reported in the districts of Al-Hasakeh, Hussainyia, Mayadin and Deir-ez-Zor. Levels of rainfall across the north-east were extremely low during the winters of 2020 and 2021 and water flows into the Euphrates River from Turkey declined in 2021. The drought led to increasing cases of diarrhoea in Deir-ez-Zor. As of December 2021, a total of 81 907 cases of acute diarrhoea had been reported throughout the year. Case numbers peaked in week 26, during which 2773 cases were reported, representing an attack rate of 11.3 per 100 people.

In response, WHO supported the Central Public Health Laboratory (CPHL) in conducting analysis of water specimens collected in Deir-ez-Zor. A total of 20 samples (from the water network, the Euphrates River, reservoirs and drinking water stations) were collected in July and August 2021. All were found to be contaminated with E. coli and 60% were contaminated with salmonella. An additional 18 samples were collected from diarrhoea patients and tested at CPHL in Damascus. Three were found to be positive for E-coli.



WHO supported the repurposing of health facilities to address the pandemic, supplying water and sanitation systems in some governorates where they have deteriorated significantly in recent years. The main water supply networks have broken down, pollution of water has spread, and drinking water in some governorates, such as Rural Damascus and Deir-ez-Zor, comes primarily from untreated sources. Interrupted access to safe water supplies has compounded the risk of waterborne diseases such as typhoid, hepatitis A and acute diarrhoea.

Throughout the year, WHO delivered NaDCC water purification tablets to the Directorates of Health (DOH) of Deir-ez-Zor and to north-east Syria to ensure water safety for the most vulnerable populations. The Organization also organized WASH (water, sanitation and hygiene) campaigns in collaboration with DOH and local NGOs to raise awareness in rural areas around hygiene, safe drinking water, and protection against water - and foodborne diseases. Campaign activities throughout the year included delivery of awareness sessions and distribution of over 400 000 chlorine tablets and 30 000 information materials to 10 000 households.

To enhance testing, WHO delivered training to six laboratory staff members at the national hospital in Deir-ez-Zor and supplied them with provisions needed to activate lab testing for diarrhoea. Treatment was also enhanced through the delivery to DOH of medicines for the treatment of acute diarrhoea, as well as training workshops for physicians in Deir-ez-Zor on the WHO treatment protocol for acute diarrhoea.

PANDEMIC INFLUENZA

Despite many challenges, WHO succeeded in building a sentinel influenza surveillance system in Syria across four hospitals, utilizing resources from the Pandemic Influenza Preparedness partnership contribution (PIP PC) and the COVID-19 response, and has adopted the integrated surveillance approach to enhance detection and monitoring of influenza viruses and SARS-CoV2.

WHO supported the development of the National Pandemic Influenza Preparedness Plan, providing diagnostic tests and supplies to enable influenza laboratories to dramatically increase the number of specimens tested, up from 514 in 2020 to 1 400 in 2021. Of the samples taken from patients with acute respiratory infections in line with WHO severe acute respiratory infection (SARI) case definitions, 85 tested positive for influenza H3.

These achievements were made possible by the commitment shown across all levels to preventing the potential emergence of influenza viruses that may lead to pandemics.

LEISHMANIASIS AND OTHER TROPICAL DISEASES

Cutaneous leishmaniasis (CL) is endemic in Syria. This parasitic disease is caused by protozoa of the genus leishmania, transmitted by the bites of sandflies between May and September each year, though lesions only begin to appear between October and December.

The governorates most burdened by the disease are Deir-Ez-Zor, Aleppo and Hama. In 2021, 79 327 cases of leishmaniasis were reported in Syria, up 8%

from 2020 as a result of drought, water pollution and poor sanitation. WHO responded by delivering 125 955 doses of medication (meglumine antimonates ampoules), of which 25 955 were delivered directly to the north-east, given the high prevalence of cases in the region. WHO carried out vector control interventions in those governorates most affected. One such intervention focused on indoor residual spraying (IRS), which was carried out between June and October during the vector (sand-fly) breeding season.

A campaign conducted in June in the most affected neighbourhoods involved spraying the rooms of 19 131 households with a long-lasting insecticide during a first round and 19 891 during a second round. During the two rounds of the campaign, WHO distributed 39 960 treated nets, 35 400 treated leishmania bed nets and 160 untreated infant bed nets. The impact of the campaign was measurable, with a marked decrease in cases reported during the end of 2021 in



A WHO-supported deworming campaign held at schools saw 2 740 142 students receive medication against soil-transmitted helminthiasis

comparison to the same period in 2020, when a severe increase was noted. Fifty workers from DOH and local municipalities in the most affected communities received training ahead of the campaign.

In Aleppo, WHO supported DOH in spraying 70 584 households with 231 700 rooms occupied by 378 871 beneficiaries with a long-lasting insecticide. A similar campaign in Hama targeted 26 373 households with 88 422 rooms occupied by 153 560 beneficiaries.

In response to a high seasonal increase in the number of cases towards the end of the year in the governorates of Al-Hasakeh and Ar-Raqqa, WHO focal points in the north-east promptly verified data in coordination with health partners before implementing a comprehensive response that included the delivery of sufficient quantities of ampoules of meglumine antimoniate, a medication to treat leishmaniasis that is unavailable in Syria, from its warehouse in Quamishli, where stocks were being stored as a contingency measure. Deliveries of the medication were made both directly and through partners to various affected areas and camps.

Capacity for testing for leishmaniasis was enhanced through the delivery of training sessions on laboratory diagnosis of protozoa by microscopy and serological rapid tests for visceral leishmaniasis in November. Meanwhile RDTs were distributed to hospitals and leishmaniasis laboratories to support prompt diagnosis.

In line with the Organization's commitment to addressing neglected tropical diseases, WHO Syria conducted deworming campaigns in March 2021. WHO supported the MOH and MOE to conduct a mass administration of an anti-helminthiasis to 2 740 142 school-age children at 8662 schools across all 14 governorates to ward against soil-transmitted helminthiasis, achieving a coverage rate of more than 91%.

TUBERCULOSIS AND HIV

Tuberculosis (TB) is one of the top 10 causes of mortality worldwide and remains a significant threat to human life among the most vulnerable in Syria. Two thirds of untreated cases result in death. A person with active TB can, over the course of a year, infect up to 10–15 other people, thus, case-finding and contact tracing are crucial. And yet tackling the disease remains highly challenging in a country where widespread shortages of medicines and displacement interrupt essential lengthy treatments that are needed to prevent the development of drug-resistant TB.

In 2021, WHO – through the Global Fund to Fight AIDS, TB and Malaria – supported the treatment of 3289 enrolled TB patients, including 216 children. WHO facilitated the diagnosis and treatment of 17 multidrug-resistant (MDR) patients, and as a cumulative number, supported the treatment of 24 MDR patients.

To bolster the vital efforts of raising awareness and testing suspected cases, WHO delivered three mobile clinics – one in each of the governorates of Aleppo, Rural Damascus and Deir-ez-Zor – each equipped with an X-ray machine and staffed by a doctor, nurse, lab technician and driver. In 2021, these mobile clinics reached a combined total of 30 754 individuals, delivering key messages about TB which had been integrated with COVID-19 messaging. Of the 24 006 people screened throughout the year, 249 tested positive for TB.

The mobile clinics have provided regular TB services (diagnosis, treatment and awareness sessions) for IDPs and other vulnerable populations in emergency response areas and in closed settings such as prisons since March 2020. Active identification of cases of TB at the central prison in Aleppo targeted male, female and juvenile prisoners. Awareness sessions were attended by 14 000 prisoners, and of 8000 prisoners screened, 30 tested positive for TB.

WHO also supports capacity building of health care workers and National Tuberculosis Programme (NTP) officers to enhance the overall effectiveness of national efforts. NTP and the national reference laboratory responsible for TB testing held 15 coordination and capacity-building workshops attended by 390 NTP officers in various governorates in 2021. The workshops covered the treatment of MDR patients, the impact of COVID-19 and IPC at TB centres.

An additional five training workshops were conducted for 125 laboratory technicians from different governorates who have enhanced skills in TB microscopy diagnostic and quality assurance, molecular biology technology, PCR testing with GeneXpert devices to detect resistant tuberculosis, drug susceptibility testing and transportation of samples.

WHO support to the National TB Programme extended to the development of guidelines for the treatment of MDR-TB patients and preparations for the annual Regional Green Light Committee (rGLC) mission, organized through the WHO Regional Office.

In north-east Syria, WHO supported diagnosis and TB treatment through 125 public health centres and one mobile clinic. The TB programme has detected, diagnosed and treated 339 patients, with a success rate of 89%.

WHO-supported TB centres in north-west Syria received an additional 7000 people in 2021. Over 35 000 tests of different types were carried out, resulting in the confirmation of 440 new cases of TB. All of them are now enrolled in treatment. In 2021, 259 sputum samples from RR/MDR-TB patients in north-west Syria were referred to the laboratory of Gaziantep University Hospital for culture testing and DST and a further 1658 tests were sent to Antakya for GeneXpert testing. Of these, 303 tested positive. The TB centres now benefit from electronic BMU registers, for both patients with drug-susceptible (DS-TB) and drug-resistant TB (RR/MDR-TB), which are updated daily. WHO also updated the list of TB patients receiving treatment to arrange the distribution of food baskets, one of which was delivered per TB case per month.

Throughout the year, a total of 39 persons in Syria were diagnosed with HIV. To support the ongoing detection of cases, WHO delivered 19 968 HIV testing kits and 30 000 HIV rapid diagnostic kits to the National AIDS Programme (NAP), run by the MOH. Around 300 HIV positive people received antiretroviral therapy and 12 919 people underwent voluntary HIV testing and counselling.

A series of 16 training workshops delivered throughout the year addressed a variety of topics, including partner notification guidelines, updated treatment protocols, voluntary counselling and testing, and prevention of mother to child infection transmission. These workshops were attended by 360 health workers and officers from NAP.

WHO also partnered with a local NGO to deliver a series of awareness raising sessions targeting people at risk of contracting HIV. All 9 8585 attendees were offered voluntary counselling and testing, and of the 9858 tests conducted, three came back positive.

Workshops in Aleppo and Damascus were organized to mark World AIDS Day with the aim of raising awareness around prevention and treatment of HIV; promoting the NAP services package that is provided through voluntary counselling centres and HIV laboratory centres; and encouraging decision-makers to play a major role in reducing the pervasive stigma around HIV.

VACCINATION

ROUTINE IMMUNIZATION

Syria launched a routine immunization programme in 1978 that was among the strongest in the Eastern Mediterranean Region before the onset of the Syria crisis in 2011. Reported coverage for all vaccines exceeded 95%. Destruction of the primary health care infrastructure and a severe brain drain have, however, led to a decline in vaccination coverage and subsequently to outbreaks of vaccine-preventable diseases, including polio (2013 and 2017) and measles (2017 and 2018).

WHO continues to support the strengthening of the public health programme and the implementation of a variety of immunization activities. More recently and based on the development of a comprehensive multi-year plan and backing rationale supported by WHO, GAVI* declared Syria eligible for support in 2019 and allocated over US\$ 16 million towards the enhancement of immunization activities in the country in 2021 – 2023.

Additionally, the Primary Health Care Department at the MOH works through the Expanded Programme of Immunization (EPI) to combat 10 deadly and debilitating diseases of infancy, with the adoption of special strategies to maintain high population immunity and prevent outbreaks of vaccine-preventable diseases. The 10 targeted diseases are TB, hepatitis B, diphtheria, tetanus, whooping cough, measles, mumps, German measles, polio and hemophilus influenza type B. The MOH plans to cover both high-risk areas and those newly under its jurisdiction following a change in control, adopting Periodic Intensification of Routine Immunization (PIRI) for rapid closure of immunity gaps and mitigation of risk.

Across all governorates, WHO financially and technically supports supervisory visits, distribution of vaccines, surveillance activities, and collection of samples for measles and polio testing. Testing for polio and measles is carried out at the Central Public Health Laboratory in Damascus, which is supported by WHO through the delivery of testing kits and other supplies, capacity-building workshops, transportation of samples to the laboratory and other associated costs.

To ensure the continuum of routine immunization, the Organization has utilized three tactics for expanded reach. First, the establishment of fixed vaccination sites: there are approximately 986 immunization centres currently functioning in GoS-controlled areas of Syria, while 93 teams and centres are active in north-west Syria. They are supplemented by outreach and mobile vaccination activities in all 14 governorates.

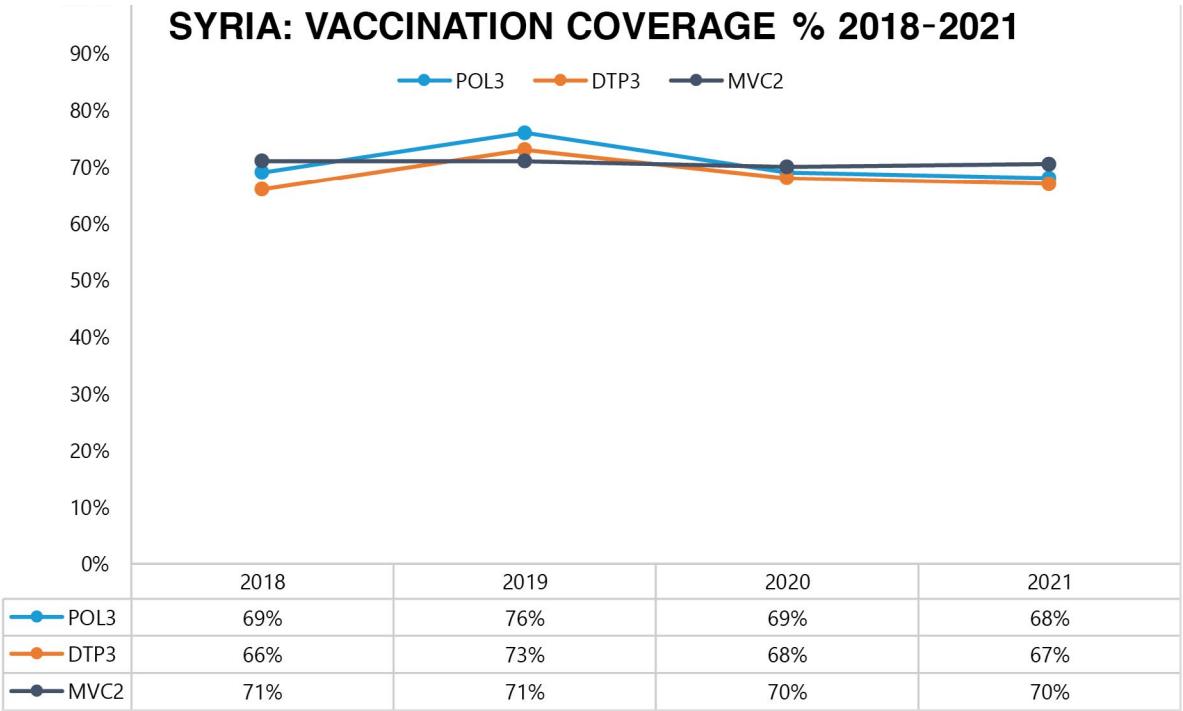
Second, two seven-day EPI vaccination drives targeting unimmunized children were conducted in southern and north-east Syria in April and November 2021, as part of an initiative to mitigate the impact of the pandemic on EPI activities. The drives included vaccination at fixed EPI centres, as well as at newly established

* GAVI, officially Gavi, the Vaccine Alliance, is a public-private global health partnership with the goal of increasing access to immunization in poor countries. In 2016, Gavi channeled more than half of total donor assistance for health, and most donor assistance for immunization, by monetary measure.

temporary sites in selected areas near target communities. Children aged under 5 years were inoculated with 10 antigens included in the RI schedule for Syria, while children aged 24 – 59 months also received a booster dose of vitamin A.

Finally,PIRI was conducted every quarter of 2021 in areas with a deficiency in fixed sites, such as Deir-ez-Zor and Ar-Raqqa east of the river, each time targeting up to 65 000 children aged under 5 years. Every child has an equal chance to be visited four times a year by a vaccination team in hard to reach areas. Mobile vaccination teams were active in all other governorates at least 5 days out of every month to ensure reach in remote areas and IDP camps, and particularly to allow children who had dropped out of their routine immunization programme to receive necessary vaccines. All IDP camps and population settlements are included in DOH plans.

The ongoing COVID-19 pandemic in Syria and the tremendous effort directed towards COVID-19 vaccination, together with the deepening economic crisis, impacted EPI coverage. As a result, EPI indicators did not reach the national target of 95%.



Training workshops for service providers and mid-level managers were organized throughout the year. Regular monthly and quarterly reviews assessed achievements and identified areas for improvement. Vaccine-preventable disease surveillance is a crucial component of the immunization programme and has benefited from different levels of trainings and refreshers, as well as supervisory visits conducted at different programme levels. Expert committees meet centrally for quarterly reviews of vaccination coverage and surveillance data, guiding the development of the programme further.

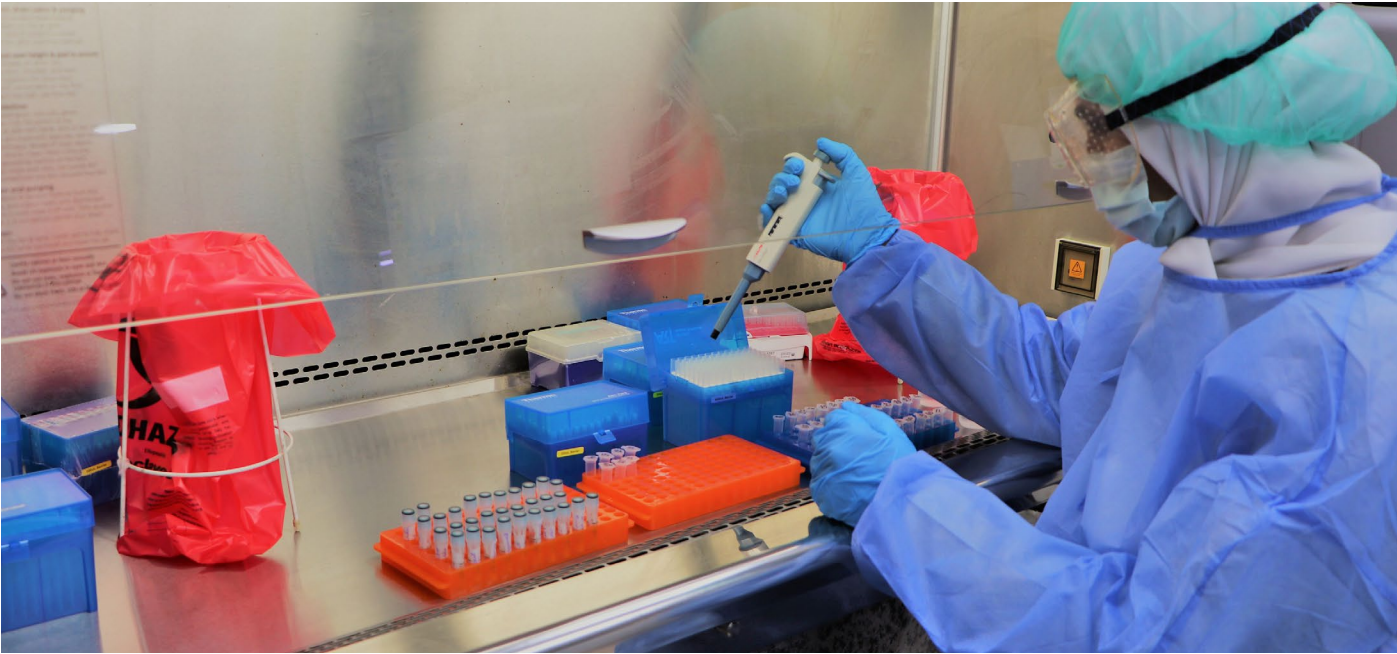
Planning workshops held towards the end of the year brought together WHO and immunization partners to identify needs and expectations for 2022. WHO also conducted an end-of-year coordination meeting with UNICEF to review the current situation vis-à-vis both EPI and COVID-19 vaccination activities and anticipated delivery of vaccines to Syria in 2022. A delivery of cold chain equipment including both for EPI and COVID-19 vaccine storage facilities for all 14 governorates of Syria is expected in early 2022. WHO will continue supporting both capacity-building activities and operations for EPI and COVID-19 vaccination activities.

MEASLES

Fewer cases of measles were reported in Syria through EWARS in 2021 than in 2020. The decrease was of 8%, down to 1039 cases in 2021 from 1 132 cases in 2020. The highest number of suspected cases were reported in Damascus, Aleppo, Rural Damascus, Dar’a, As-Sweida and Hama. The number of PHC consultations related to measles also declined in 2021 by 4.7% compared to 2020 and by 15.6% compared to 2019, due in part to limited public mobility due to COVID-19 related challenges and restrictions and the economic crisis.

The decline in suspected cases was coupled with a significant reduction in the number of cases that tested positive. Only 11 laboratory-confirmed cases of measles were reported in 2021, compared to 738 in 2017.

While the decline in numbers is encouraging, it could be the result of restrictions in surveillance brought on by the pandemic as opposed to an actual decline in cases. As the last measles campaign was conducted in 2018 and data suggests outbreaks occur every 2–3 years, Syria is preparing itself for a potential outbreak



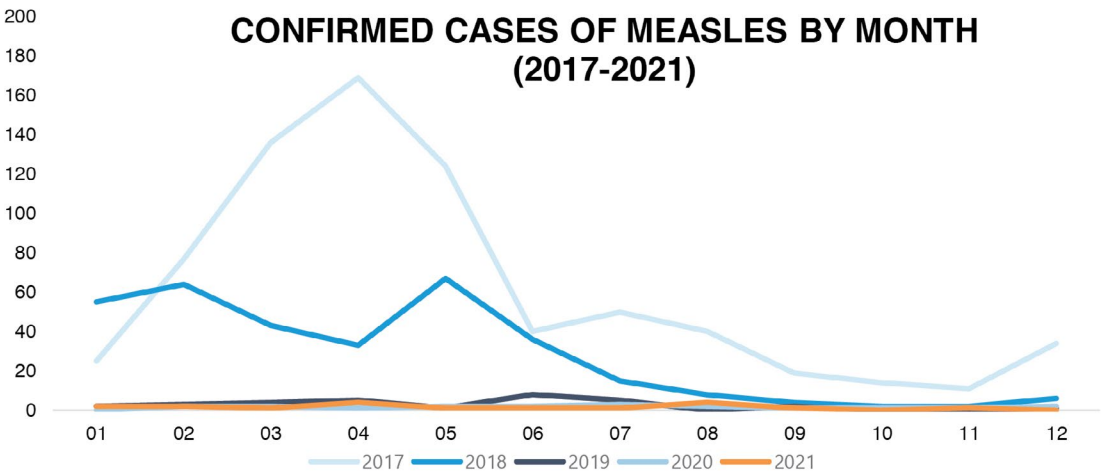
Testing for polio and measles is carried out at the Central Public Health Laboratory in Damascus, which is supported by WHO through delivery of testing kits and other supplies, capacity-building workshops, delivery of samples to the laboratory and other associated costs

DPT3 = Children aged 12 – 59 months are immunized against diphtheria, tetanus toxoid and pertussis
MMR2 = Children aged 12 – 24 months are vaccinated against measles, mumps and rubella (MMR)
OPV3 = Children under one year of age are immunized against polio with three doses of oral polio vaccine

in 2022 and will run a nationwide campaign to vaccinate against measles and rubella in October 2022. WHO supported the MOH in developing the campaign plans and updating the national strategy to tackle measles.

WHO has been providing technical and funding support to the national measles laboratory. Due to economic sanctions and the need for quality laboratory testing in the country, WHO helped to procure equipment and supplies necessary for uninterrupted laboratory testing.

A WHO-supported measles vaccination campaign conducted in north-west Syria in November 2021 targeted more than 156 000 children aged between 6 months and 10 years, achieving an overall coverage of 79%.



POLIO

The last case of polio detected in Syria prior to the conflict was reported in 1999. Due to the crisis-induced deterioration in health services, Syria experienced two outbreaks of wild poliovirus in 2013 and 2014, and a vaccine-derived poliovirus in 2017, which were controlled in due time. These outbreaks have shown the importance of a strong surveillance system, in-country quality laboratory facilities and a responsive vaccination system capable of adopting quality services and varied tactics (e.g. mobile vaccination activities in hard to reach areas). While Syria is classified, according to the International Health Regulations, as a State no longer infected by either variant of the disease, it remains vulnerable to reinfection.

To that end, as part of the Global Polio Eradication Initiative (GPEI) Syria was advised to conduct two additional campaigns specifically to address a rise in the number of cases of polio in countries within the region. Two supplementary five-day polio campaigns were conducted in March and October 2021 to administer one dose of bivalent oral polio vaccine (bOPV) to enhance the immunity of all children aged under 5 years against poliovirus.

WHO covered the operational and transportation costs of the campaigns, supported supervisory activities and transported polio vaccines to north-east Syria. The campaign aimed to reach an estimated 2 780 911 children aged under 5 years and achieved reported coverage rates of 92% and 88% during the first and second campaigns, respectively.

A six-day polio campaign initiated in March 2021 at 44 of the 52 centres in north-west Syria targeted 815 242 children aged under 5 years, using bivalent Oral Polio Vaccine (bOPV) and engaging 1371 teams, 452 supervisors and nine central supervisors. Another campaign conducted in the same region in December incorporated distribution of vitamin A, targeting 87 422 children aged under 5 years in the district of Afrin, of whom 87% (78 211) were vaccinated. WHO also contributed to an EOC polio vaccination campaign in north-east Syria carried out by INGOs.

Syria has a robust polio surveillance system that includes environmental sampling and can track deviations and guide responses. Surveillance indicators in Syria meet set global targets. Stool specimens are sent for analysis to the WHO-accredited National Polio Laboratory (NPL) in Damascus, WHO support of which has enabled it to become a referral laboratory capable of performing the most sophisticated polio tests. Support has included funding of all necessary supplies, equipment, and capacity-building of senior staff through internal and external workshops in coordination with the WHO Regional Office. As a result, Syria’s NPL is also able to support testing of samples from Lebanon. Syria has met the global set of indicators for adequate acute flaccid paralysis (AFP) surveillance, in particular rates related to case detection and sample adequacy.

Since poliovirus infection causes irreversible paralysis, presenting as acute flaccid paralysis, the Organization also supports technical reviews of all detected AFP cases and training in surveillance for its staff, partners, academic researchers and the private sector in a bid to strengthen case detection and early reporting.

The Polio Transition Plan is set to take effect in 2022. Plans and budget estimates were finalized in 2021 and the necessary approvals were secured to maintain essential activities in Syria as part of a government commitment to the GPEI.



WHO supported two supplementary polio campaigns in 2021 both technically and financially, covering operational, transportation and capacity-building costs

PRIMARY HEALTH CARE

Primary health care in Syria is delivered through a pre-existing network of public health centres and, in areas where the MOH has limited or no access, through mobile teams and NGOs. The services include health education and health promotion, services for diagnostics and treatment of mild injuries, maternal, newborn child and adolescent health and reproductive health care, vaccination, communicable and noncommunicable diseases and mental health, provision of medicines and medical supplies, and referrals.

HeRAMS data confirms that 75% of the 1951 fixed primary health care centres monitored in 2021 were reported as either fully or partially functioning while 25% were reported to be completely nonfunctional.

In addition to a severe lack of appropriate infrastructure and a chronic shortage of qualified health workers, essential medicines and functioning medical equipment remain in great demand.

WHO boosted the delivery of primary health care services in a variety of specific intervention areas together with several partners in different geographic areas as per severity scale and priority needs. WHO provided 42 168 outpatient consultations, 2 276 406 treatment courses and 1211 pieces of medical equipment to health partners across the country.

Over 1800 health care workers were trained in PHC priority areas such as EHSP at static and outreach levels, quality services delivery, accreditation standards and health promotion. Some 135 health professionals received training on standard IPC measures in the context of COVID-19.

A series of oral health activities targeting school-children in eastern Ghouta was rolled out in spring 2021. A total of 6085 students benefited from 27 140 dental services, including clinical examinations, therapeutic services and preventive and health promotion sessions which were also attended by 230 teachers.

In coordination with the WHO Regional Office and with the aim of strengthening universal health coverage under the Primary Health Care Measurement and Improvement Initiative (PHCMI phase I), the Organization supported MOH field work on data collection and analysis based on WHO tools.

WHO has also been supporting the enhancement of information systems at PHCs through the provision of infrastructure supplies and specialized training workshops. Health information systems for PHC were piloted at health district levels in all 14 governorates and 1 783 public health centres in 105 health districts reported to the programme. WHO strengthened the capacity of MOH professionals in data collection, data entry, PHC indicators and reporting systems through a series of eight training workshops attended by 200 health care workers (86 men and 114 women) in Damascus, Rural Damascus, Homs, Hama, Aleppo, Lattakia, Tartous, Dar'a, As-Sweida and Quneitra.

WHO signed a multi-year agreement with the Arab Board of Health Specializations

on Family Medicine Practice with the aim of improving health system resilience by building future capacities in public health and community medicine and strengthening the postgraduate specialty training programme in the Eastern Mediterranean Region. A subsequent “training of trainers” workshop was held online and attended by a dozen family doctors from the MOH. The workshop focused on the training approach required for delivery of the curriculum for the Regional Professional Diploma in Family Medicine launched by WHO in October 2021. An action plan for the implementation of an approach focused on national training towards the improvement of family medicine aims at institutionalizing training and thus facilitating long-term impact.

Care for the elderly was the focus of another series of WHO interventions that included a training course on the management of common diseases among the elderly and workshops on caring for the elderly at home. Sessions focused on the impact of COVID-19, prevention of injuries, first aid and the correct use of the elderly statistical form.

In an effort to improve functionality and access to health services, WHO has also been coordinating with other health partners and directly contributing to the rehabilitation of health care facilities. This included the rehabilitation of a PHC facility in Quneitra, six facilities in Homs and two in eastern Aleppo, and the subsequent installation of furniture and medical equipment.

WHO has been supporting the provision of the Essential Package of Health Services (EPHS) in north-west Syria through integrated service delivery and PHC networks since 2017. The concept of EPHS defines priority health services in fragile settings and, in north-west Syria, it goes even further to describe preventive, promotive, curative, rehabilitative and palliative interventions in detail.

The PHC networks ensure a common standard of care and enable coordination between participating providers to increase the efficiency of service delivery and access to health services for displaced and host populations in the north-west. In 2021, the three networks supported by WHO included a total of 105 participating facilities serving a combined catchment population of around 2.7 million. The network approach is designed to improve integration of services across all levels of care and focuses on expanding the referral system and increasing outreach through last-mile coverage of PHC units and mobile teams in remote locations with high concentrations of IDPs.

Through its Gaziantep hub, WHO provided medical supplies, and contributed to the overall staffing and operating costs of three primary health care networks run by implementing partners in north-west Syria. The Afrin network includes 23 facilities that provide an average of 50 000 consultations per month. The 43 facilities within the North Aleppo network provide an average of 75 000, while the Harim network's 53 facilities provide an average of 200 000 per month.

These facilities include fixed sites and mobile clinics that address, among other needs, reproductive and child health and the management of communicable and noncommunicable diseases. These PHCs are supported through a collaborative process – involving technical officers, information management officers and the Health Cluster – that analyses various parameters (including population size, access to and availability of services, and caseload) to determine allocation of support. The Afrin network was originally established in March 2020. It was expanded in 2021 and now includes 23 PHC facilities and mobile clinics that coordinate and work together under one network umbrella to deliver the EPHS.

After the establishment of the Harim network in May 2021, preparatory work on an extension to the North Aleppo network focused on enhancing capacities in human resource management standards, skills availability, salaries and supply chain management training. A routine assessment of the network and its members conducted soon after its inauguration included a review of expenditure, procurement, coordination and training. A pilot project was initiated that addressed referrals by community health workers as well as strategies to ensure the continuation of operations in the event of non-renewal of the United Nations Security Council resolution.



The WHO-supported Center for Research and Training on Oral Health provides services to school children and teachers in Al-Ghouta in Rural Damascus

SECONDARY HEALTH CARE

Secondary health care is supported through hospitals for advanced care and may include specialized units. HeRAMS data confirms that 79% of the 208 hospitals monitored nationwide in 2021 were reported as either fully or partially functional, 18% were reported as completely nonfunctional and 2% remained unreported.

WHO supports public and university hospitals across GOS areas and in the north-east, where only one of the 16 public hospitals is fully functioning. WHO contracts a private hospital and NGO partners to support referrals from camps and host communities. In north-west Syria, where health care is delivered by a network of nonprofit organizations, WHO supports nine specialized hospitals.

While the fragmented information system of Syria's hospital sector means there is limited access to reliable data related to public hospitals and health indicators, north-west and north-east Syria remain the areas most affected and most in need of assistance. WHO continues to support efforts to reinstitute and sustain functionality – including through physical rehabilitation and provision of medical equipment – with the aim of restoring or enhancing quality coverage of secondary and tertiary care. Given the high-level of dependency on humanitarian assistance, the provision of medical equipment and medicines is a key priority for WHO, having identified needs and gaps for medicines and consumables at functional hospitals.

Before the crisis, Syria boasted 78 operational pharmaceutical factories that exported to 54 countries. Now, local production is not sufficient to meet domestic needs for essential medicines and the country is highly dependent on external supplies.

Hospital density reflects the total number of hospitals relative to the population, helping to assess physical access to outpatient health care services. Six governorates (Al-Hasakeh, Aleppo, Deir-ez-Zor, Hama, Rural Damascus and Ar-Raqqa) fall short of emergency standards of 18 hospital beds per 10 000 people, meaning that the number of functioning public hospitals in each is insufficient to provide for their population sizes. Still, some hospitals have shown remarkable resilience in continuing to provide services despite sustaining heavy damage to buildings. They have optimized the use of intact parts of buildings and, in some cases, operated from other facilities.

Throughout the year, 113 WHO-supported hospitals nationwide provided both outpatient consultations and treatments, including medical procedures and inpatient services, as well as the admission of patients to ICU.

A total of 956 815 secondary and tertiary treatments were provided across the whole of Syria in 2021. Supplies were delivered to 166 public, private and NGO hospitals across the country, including partners and contracted private hospitals operating in IDP camps in north-east Syria.



All WHO interventions aim not only to respond to the immediate needs of the people of Syria but also to enhance the sustainability of the health sector with a view to facilitating Universal Health Coverage

Among the in-kind donations delivered to facilities nationwide to support the provision of these services were hundreds of thousands of masks and other PPE, life-saving medicines, antibiotics injections, IV fluids, ICU and NCD medicines, dialysis supplies and other medical consumables. Diagnostic and X-ray machines, patient monitors, defibrillators, incubators, blood bank refrigerators and other basic and advanced medical equipment were also supplied, most notably to Harasta National Hospital and the Children's Hospital in Aleppo.

WHO has also been supporting the enhancement of information systems at hospitals through the provision of infrastructure supplies and specialized training workshops. In 2021, WHO supported seven MOH hospitals in Hama, Tartous and Latakia governorates in accordance with a network infrastructure study jointly undertaken by WHO and MOH. An additional 13 hospitals were supplied with various item of ICT equipment. These initiatives aim to enhance access to reliable information pertaining to health indicators and, in the context of the pandemic, the capacity to efficiently and accurately use checklists and other information tools.

WHO continuously delivers training workshops to bolster capacity at all levels of health care. Various IPC workshops were given and attended both in person and virtually by 816 health care workers. Topics included IPC standards in

the context of COVID-19, triage, hospital waste management, patient safety, monitoring sterilization standards, antimicrobial resistance and infectious disease surveillance, lab quality control, PPE donning and doffing, and safe return-to-school protocols in the context of COVID-19.

WHO rehabilitated Zahi Azraq Hospital, the primary hospital treating communicable and noncommunicable diseases in Aleppo. Rehabilitation enhanced capacity to treat patients with COVID-19 symptoms. The Organization will continue to assess partially and nonfunctioning hospitals to support much-needed rehabilitation works.

TRAUMA CARE

Syria presents one of the highest rates of trauma and disabilities globally. It remains a complex humanitarian and protection emergency. Firearms, explosives and shrapnel have caused tens of thousands of injuries to civilians in the decade since the crisis began. Because of the direct and indirect effects of ongoing crises, persons with disabilities (PWDs) are among the most vulnerable and marginalized in society.

In 2021, it was estimated that 25% of the population have a disability, equating to approximately 5 million people experiencing one or more limitations in functionality, a figure significantly higher than the global average of 15%.

The Humanitarian Needs Overview in Syria (HNO-2022) estimates that of the 14.6 million people in need (PIN), 4.2 million (29%) are PWDs.

WHO Syria is the leading technical organization in the sectors of disability and rehabilitation. It plays an essential role in coordination and partnership with stakeholders such as the MOH, UN agencies and NGOs in developing and implementing specific interventions to improve quality of life for PWDs.

A total of 422 586 consultations for cases of trauma were delivered through health partners across Syria with WHO support during the year. While the trauma and emergency health services in north-east Syria are limited, partnerships with NGOs enabled WHO to provide life-saving and life-sustaining trauma care services to approximately 110 000 residents of informal camps and IDP settlements.

Training workshops were delivered year-round to a total of 3721 health workers from various governorates. All courses pertained to skills essential to the provision of trauma care, case management and physical rehabilitation.

Around 300 health workers received training in diverse topics related to trauma, including dealing with chemical attacks and hazardous materials, HAZMAT management, war-wounded injuries treatment and building evacuation.

Over 2300 health workers attended workshops focused on case management, such as immediate life support and ventilator management, the emergency plan for COVID-19, dealing with COVID-19 patients at field hospitals, first aid

and basic life support, and major incident medical management and support at hospitals. Courses targeted doctors, nurses and anaesthesia technicians working at hospital ICU and emergency departments.

More than 1120 physical therapists, technicians and health workers were trained in topics related to disability and rehabilitation, such as lower-limb amputation, children with cerebral palsy, seating systems for patients with pelvic deformities, manufacturing of upper-limb prostheses, management of phantom pain, and procedures for physical rehabilitation during the pandemic.

Meanwhile, over 6727 PWDs benefited from the provision of different types of assistive devices including prosthetics, walkers and wheelchairs delivered to health partners and public health facilities across the country. NGO partners also facilitated the delivery of 19 275 physiotherapy sessions to PWDs.

SUPPORTING HEALTH REFERRALS

The referral process does not simply entail transferring a patient from one level of care to another, nor does it end when a patient is discharged from a referral hospital. An effective referral system requires good communication and coordination between all levels of care.

NGOs contracted by WHO refer patients for advanced surgical interventions for secondary and trauma care to specialized WHO-funded health facilities. An effective referral system ensures a close relationship between all levels of the health system so that people receive the best possible care.

In 2021, WHO-contracted NGOs supported a total of 18 091 advanced medical treatments on a referral basis to specialized health facilities free of charge. Of these, 3970 were in the southern territories (Damascus, Rural Damascus and Dar'a), 9174 in north-east Syria, 3218 in Aleppo, north-west Syria, and 1729 in Homs.

Four mobile referral teams in north-west Syria provide supervision and on-the-job training and coaching to support partners and health facilities following WHO procedures and using appropriate tools to implement the referral system. A total of 183 health facilities are currently implementing the referral system across north-west Syria: 89 in Idleb, 35 in Afrin and 59 in north Aleppo. They provided an average of 7000 referrals per month, 23% of which in 2021 were emergency referrals. The remainder were for diagnostic support, laboratory work, X-rays and further care.

WHO has also strengthened the referral system by increasing the human

resources of implementing partners (employing over 100 additional paramedics, nurses and decontamination workers), deploying 20 additional vehicles and providing equipment and supplies, including PPE.

Meanwhile, a WHO agreement with the 55-bed Al Hikma Hospital in Al-Hasakeh enabled the provision of trauma, secondary and emergency care services to 8774 referred patients, mainly women and children from IDP camps and vulnerable communities in north-east Syria.

A strong referral system mitigates the impact of limited or inadequate supplies or skills at one facility by ensuring patients receive the care they need at another more appropriate facility. With this in mind, an effective referral pathway for emergency cases was developed in coordination with the ambulance unit at DOH Aleppo, with additional health workers hired to enhance the capacity of the referral system in the north-west.

The emergency response and referral capacity at public health facilities has been substantially strengthened through a WHO donation of 40 equipped ambulances that was very timely given the COVID-19 context and need for hospital referrals. Patients with severe conditions, especially those living in hard-to-reach areas and those unable to afford transportation, now benefit from timely referrals made possible by the ambulances that narrowed a critical gap in referral services in Syria. Strengthening the referral system is key to making health services more accessible.



The provision of medical equipment and medicines is a high priority for WHO, having identified needs and gaps for medicines and consumables at functional hospitals

NONCOMMUNICABLE DISEASES



Noncommunicable diseases such as cardiovascular diseases, diabetes, kidney failure and cancers remain prevalent across Syria. WHO helps save the lives of adults and children.

Noncommunicable diseases (NCDs), known as chronic diseases, are responsible for 45% of deaths in Syria. This includes cardiovascular diseases (heart attacks and stroke), cancers, chronic respiratory diseases (chronic obstructive pulmonary disease and asthma) and diabetes. WHO provides a wide range of public health interventions through the integration of NCD care into PHC and secondary care, research, technical guidelines and strategic advisories, in addition to the delivery of medicines and supplies for the management of chronic diseases to prevent premature death among people living with NCDs.

As part of its expansive and ongoing training programme, WHO Syria delivered training workshops to 150 health care workers on a variety of topics including: noncommunicable disease guidelines for cardiovascular diseases, chronic respiratory diseases and diabetes mellitus, risk factor approach, prevention and early detection of NCDs, and thalassemia life-course management.

Advanced training on thalassemia life-course management was delivered in June in Idleb and Azaz with the support of the Thalassemia International Federation. It engaged 12 experts from across the globe and benefitted 19 clinical trainees who in turn supported 997 patients with the blood disorder, of whom 688 were children, at eight thalassemia centres in Syria. Guidance protocols on the management and treatment of the blood disorder in north-west Syria were prepared based on international standards ahead of the workshop.

The Organization also supported four central MOH committee meetings in 2021 that facilitated a review and update of clinical guidelines on inherited blood disorders (including thalassemia) and autoimmune diseases (such as multiple sclerosis), as well as on arthritis and dermatological, gastro-intestinal and renal diseases, and supported supervisory visits to various facilities to monitor and evaluate the quality of NCD health services and identify and address gaps.

CANCER

Cancers constitute 9% of NCD cases in Syria. As outlined in the country cancer profile 2020, the organs in which cancers are most often found in Syria are the breast (21.3%), lung (9.3%), colorectum (8.2%), bladder (7.1%) and prostate (4.9%).

Working closely with the national steering committee on cancer prevention and control, WHO contributes to the hospital-based cancer registry to detect cases and analyse disaggregated data by type of cancer, sex, age and geography. WHO collaborates with the International Atomic Energy Agency (IAEA) to assess the national capacity of radiotherapy for cancer cases within the framework of the Integrated Mission Programme of Action for Cancer Therapy (imPACT).

In a bid to enhance the capacity of health workers to detect and treat cancer, WHO delivered a series of workshops over several months in 2021 that were attended by cancer registrars, oncologist doctors and radiologists from MOH and MOHE. The workshops focused on the national cancer registry, the role of cancer registry in surveillance and understanding the epidemiology of cancer, international classification of cancer, early detection and prevention, the WHO- and International Agency for Cancer Research (IARC)-accredited cancer registry software (CanReg5), IARC guidelines, coding using WHO ICD O-3, and the Epidemiology and End Result (SEER) programme.

Ongoing WHO operational support includes the provision of medical equipment and supplies for diagnosis and treatment of cancer.

RENAL FAILURE AND HAEMODIALYSIS

More than 4200 registered patients across the country need over 500 000 haemodialysis sessions annually according to MOH estimates. Often patients with kidney failure require haemodialysis sessions twice or three times per week throughout their lives. Treatments must be provided in a timely fashion to avoid severe medical complications and premature death. Haemodialysis services are offered at MOH centres as well through SARC and NGOs, with special services offered to patients with the hepatitis B and C viruses and HIV. Securing dialysis kits and maintaining machines and water treatment units for hospitals treating patients with kidney failure remain major and constant challenges. Widespread shortages of haemodialysis sessions and supplies impacted thousands of Syrians who had no access to these life-saving services.

The dialysis task force, led by WHO, distributed medications and supported the delivery of more than 107 510 sessions, sufficient to cover the annual treatment of 26.6% (1120) of patients nationwide, of whom 160 were children with kidney failure.

Enhancing the provision of dialysis services in north-west Syria was a set objective for 2021, and to that end, a baseline assessment of the quality of service provided by dialysis centres in the region was conducted in partnership

with technical teams from Johns Hopkins University. Supplies delivered to the north-west following a needs and technical assessment included eight dialysis machines, of which three were delivered to health authorities in Azaz and five to Idlib. A dedicated task force monitored patient needs and stocks of medicines and kits and, on that basis, prepared a distribution plan in coordination with partners for the essential medicines needed for the provision of dialysis treatments, which include sodium chloride solution, iron, heparin and erythropoietin.

Within the context of the ongoing pandemic, three WHO-supported haemodialysis rooms in north-west Syria were dedicated to the provision of sessions for patients with COVID-19 in an attempt to provide essential care while limiting the spread of the virus. Dialysis machines were also installed at a hospital in Deir-ez-Zor, as part of ongoing WHO efforts to strengthen the capacity of the health system in the north-eastern governorate.



The dialysis task force, led by WHO, distributed dialysis medications and supported the delivery of sessions countrywide

MENTAL HEALTH



It is estimated that approximately one in 10 people in Syria lives with a mild to moderate mental health (MH) condition, and one in 30 is likely suffering from a more severe condition. Prolonged exposure to conflict increases the prevalence of mental health illnesses, while stigma and a shortage of trained health workers create barriers to treatment. In addition, the COVID-19 pandemic served not only to exacerbate MH issues but also made it harder for many to access treatment.

A push to strengthen effective leadership for MH and enhance coordination between key mental health and psychosocial support (MHPSS) players throughout the country in 2020 resulted in the development of an online referral pathway for MHPSS services in 2021. MH concerns were also mainstreamed into COVID-19 response training for thousands of humanitarian personnel.

WHO's Mental Health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use (MNS) disorders in countries with limited capacity. This is particularly true for Syria given that there are very few mental health specialists remaining in the country. This means that MNS can't be tackled by relying solely on specialists. The mhGAP-Intervention Guide (mhGAP-IG) is a resource to facilitate delivery of the mhGAP evidence-based guidelines in nonspecialized health care settings. MH services were thus delivered through two distinct avenues, enhancing coverage and reach. The process of mainstreaming MH into the health system and at the community level cannot be implemented by a single organization. To this end, a national mhGAP operations team was established to streamline joint efforts at integrating and implementing mhGAP across the country.

In 2021, the increased participation of key community members and people suffering from mental, neurological and substance use disorders continued to be a priority, and WHO worked on engaging partners to help build MHPSS interventions that integrate person-centred and human-rights approaches.

A total of 335 640 mental health consultations were delivered nationwide in 2021. Meanwhile, 180 538 MHPSS consultations and services were delivered through 16 WHO implementing partners operating at 234 locations across the country, including in hard-to-reach and emergency response areas.

In addition, 140 255 mhGAP consultations and 127 596 basic psychological interventions were delivered in 2021, and 7052 advanced psychological counselling sessions were supported at public health centres.

The current potential coverage of conditions related to MNS through mhGAP and other psychological interventions integrated at accessible and functional public health centres reached 40% across the country, based on HeRAMS data. Mental health facilities are also available at 1470 schools.

WHO also procured and distributed 280 848 treatment courses to more than 50 health partners across the country, including in north-east Syria, to support the provision of pharmaceutical therapeutic interventions for people suffering from mental health conditions. This process took place in close collaboration with the mhGAP operational team and other main partners, and integrated ongoing needs assessments.



The increased participation of key community members and people suffering from mental, neurological and substance use disorders continued to be a priority in 2021, and WHO worked on engaging partners to help build MHPSS interventions that integrate person-centred and human-rights approaches

In terms of health system support, WHO also furnished laboratory equipment to psychiatric hospitals: three biochemistry analysers were distributed to Ibn Sina, Ibn Rushd and Ibn Khaldoun mental hospitals in Damascus, Rural Damascus and Aleppo respectively to raise lab capacity in general and to support the assessment and treatment of people suffering from mental, neurological, and substance use inpatients. These machines can run around 300 tests per hour. In addition, two haematology analysers were installed and are now in use at two MH hospitals, able to run tests for 60 patients per hour.

WHO collaborated with the MOHE in 2021 to develop plans for the delivery of more integrated mental health in-patient treatment at university public hospitals in Aleppo, Homs and Lattakia. This followed successful integration at Al Mowasat Hospital in Damascus.

Working in a conflict zone means that MH interventions sometimes have to be provided as part of emergency response work. In addition to supporting routine provision of MH, WHO also supports rapid responses to traumatic events that impact whole communities. The emergency response carried out in Dar'a between September and December comprised MHPSS services and awareness campaigns delivered to 5064 people. Implemented in partnership with two local NGOs, they also included the delivery of thousands of life-saving interventions by health and community workers trained and supervised in psychological first aid, other psychological interventions, and the delivery of mhGAP consultations.

Response in the north-east was also scaled up, with assessments and mapping of services conducted in collaboration with different partners. Over 70 individual doctors working with various partners were trained on mhGAP, enabling them to offer nonspecialized integrated MH consultations at 11 camps. Moreover, 1020 specialized psychiatric consultations were delivered in 2021 by a contracted psychiatrist in north-east Syria who also delivered 885 advanced psychological interventions. Ten health partners received essential psychotropic medications, and 45 counsellors and teachers were trained as part of the school mental health package.

Several MHPSS capacity-building activities aimed to enhance the provision of integrated and appropriate mental health services within the health system and at community level. Training courses delivered throughout the year were attended by a total of 5630 health and community workers, and 264 workshops and courses were supported in partnership with the MOH, MOE, INGOs and NGOs across the county. Topics addressed through the mhGAP programme include depression, psychosis, bipolar disorder, suicide, stress disorders, epilepsy, and pharmaceutical and non-pharmaceutical interventions, in addition to psychologically focused nonspecialized interventions, including low intensity psychological interventions, such as problem management, country adapted counselling packages in emergencies, basic skills for COVID-19 responders, self-care and psychological first aid.

WHO collaborated with the MOHE and other health partners on a unique

project to adapt an mhGAP training package for use by medical students. The initiative aims to see MH training embedded into medical school curricula for health care workers and trainee doctors. A core technical team has been formed to adapt the mhGAP materials in 2022.

As co-chair of the MHPSS TWG, WHO helped enhance coordination and the dissemination of MHPSS materials and guidelines by translating them into Arabic and adapting them to the Syrian context. An mhGAP operational national sub-working group was formed in 2021 to systemize the institutionalization of integration processes and align service delivery across the country. In keeping with IASC guidelines on mental health and psychosocial support, the WHO MH unit adapted and developed: briefing notes; guidelines for COVID-19 responders; colouring books for children; action lists for parents, caregivers and teachers; and guidelines for those caring for the elderly.

The COVID-19 response continued to build on the achievements and lessons of the 2020 campaign with a new series of community campaigns focused on MHPSS key messages and disseminated under the RCCE umbrella. Awareness-raising sessions were delivered in a bid to combat stigma; help children, the elderly and caregivers cope with stress; and enhance understanding of women's health, particularly as it relates to GBV. Up to 287 700 unique services were delivered in Rural Damascus, Aleppo, Homs, Hama and Deir-ez-Zor through more than 18 000 different sessions and activities, including remote MHPSS consultations.

In response to an increase in the number of suicides in north-west Syria, a training manual on suicide prevention was developed and the Suicide Prevention Task Force was revived in 2021. In addition to supporting a 24/7 suicide prevention hotline, WHO developed training workshops on the correct emergency response to suicide attempts and delivered them to key health workers, while 21 NGOs in the region ran awareness activities as part of a campaign developed around World Suicide Prevention Day.

An initiative named Social Inclusion of Individuals with Mental Disabilities was implemented in north-west Syria and resulted in the production of awareness-raising materials including documentaries and guidelines related to the design of individual care plans. WHO also supported efforts to end the use of seclusion and restraint in mental health hospitals in Turkey.

REPRODUCTIVE HEALTH

As part of its commitment to the health of women, WHO supported the MOH in developing a national five-year strategy (2020-25) for reproductive, maternal, neonatal, child and adolescent health, despite the lack of information and data recognized as a global challenge. UN partners and other stakeholders in the country were engaged in the process of producing the strategy, which will be officially endorsed and published in the first quarter of 2022.

The fertility rate in Syria was registered at 2.7% per woman in 2021. Though it has dropped since 2010 (3.4%), it remains significant in a country with limited health capacity and a severely depleted health cadre. As such, WHO has been supporting capacity building among medical professionals responsible for the delivery of prenatal and postpartum care.

A total of 457 deliveries and 774 caesarean section deliveries were carried out in 2021 at WHO supported nongovernmental hospitals. Of these, 417 were performed through WHO-contracted hospitals in north-east Syria.

A high-level capacity-building initiative saw 16 renowned university professors and 155 health professionals from the Ministry of Higher Education, including medical school deans, directors of university hospitals, medical specialists and postgraduate doctors, benefit from training in safe maternal and newborn care. An additional 500 midwives were trained in subjects and skills related to pregnancy care and family planning.

WHO has also been coordinating with PCI-UK and SRD TWG to develop capacity-building workshops for midwives focused on essential interventions for noncommunicable diseases. These training sessions followed, and were designed to complement, a specialized WHO training programme for 630 midwives on the delivery of reproductive health (RH) services during pandemic.

In response to RH needs in humanitarian settings, WHO and UNFPA established and co-lead the RH Sub-Working Group (SWG) to enable efficient coordination among implementing agencies and relevant RH stakeholders. The SWG has also been working to integrate mental health and psychosocial support within RH to ensure a more comprehensive level of maternal care. To that end, the group's technical annual retreat, held in December, included a presentation by WHO on the subject.

GENDER-BASED VIOLENCE

The prevention of and response to GBV across the health sector in Syria was institutionalized by WHO in 2018. Health services can provide critical, time-sensitive interventions that prevent, mitigate and treat some of the health consequences of GBV and connect survivors to social and clinical services that improve their well-being. Mental health and psychosocial support services are a critical entry point for helping GBV survivors and, as such, WHO has gradually introduced GBV services into health and community facilities in recent years rather than presenting them as isolated projects. To this end, specific indicators for GBV were added to HeRAMS in 2021.

WHO plans and implements an intense series of GBV activities every year during the 16 Days of Activism campaign. The year 2021 was no exception. WHO supported three campaigns that addressed women's health and GBV and included components related to COVID-19 and MHPSS. Activities, which began in late November and continued through December in Homs, Hama, Latakia and Aleppo, were run by 130 health and community workers who received training in advance and were supported by a WHO technical team.

Campaign activities extended over 35 days and included engagement with the community through social listening, focus group discussions and individual consultations. It aimed at raising awareness about violence against women; promoting gender equality, women's human rights and women's rights on health; delivering RCCE messages on mental health and combating stigma; promoting MHPSS for children, the elderly, caregivers and families using different WHO and IASC adapted guidelines; and providing the community with stress coping skills and self-care strategies.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

WHO has no tolerance for physical violence and sexual harassment. In accordance with UN-wide efforts, the Organization has clear guidelines and recourses for its staff and collaborators to make reporting and protection mechanisms available and to address any acts of physical violence and any form of abuse. The WHO leadership, staff and Member States also recognize workplace sexual harassment as a serious failure in duty of care and acknowledge that more can and should be done.

To this end, WHO Syria participated in an interagency capacity assessment on the prevention of sexual exploitation and abuse (PSEA) in 2021 and contributed to the development of an action plan for UN Syria PSEA activities to be implemented in 2022. WHO PSEA focal points attended capacity-building workshops and WHO implementing partners in north-east Syria attended online orientation and awareness sessions. WHO focal points for PSEA are part of the PSEA in-country network as well as the global WHO network for the Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH).

CHILDHOOD NUTRITION AND WELLBEING

The Integrated Management of Childhood Illness (IMCI) programme implemented by WHO adopts an integrated approach to child health in a bid to reduce instances of death, illness and disability and to promote improved growth and development among children aged under 5 years. The programme was expanded in 2021 and is now implemented at 538 health centres across Syria, up from 354 in 2020. The expansion and ongoing work of the programme is supported by a nationwide network of WHO trainers. Of the 1 031 077 children who were managed by IMCI-trained health care workers, 190 526 received treatment onsite at PHC level while 3229 were referred to hospitals.

Nutrition surveillance was likewise expanded in 2021 to include 968 health centres (up from 928 in 2020) and records indicate that 1 016 059 children aged under 5 years were screened throughout the year. Of these, 21 865 were diagnosed and treated for malnutrition, including 3926 cases with severe malnutrition. Complicated cases, of which there were 1477, were referred for treatment to one of 19 WHO-supported stabilization centres across the country. The highest proportion were treated in Aleppo. Nutritional counselling sessions were delivered to a total of 28 514 people at 761 health centers.

Meanwhile data collected from the 50 hospitals located across 12 governorates (all but Idleb and Ar-Raqqa) at which WHO runs a neonatal resuscitation programme indicate that 68 455 services were delivered throughout the year, 11.9% of which were for babies born prematurely, 12.3% of which were for those born with a low birth weight, and 4458 of which were newborns referred for special care. In parallel, a programme of home visits to enhance newborn care included 23 888 home visits across 12 governorates in 2021, of which 263 resulted in referrals to specialized care facilities.

Various capacity-building workshops related to malnutrition were delivered in 2021 in partnership with multisectoral partners. Topics covered included the identification and screening of cases of malnutrition, treatment protocols for the malnourished, supplies used, referral pathways to WHO-supported health facilities, trans fatty acid limitation in food, and nurturing the care framework in humanitarian settings.

WHO has also been supporting the development of the Syrian Nutrition Action Plan for 2022–2025. Among emerging priorities for the coming years is the promotion of adolescent well-being in the Eastern Mediterranean Region and the inclusion of Syria in the regional programme.

ENVIRONMENTAL HEALTH

Environmental health is a cross-cutting concern that demands collaboration between various authorities in the design and implementation of measures relating to water safety, medical waste management and food safety. WHO enhances the provision of quality water and mitigates the impact of waterborne diseases through monitoring, provision of sanitation supplies and awareness raising.

WHO regularly monitors the quality of water at sites across Syria, running bacterial, functional residual capacity, total dissolved solid, electrical conductivity, pH (acidity) and turbidity tests; checking for chemical and biological contamination in different water sources; and running culture tests to identify pathogens.

Samples taken from a variety of sources, including water networks, ground wells, reservoirs, water tanks, jerry cans and ice blocks in Rural Damascus, Aleppo, Deir-ez-Zor and at IDP camps in the north-east, were tested throughout 2021. Of 2322 samples tested, 78.5 % were found to be contaminated. In response, WHO supported the cleaning of tanks and distribution of chlorine tablets to individual households. Over 2 million water purification tablets were distributed nationwide through partners to help ensure the provision of potable water.

In response to the increasing risk posed by waterborne diseases during the summer months among vulnerable populations, WHO worked to enhance and promote concepts of personal hygiene, environmental sanitation and the importance of rational and safe use of water.

An awareness-raising campaign was run over the summer months in cooperation with 80 volunteers at the Abu Khashab, Areesheh and Al-Hol camps in north-east Syria targeting 85 599 beneficiaries, in a bid to limit the number of cases of diarrhoea. Volunteers were trained in the promotion of handwashing, food safety practices and water treatment before visiting households to deliver key messages and distribute brochures and chlorine tablets.

To support proper separation of hazardous waste at health care facilities to reduce the risk to health care workers and the community, WHO donated 500 waste containers to the Ministry of Local Administration and Environment (MoLAE) and to Al-Hasakeh governorate. Additional waste containers, three pumps and 2500 masks were delivered to the Ministry in November to mark National Environment Day.

INFORMATION MANAGEMENT

WHO regularly collects and analyses health data through its network of partners; produces and widely disseminates a number of information products; and maintains several online platforms for needs assessment, monitoring, planning and prioritization of health interventions and programmes. The products include information on the health status of the population disaggregated by age, sex and geographical area wherever possible; data on WHO Syria key performance indicators (KPIs); Whole of Syria KPI infographics and interactive dashboard; a COVID-19 interactive dashboard and response monitoring framework; health sector and WHO 4W snapshots and interactive dashboards; key information on health facilities based on HeRAMS; and maps of health sector interventions. In addition, WHO provided weekly, biweekly and monthly updates on the COVID-19 situation and collective response, including vaccination roll out, throughout 2021.

The Organization also develops its own data-gathering tools, such as online questionnaire assessments for mental health supplies required by partners providing MH services. A blood bank survey was also created to map out the current services available and to identify any gaps.

This is particularly important in north-east Syria, where information management remains challenging. The presence of multiple governance bodies makes compiling information and maintaining a unified database extremely difficult. WHO attends various meetings that include NGOs and NES Forum representatives in order to augment knowledge and information on health needs and collaborative actions.

WHO conducted regular and ad hoc meetings throughout the year to enhance coordination, inform risk communication and community engagement plans, and share information with local NGOs about procedural developments and train them in the use of communication platforms. To support the ongoing COVID-19 response, WHO continued to generate information materials throughout 2021, including videos and social media content about new variants and to increase vaccination uptake, engaging influencers to boost the reach and impact of this messaging.



WHO continued to generate IEC materials throughout 2021 to support the ongoing COVID-19 response



WHO sent life-saving medicines and supplies from Aleppo to Sarmada in north-west Syria through a cross-line delivery in December 2021

FUNDS RECEIVED IN 2021

WHO received 28% of the required funding in 2021. WHO support to the people of Syria would not have been possible without contributions (financial, in kind or through the delivery of COVID-19 vaccines) from the following donors, partners and funds:

- Central Emergency Response Fund
- China
- Civil Society Engagement in COVID-19 Response
- Cuba
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (EU)
- European Union Member States
- Government of Australia
- Government of Egypt
- Government of Germany
- Government of Japan
- Government of Norway
- Government of Poland
- Iceland
- Italian Agency for Development Cooperation
- Kuwait Fund for Arab Economic Development
- Rotary International
- Russian Federation
- Sultanate of Oman
- Switzerland
- The UK Foreign Commonwealth and Development Office (FCDO)
- United Arab Emirates
- UNOCHA
- USAID's Bureau for Humanitarian Affairs

All our work – be it strengthening public health services, enhancing preparedness and response, accelerating partnerships or supporting early recovery and resilience in health – is closely aligned with strategic priorities and approaches to drive public health impact at country level, as outlined in WHO's Vision 2023 for the Eastern Mediterranean Region and the WHO's Thirteenth General Programme of Work.

LOOKING FORWARD: 2022 PRIORITIES

Humanitarian needs and gaps continue to grow across the country, with 12.2 million people in need of health services, including 4.4 million displaced persons. Our priorities and objectives for 2022 can be summarised as follows:

- 1) WHO will maintain its technical and operational support to current humanitarian response efforts, covering a range of public health areas at the core of the WHO mandate, including communicable and noncommunicable diseases, primary and secondary health care, mental health and gender-based violence, immunization, nutrition, environmental health, prevention of sexual exploitation and abuse, maternal and reproductive health, and health system support, among others.
- 2) The COVID-19 pandemic remains of concern and WHO will continue to lead response efforts and support the scale up of COVID-19 vaccination efforts. We will focus on strong advocacy for the provision of diverse types of vaccines with reasonable expiry dates. Counting on solid working relations with COVAX, having a clear forecast of expected vaccine shipments will be a key objective in 2022 and will help us avoid the uncertainties faced in 2021 when supply and demand were significantly unbalanced. Strong emphasis will be made on scaling up risk communication and demand generation activities together with UNICEF and other health partners. WHO has proven through its pilot initiative that there is demand, and we need to be proactive in our strategies for vaccination and bring vaccines closer to people and communities. Strengthening monitoring and evaluation, and the digitization of COVID-19 records and data will be essential components of WHO support in 2022.
- 3) The year 2022 will be an important juncture for humanitarian responses in Syria. In line with UN Security Council Resolution 2585, WHO will use an all-modalities approach for continuity of care in north-west and north-east Syria. Building on our activities in 2021, a seamless plan for ensuring reliable cross-line and cross-border operations will help enhance our readiness to reach the most vulnerable populations in any given contingency.
- 4) A UN-wide collective framework for rolling out early recovery and resilience activities translated into health sector dialogue. WHO will continue to support technical discussions collect and analyse data for evidence-based policy advice towards rights-based Universal Health Coverage. Our activities will focus on: strengthening human resources for health, enhancing emergency preparedness and response capacity through the establishment and strengthening of emergency operations centres at the central and governorate levels, rehabilitation of public health facilities and promotion of more accountable and inclusive service provision through a community-led response.

FUNDING REQUIRED IN 2022

WHO will need US\$ 257.6 million in 2022 to address the health needs of the most vulnerable in Syria and to maintain the COVID-19 response.

#	AREA	TOTAL
1	COORDINATION OF INTEGRATED RESPONSE	4 833 980
2	PRIMARY HEALTH CARE	31 646 663
3	SECONDARY HEALTH CARE	44 377 811
4	TRAUMA CARE AND EMERGENCY CARE	28 701 270
5	MENTAL HEALTH	8 020 087
6	HEALTH INFORMATION SYSTEM	2 677 970
7	IMMUNIZATION PROGRAMME	13 114 867
8	NUTRITION PROGRAMME	1 196 726
9	WASH AND ENVIRONMENTAL HEALTH	9 285 340
10	PREPAREDNESS AND RESPONSE	12 424 891
HUMANITARIAN RESPONSE PLAN (HRP) TOTAL		156 279 605
11	COVAX	28 358 470
12	COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP) 2022	73 056 508
COVID-19 TOTAL (BREAKDOWN BY PILLAR OVERLEAF)		101 414 978
GRAND TOTAL (HRP AND COVID 19)		257 694 583

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN 2022 BREAKDOWN BY PILLAR

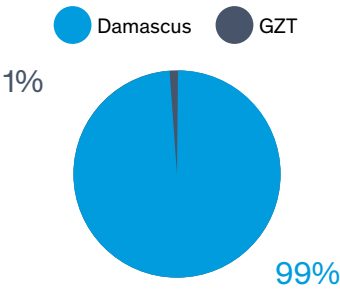
#	CATEGORY	TOTAL
P1	COORDINATION, PLANNING, FINANCING AND MONITORING	277 173
P2	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT AND INFODEMIC MANAGEMENT	1 402 953
P3	SURVEILLANCE, EPIDEMIOLOGIC CASE INVESTIGATION AND CONTACT TRACING	1 037 789
P4	POINTS OF ENTRY, INTERNATIONAL TRAVEL AND TRANSPORT	4 396 386
P5	LABORATORIES AND DIAGNOSTICS	29 084 531
P6	INFECTION PREVENTION AND CONTROL, AND PROTECTION OF HEALTH WORKFORCE	3 747 194
P7	CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS	24 454 290
P8	OPERATIONAL SUPPORT AND LOGISTICS, AND SUPPLY CHAIN	3 028 691
P9	STRENGTHENING ESSENTIAL HEALTH SERVICES AND SYSTEM	5 390 903
P10	COVID-19 VACCINATION	28 358 470
P11	RESEARCH, INNOVATION AND EVIDENCE	236 599
TOTAL		101 414 978

SUMMARY OF KEY PERFORMANCE INDICATORS FOR THE WHOLE OF SYRIA IN 2021

TRAUMA

422 586

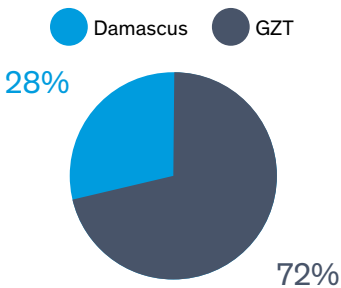
Trauma consultations supported



PRIMARY HEALTHCARE

1 988 655

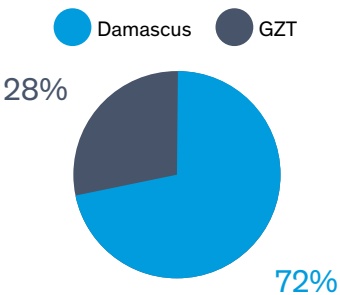
Outpatient consultations provided



OUTREACH SERVICES

53

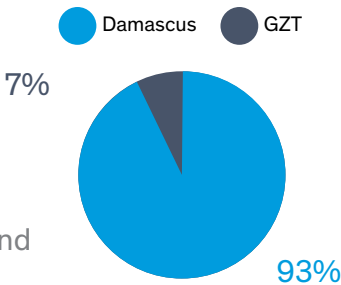
Rolled out mobile medical teams/clinics



MENTAL HEALTH

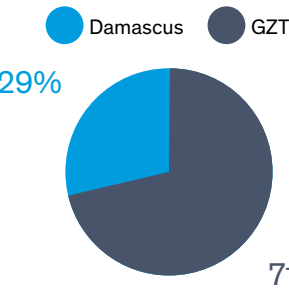
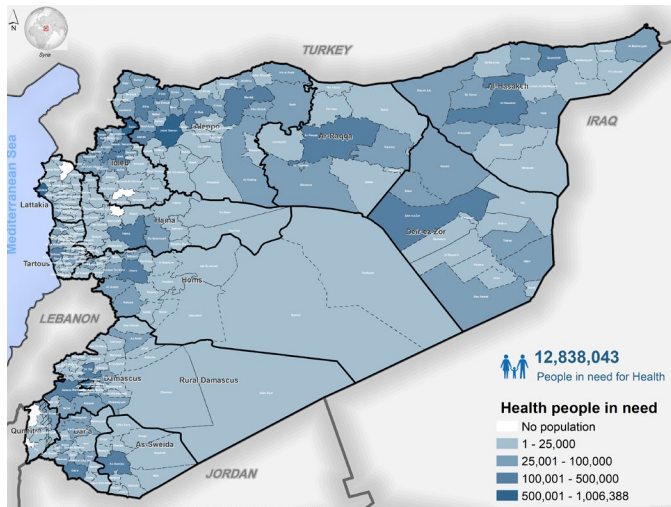
335 640

Mental health consultations supported*



* Data from Damascus Hub is for NGOs and public facilities

NUMBER OF TREATMENT COURSES PROVIDED AT SUB-DISTRICT LEVEL



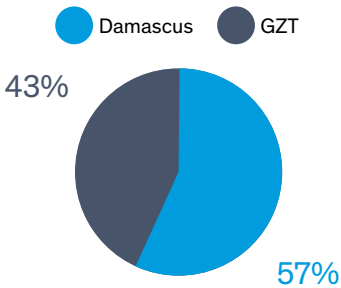
9 568 151

Treatment courses provided (drug treatment for one disease, one medical procedure such as dressing, dialysis)

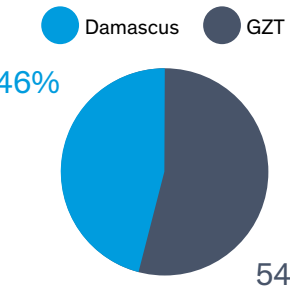
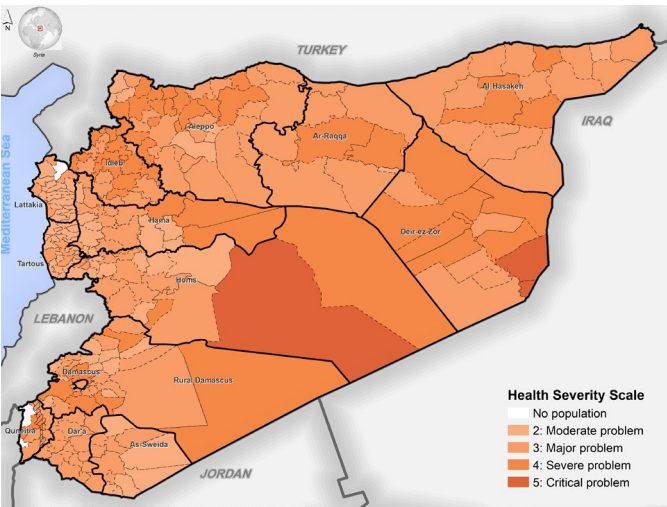
IMPLEMENTING PARTNERS

49

NGO implementing partners supported by WHO



NUMBER OF MEDICAL PROCEDURES PROVIDED AT SUB-DISTRICT LEVEL



2 730 436

Medical procedures (outpatient consultations, trauma consultations, mental health consultations, physical rehabilitation sessions, vaginal deliveries, caesarian sections, cases referred for treatment)

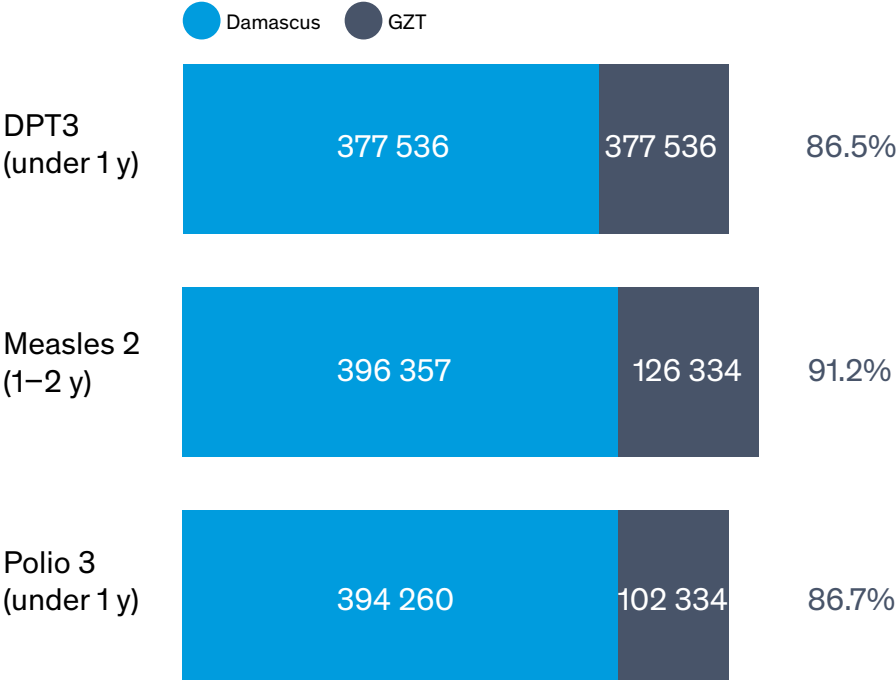
The boundaries and names shown and the designations used on these maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

SUMMARY OF KEY PERFORMANCE INDICATORS FOR THE WHOLE OF SYRIA IN 2021

ATTACKS

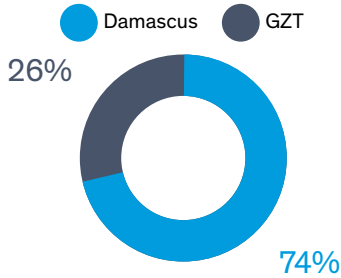


IMMUNIZATION (COVERAGE RATE)

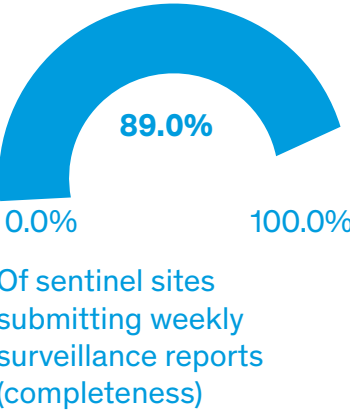


EWARS/EWARN

1884
Registered sentinel sites



1615
Sentinel sites submitting weekly surveillance reports

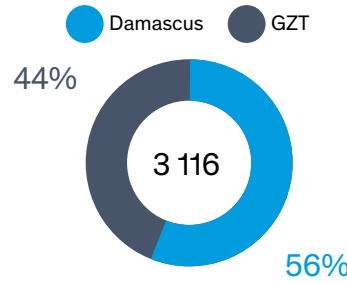


* EWARS: Early Warning Alert and Response System

* EWARN: Early Warning Alert and Response Network

OPERATIONS SUPPORT AND LOGISTICS THROUGH ALL MODALITIES (WITHIN SYRIA AND CROSS-BORDER)

3116
Tonnes of all delivered health supplies



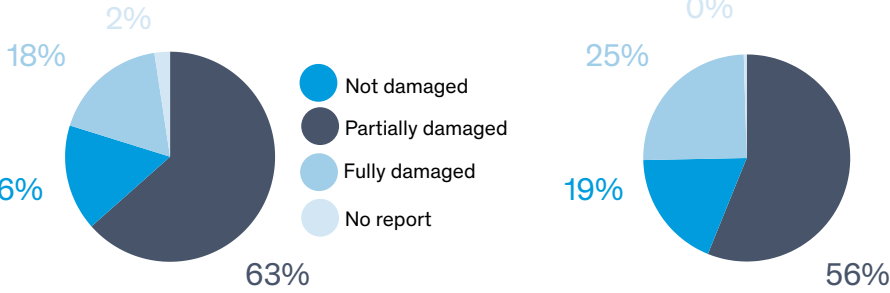
1259
Regular deliveries made across the country including interagency (through cross-line and cross-border)

HeRAMS*

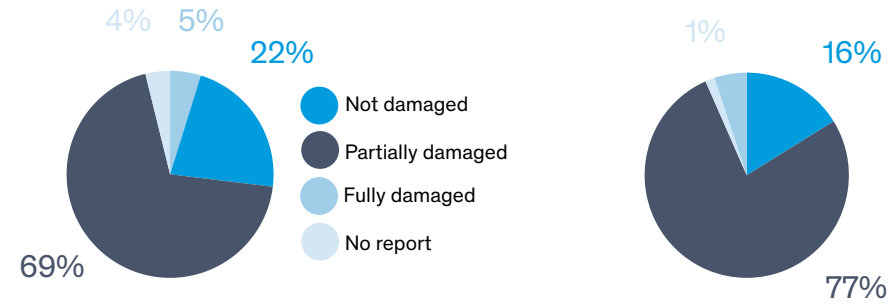
208
Hospitals

1951
Fixed PHCCs

Functionality status

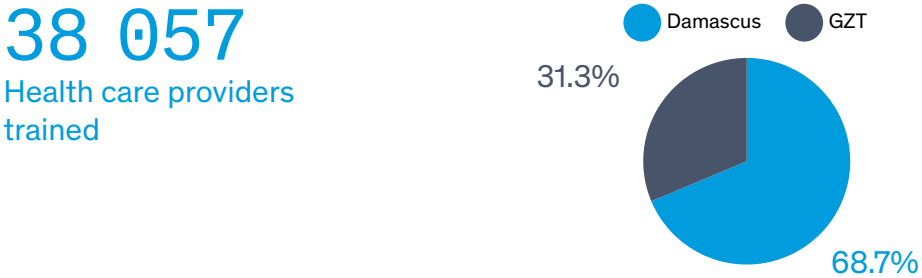


Level of damage



HEALTH CARE PROVIDERS TRAINED

38 057
Health care providers trained



* HeRAMS: Health Resources and Services Availability Monitoring System

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Organization**

Syrian Arab Republic